Bluewater Care Homes Limited

Bluewater Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Requires improvement**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Inadequate**

Overall summary

We carried out an unannounced inspection of this service on 25 February 2015 following concerns which had been raised by members of the public. At this inspection we found the registered provider was not meeting all the required legal requirements in relation to standards of care and welfare for people who use the service. We did not rate this service due to the low number of people who lived in the home and the short length of time since the service had been opened. The provider sent us an action plan dated 14 May 2015 stating they were compliant with the regulations.

On the 27 and 28 October 2015 we carried out an unannounced comprehensive inspection of the service. We found the registered provider had failed to meet the required legal requirements in relation to standards of care and welfare for people who use the service.

Bluewater Nursing Home is registered to provide accommodation and nursing care for up to 60 older people. The home is a large, converted property and accommodation is arranged over four floors, the ground floor offering dining, recreational and reception facilities, with the additional three floors offering accommodation which also contained some smaller recreational areas.

Summary of findings

Two lifts are in place to assist people to move between the four floors. Most rooms are for single occupancy and have en suite facilities. There were 21 people living on the first and second floor of the home at the time of our inspection.

A registered manager had not been appointed for the service since September 2014. A manager who was present at our inspection in February 2015 had since left the service. However, a new manager had been appointed in July 2015 and had submitted an application to CQC to become registered. A registered manager is a person who has registered with the Care Quality Commission (the 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.

People felt safe at the home. Relatives had no concerns about the safety of people. However, risk assessments and care plans had not always been completed to ensure people received safe and effective care in line with their needs. Risks associated with the medicines people took were not always identified and addressed.

Whilst staff had a good understanding of the signs and risks of abuse systems in place to record the outcome of safeguarding incidents were not robust.

Staff at the home had not been guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked the capacity to make decisions. Records were not always consistent and up to date regarding people's consent to care.

There were sufficient staff available to meet the needs of people. However the registered provider was unable to identify how they would meet the increased needs of people as more people moved into the home. Through recruitment and training processes, people were cared for by people who had the right skills to meet their needs. Training records did not always reflect they had received the training the registered provider had identified as being required to meet people's needs. However a new program of training was being introduced by the provider.

People had access to health and social care professionals as they were required. Community nurses visited the home to meet the nursing needs of people who lived there. The registered provider was planning to employ registered nurses to meet the nursing needs of people.

People found staff to be very caring and supportive. Staff knew people at the home well; they addressed people in a calm and dignified way and understood their needs. People were happy in the home. They were able to participate in activities of their choice.

People and their relatives were able to express their views of the service to the staff on a daily basis; however systems were not in place to record people's views of the service to enable the manager or registered provider to consider these.

A programme of audits completed by the registered provider and manager to ensure the welfare and safety of people had not identified the concerns we identified at this inspection.

People who worked and lived at the home felt able to express any concerns they may have and have these responded to promptly. The manager and provider promoted an open and honest culture of communication in the home and people responded well to this.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Summary of findings

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 always safe.

The risks associated with people's care and the administration of medicines had not been identified and addressed. Medicines were not always administered safely.

Whilst staff had a good understanding of the signs and risks of abuse systems in place to record the outcome of safeguarding incidents were not robust.

There was sufficient care staff to meet the needs of people at the time of our visit. There were no registered nurses employed in the service. There was no plan in place to identify how care and nursing staffing levels would be met if people's needs increased as new people were admitted to the home. We have made a recommendation about assessing staffing levels in the home.

Is the service effective?

Inadequate

The service was not effective.

Where people lacked capacity to make decisions about the care they received, the manager and care staff had not applied the principles of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS). Some practice demonstrated restrictions were placed on people who lived in the home.

Staff were skilled in the meeting of people's care needs, however training records did not always reflect staff had received the training they required to support their role. This was being addressed.

People had access to health and social care professionals as required.

Is the service caring?

Requires improvement

The service was not always caring.

People found staff to be very caring and supportive; however people were not always able to express their views on the service. We have made a recommendation about this.

Staff knew people well and were respectful of people. However, it was not always clear that privacy and dignity was maintained at all times.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care records did not always contain information which was personalised and in line with the person's identified needs.

Summary of findings

People felt confident to raise any concerns they may have and that these would be dealt with promptly. The home's complaints policy was visible for people to use.

There were a range of activities for people to enjoy at the home.

Is the service well-led?

Inadequate 

The service was not well led.

Whilst people found the registered provider approachable and responsive they did not have a good awareness of the roles and responsibilities required of them as the registered person.

Appropriate audits were not in place to effectively assess, monitor and improve the quality and safety of the services provided at the home. There was a lack of effective systems in place to monitor and assess the risks associated with people's care and treatment.

Staff felt they were supported by management and a new staff structure was being implemented.

Bluewater 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.

The inspection took place on 27 and 28 October 2015 and was unannounced. Two inspectors and an expert by experience in the care of older people visited the home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In March 2015, the registered 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. We reviewed the PIR, action plans and notifications of incidents the provider had sent to us since our last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with eight people who lived at the home and seven relatives. We observed care and support being delivered by staff in communal areas of the home. We spoke with the new manager of the service, the registered provider and the nominated individual who is the named representative of the registered provider for the service. We spoke with four members of staff.

We looked at the care plans and associated records for five people. We looked at a range of records relating to the management of the service including; records of accidents and incidents, quality assurance documents, sixteen medicine administration records, five staff recruitment files and policies and procedures.

Following our visit we received information from two groups of health and social care professionals who supported people who lived at the home.

Requires improvement

Is the service safe?

Our findings

People felt safe at the home and were happy to speak with staff if they had any concerns. One person told us, "I feel very safe here," and another, "Of course I do - I don't have any problems with the home." A relative told us, "Yes of course [relative] is very safe there and I know that if she had any worries she would tell me." Visiting health and social care professionals felt people were safe in the home. However these views were different from our findings.

At our inspection in February 2015 we found the registered provider had not taken proper steps to identify the risks associated with people's care needs. For people who lived with a health condition such as epilepsy and breathing conditions, the associated risks had not been identified and information was not available for staff on how they should provide care and support for these people to reduce these risks. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010 which corresponded with a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An action plan dated 14 May 2015 stated risk assessments were in place for people who had specific health care needs. At this inspection we found this legal requirement had not been met.

Risk assessments had been completed to identify the risks associated with some people's specific health conditions. For example, risk assessments were in place for people who lived with diabetes, osteoporosis, epilepsy and Alzheimer's disease. These risks were reflected in care plans which held information on how staff should support people to reduce these risks. However one person was approaching the end of their life and was receiving support from the community nursing team to manage their nursing needs. There were no risk assessments, care plans or records in place for this person to identify their needs or to direct staff on how these could be met. The manager told us this was because the community nurses' were leading on their care and records were in place of their visits and plans of nursing care. We saw these records were present however care staff did not use these records. There were no care plans in place to identify the care needs for this person and the actions care staff should take to meet these needs. This person was cared for in a room with the door which was closed throughout the time of our inspection. Staff told us they reviewed this person to ensure their safety and meet their care needs every 15 to 20 minutes. There were no care plans or records in place to identify this need or show that this was being supported. A member of staff told us this person was prone to lean to one side and as such mats had been placed at the side of their bed in case they fell out. There was no information about this risk or care plans in place to show how this person could be positioned to ensure their safety. The lack of risk assessments and associated plans of care for this person meant they were at risk of not receiving care which ensured their safety and welfare. We spoke with the manager about this person's care and the lack of information for staff to show how they could assess the risks associated with their care and subsequently meet the needs of this person. They told us they would address this concern. We reported our concerns to the local safeguarding team.

Oxygen therapy was in use within the home. There were no risk assessments or plans of care in place to identify and support the risks associated with this need. Whilst staff and the manager were aware oxygen therapy was in use they had not identified the risks associated with this. There were no systems in place to identify the risk the use of oxygen may present to other people in the building or to alert people to this risk in the event of an emergency. We identified this risk to the registered provider who told us they believed, as the building had a state of the art fire sprinkler and fire detection system, they were not at risk when oxygen was in use. We identified this risk to the manager who implemented actions to ensure the immediate safety of people. We were not assured these actions would have taken place if we had not identified this risk to the registered provider and manager.

People did not always receive their medicines in a safe and effective way. Medicine administration records (MAR) did not always hold the required information to ensure staff were able to administer medicines safely. Of 16 MAR, six did not have a photograph of the person, three did not have any information about allergies people may have and a further record held conflicting information with the allergy information in their care plan.

Whilst medicines were stored in line with legal requirements, the records associated with the management of some medicines were not accurate, had not been followed and did not hold sufficient information to ensure staff were able to administer medicines safely.

Requires improvement

Is the service safe?

For one person who had been prescribed a medicine to support the management of their anxiety, their MAR stated they were administering this medicine themselves. There was no information in the care records to show any risks associated with this person administering their own medicines had been assessed and plans of care put in place to identify and manage risks at any time. Staff told us the person was not now managing this medicine and the MAR was not accurate. The medicine was stored in a locked controlled drug cupboard in a locked room and could not be accessed by the person, therefore staff administered the medicine. Records for the administration of this medicine and its disposal when it had been refused were not accurate and held conflicting information. We were not assured the person received this medicine as it was prescribed.

For another person, who required the administration of oxygen to maintain their comfort and health, their MAR held no information in support of the administration of this medicine. A document called, "Medical oxygen in care homes" which was undated, gave staff guidance on how they should be administering and managing this medicine. This guidance was not being followed. Staff said the community nurses managed this medicine and they were not aware of how to manage the safe administration of this medicine. This person was also prescribed medicines to manage their anxiety and pain. The MAR stated these medicines were to be administered by the community nursing team who would be contacted by the homes staff if they were required. However there were no records to show the home staff were monitoring the discomfort of this person to identify when they may require the community nurses to visit. We saw the community nurses did not visit every day and only provided specific nursing care for this person. We were not assured staff were aware of the specific needs associated with this medicine and its safe administration.

Another person was taking a medicine to manage a blood clotting condition. The risks associated with this medicine could include excessive bleeding following injury, illness due to blood clotting quickly and bruising. There were no risk assessments in place to identify these risks and how staff could monitor for and reduce these. Care plans held no information on these risks and did not provide information for staff on how they should support the person to reduce these risks. A member of staff told us they were aware of the risks associated with this medicine but that these were not recorded. We had identified this risk at our inspection in February 2015. This person was at risk of inappropriate treatment as risk assessments had not been completed in line with their identified needs.

The registered provider did not have a policy in place regarding the administration of "as required" (PRN) medicines. There were no protocols in place regarding the administration of these medicines. A separate "Medicine Administration Record for "as required" (PRN) Medicines" document was used by staff to show when these medicine were administered. However there was no information to suggest people were monitored to review the effectiveness of these medicines. For example, for one person who required a medicine when they became agitated, records showed the medicine had been administered on seven occasions between the 23 September 2015 and 28 September 2015. Staff told us this was given when the person became agitated. There was no supporting information to show how this medicine had been effective or why it had been required. For other people who had medicine for pain prescribed, PRN records did not show why this medicine had been administered, what steps staff had taken to review the pain and whether this medicine had been effective. On the second day of our inspection the manager introduced us to a pharmacist who was going to provide a new system to support the administration of medicines in the home.

The lack of appropriate risk assessments in place to monitor and manage the risk associated with people's care and treatment and the lack of safe and effective systems in place to administer and manage medicines was a continued breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

People were supported by staff who had a good understanding of the types of abuse which they may observe and how to report this; they felt confident any concerns they raised would be dealt with appropriately by the manager and knew how to escalate any concerns they may have to the local authority or the Care Quality Commission. Whilst training records showed only six of ten staff had received training in the safeguarding of people, all staff told us they had received this training.

The manager was aware of their responsibilities to manage and report any safeguarding concerns to the local authority. The registered provider told us of one incident of safeguarding which had been raised with them and they

had worked with the local authority to review and address the concerns raised. Whilst we were assured these concerns had been reviewed, there were no records to show the reporting or investigation of this issue had been completed and no learning had been identified from this.

There were sufficient numbers of staff to meet the needs of people. Staff demonstrated a good awareness of people's preferences and needs. At our inspection in February 2015, there were sufficient care staff to meet the care needs of people; however there were no registered nurses employed to provide nursing care for people. The previous manager of the service had advised the Commission that a dependency tool was to be introduced to assess people's needs and ensure there were sufficient nursing and care staff to meet these. At this inspection we found the registered provider continued to support people who required social care only and requested support from the community nursing services for people who may have a nursing need. They did not have a dependency tool in place.

An external professional advised us the provider had expressed the wish to support people with nursing needs. However at the time of our inspection they did not employ any nursing staff. The registered provider had told us they were looking to employ a clinical lead nurse to support the management of people who required nursing care in the home. They told us they would rely on the clinical lead person, when they were employed, to identify people's needs and advise them on the number of nursing and care staff required to meet these needs. The provider told us, since they had been registered with the Commission, they had not allowed any person to be admitted to the home who required constant nursing care but that they did not currently assess people's needs to inform staff numbers.

We recommend the registered provider seeks appropriate guidance from a reputable source to ensure they are able to demonstrate there are sufficient nursing and care staff available to meet the needs of people.

Recruitment records for staff included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. Staff did not start work until all recruitment checks had been completed. However, one record we looked at did not have all the required checks completed prior to them commencing work at the home. The manager and registered provider told us this person had been at the home a very short time and was 'shadowing staff' and was not working independently. We observed this person working closely with other staff members. No registered nurses had been recruited to the service. The registered provider told us they were aware of the checks which were required to be in place should they employ registered nurses.

Inadequate

Is the service effective?

Our findings

Staff knew people well and people were happy with the care they received. One person told us, "They look after me very well." Another told us, "They know just how to care for me and always ask me first before they do anything." Relatives told us they thought their loved ones consented to the care they received; they were involved in making decisions for their loved one when needed. People said they were offered choice in the food they ate and meals were well presented and tasty. Health and social care professionals told us people had access to their services as required and the home worked with them to ensure people received care in line with their needs.

At our inspection in February 2015 the registered provider had not made suitable arrangements for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided. The lack of adherence to the MCA 2005 was a breach of Regulation 18 of the Health and Social Act 2008(Regulated Activities) Regulations 2010 which corresponded to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where consent could not be provided best interests decision making had not been done. An action plan dated 14 May 2015 stated consent forms were in place. At this inspection we found the provider had failed to meet this legal requirement.

The manager told us most people who lived at the home had capacity to make decisions on a day to day basis. Where people had capacity to consent to their treatment, we observed staff sought their consent before care or treatment was offered. However, consent forms in people's care records relating to their plans of care and the risks associated with these were incomplete, had not always been signed by the person and in some cases had been signed by a relative. There was no supporting information available to show why the person had not given their consent and relatives had done this for them. The registered provider had a policy in place dated February 2013 (before the home opened) which said they had systems in place to gain and review consent from people and act on this. This system was not in place. People were not always supported to consent to their care and treatment. There was a risk they would not receive care and treatment in accordance with their wishes.

At our inspection in February 2015 we received information from people at the home which identified they had not been involved in discussions and consented to the use of locked doors and lifts in the home to maintain their safety. This restricted their access around the home without the permission and support of staff. At this inspection we found no evidence that people who had the capacity to make decisions had consented to all access points of the home being locked, preventing them from being able to move around the home without assistance. One person told us they were able to access the lift independently as they knew the code; however another person told us they did not know the code and did not think they were meant to use the lift on their own. Another told us, "You're shut up. I think the lift is awful. I miss being able to pop out." We saw people did not move between the floors of the home without seeking approval and support from staff. Whilst secure entry to and from the home ensured people's safety, restrictions were place on people within the home without their consent. The registered manager told us these measures were in place to keep people safe. However people had not always consented to being supported in this way and were not always provided with the information to ensure they were not being restricted unlawfully.

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 procedure for this in care homes is 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. For people who lacked capacity to make decisions about their care and safety, steps had been taken to assess their ability to make decisions about the care and treatment they received in line with their wishes or best interests. However, staff were not always guided by the

Inadequate

Is the service effective?

MCA when they supported people who were not able to consent to aspects of their care and treatment. Records held conflicting information and did not identify what decisions people could make for themselves. Best interests' decisions were not evidenced and documentation in place to support people's ability to make decisions about their care and treatment was incomplete and lacked clarity.

For example, for one person a "First Assessment of mental Capacity for Functions of Daily Living" assessment form dated 20 October 2015 showed they had the capacity to make some decisions. However, the assessment showed they were not able to make decisions about consenting to live at the home or most activities of daily living. There was no information as to any best interests' decisions which had been made for this person, or who had been involved in these decisions. Care records reflected this person was able to consent to most aspects of their care; we saw this person was able to manage most aspects of their care and consent to this. These records were inconsistent as it was not clear which decisions they had been assessed as having capacity to make and which decisions they lacked capacity to make; there was a risk this person would receive care to which they had not consented and was not in line with their needs.

For another person who had been assessed as lacking the capacity to make "important decisions", their care records held no information on what this meant, what specific decisions they were able to make for themselves and who should be involved in the making of best interests decisions for this person. A relative had signed all of their consent forms including consent to treatment "as detailed in my care plan and requested by my general practitioner." There was no evidence this relative had the legal authority to sign this document. There was no evidence of any request from a GP with regards to the care of this person; indeed this was a standard form for all people who lived at the home to provide consent on. These records were inconsistent and there was a risk this person would receive care to which they had not consented and was not in line with their needs.

The registered provider had notified us of two people who were subject to a DoLS at the time of our inspection. The manager and registered provider were unclear who these people were and whether any condition attached to these DoLS was being met. The manager told us they would be reviewing all the records in relation to people providing consent to their care and the MCA and DoLS following submissions which had been sent in to the local authority by a previous manager.

Contracts which were in place between the registered provider and people who lived at the home listed conditions of admission and terms of business. These contained information relating to the placement of people at the home and their agreement to abide by these terms and conditions. Of 21 contracts, six were signed by the person who lived at the home agreeing to terms and conditions of their placement. However 12 of these had been signed by a person for whom there was no evidence they had the authority to sign the contract on behalf of the person who lived at the home. One contract was not signed. We could not be assured people who lived at the home had consented to living there. The registered provider told us these contracts showed people had consented to the use of closed circuit televisions in their home. There was no evidence people had consented to this monitoring.

There was a lack of consistency in the approach to seek, obtain and document people's consent to their care and treatment. People were at risk of receiving care and treatment to which they had not consented and which was not in line with their wishes. People's capacity to consent to possible restrictions with regard to their access to different parts of the building had not been clearly assessed or sought. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in February 2015 staff told us they had received training to meet the needs of people, however training records lacked details on the training they had received and completed and did not always reflect the training staff told us they had received.

At this inspection staff told us they had received all the training they required to meet the needs of people; however records of training achieved and completed by staff were incomplete and did not reflect what staff told us. For example one person told us of the training they had received and this did not correspond with the information held in their training records.

The manager told us they were working with staff to ensure they were trained to an appropriate level to meet the needs

Is the service effective?

of people. They told us they had introduced the Care Certificate for all staff to complete. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us they were not aware they would need to complete this training. This work was in progress and the manager acknowledged further work was required to ensure all staff had received the appropriate training to meet the increased needs of people as new people moved into the home.

At our inspection in February 2015 a system had just been introduced by the previous manager to support staff development through the use of one-to-one sessions of formal supervision and appraisal; however at this inspection we found this system was not in use. Staff had not received regular supervision or appraisal in line with the registered provider's policy. As staffing numbers were very low, we saw staff had a very supportive working relationship with the manager and registered provider. They were able to discuss any concerns they may have with them and they felt they were being encouraged by the manager to complete training in line with the needs of people. The manager told us they were working to ensure they met with all staff to complete supervision and ensure their training was up to date They had introduced a management structure to ensure people received the support and guidance they required to meet the needs of people.

People received nutritious food and drink in line with their preferences and needs. They enjoyed the food provided and always had enough to eat and drink. People were offered choice at each mealtime and the chef had a good awareness of people's preferences. Special diets could be catered for such as soft, diabetic and vegetarian diets, although none were required at the time of our inspection.

Food was presented well, in an environment which was clean and fresh. One person was not present at the main meal time and we saw staff ensured they had their meal at a time which was convenient to them and allowed them time to participate in an activity away from the home. The main dining room provided a calm environment for people to enjoy their main meal. In a dining area on the first floor of the home staff regularly prepared hot drinks for people and breakfast was served from there.

People had access to external health and social care professionals and services as they were required. For example, care records showed people had access to the GP, chiropody services, dentistry and community nursing and therapy services. Health and social care professionals told us staff always received them in a welcoming way and knew people well.

The home had been redeveloped and furnished to a very high standard and had received a local award for the innovative design in a converted building. The building had been adapted to promote a sense of wellbeing for people who were mobile and able to participate and interact with others around the home. The use of memorabilia around the home was welcomed by visitors to stimulate people's memories and promote interaction with people. The home was very clean and spacious. People did not access the ground areas of the home, which had been designed for activity and independence, without the assistance of staff. One person told us they would like to enjoy the garden area but that they had not been able to do this. They told us there was always some reason this could not happen. The ground floor of the home was open planned and had many areas to promote activities including a cinema, sensory room and religious area. The upper floors gave people spacious private rooms which were easily accessible for people with reduced mobility or who required the use of equipment.

Requires improvement

Is the service caring?

Our findings

People were happy with the care and support they received. They said staff were kind, caring and understood their needs. One person told us the staff listened to them and they got on well with them, "Everybody's kind." A relative told us, "I can't ask any more of the staff, they are so wonderfully kind and I know they care very much about my [relative]" Another family told us it had been their relative's choice to come to the home as the staff were so kind. Health and social care professionals told us staff knew people well and were always kind and considerate towards people when they visited.

The registered provider had placed closed circuit television cameras in communal areas throughout the home for security reasons. We asked whether people were aware these cameras were in the home and how they ensured the privacy and dignity of people who lived in the home was maintained whilst these were in use; particularly in areas such as the dining room where people may receive care and support to manage their meals or be assisted in a toilet area within the room. The registered provider told us all staff knew of the cameras and as far as they were aware all relatives knew of their presence. They did not provide any evidence to show people who lived at the home were aware of these cameras which could monitor their activities throughout the home in communal areas. The registered provider stated there was no possibility people's privacy was compromised; however there was a risk people's privacy and dignity could be compromised and be recorded without their knowledge. The provider had not acted in accordance with legal requirements in the use of this security system. We gave the registered provider CQC guidance on the use of this system. They told us they would review this and implement the appropriate actions.

The registered provider had not taken all appropriate steps to ensure the privacy of people who lived at the home. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us mixed views on whether they were involved in the home and any changes which happened within it. We asked them if they felt involved and listened to in the home. Two people said they were not sure and did not think so; two others told us staff listened and were kind. Relatives told us they were involved in the home and supporting their loved ones.

People and their relatives were encouraged to communicate with the manager and staff at any time. A suggestion and ideas box was available in the entrance to the home for people and their relatives to use, although people were not aware of this. Daily care records showed relatives spoke with staff during their visits and the registered provider told us they often took ad hoc opportunities to speak with relatives when they visited to ensure they were happy with the care their relative was receiving. There had been no relatives meeting with people and their relatives since our last inspection.

We recommend the registered provider seeks appropriate guidance from a reputable resource to ensure they are able to demonstrate people and their relatives are actively involved in the home.

Staff knew people well and were aware of their preferences. For example, staff knew how people liked to have their hot drinks and when they enjoyed time to sit with others and chat having a hot drink. Other people preferred to remain in their rooms with their door open and staff spoke with them as they passed the door in a friendly and cheerful manner. Staff provided a respectful and caring environment in which people's dignity was respected and people enjoyed living. People enjoyed the camaraderie they had with all staff including the registered provider and manager. They told us all staff were caring and supportive.

People were encouraged to personalise their room and one person told us how their family had helped them to settle in by bringing to the home many items of importance to them to decorate their room. The manager told us they encouraged people who lived outside the home to become involved in activities at the home and improve the social interaction for people who lived at the home. Relatives and friends were able to visit at any time and told us staff were always very courteous and kind to them and their relatives.

Requires improvement

Is the service responsive?

Our findings

People felt staff were responsive to their needs and any requests for support which they made. They told us the registered provider spoke with them regularly to ensure they were receiving the care they wanted and needed and that they were always able to raise any concerns they had with them or any member of staff. People felt any concerns they may have would be dealt with promptly. Relatives told us the registered manager and their staff were very nice and always happy to have suggestions in support of their relatives care and welfare. One said, "The staff are wonderful and really do listen to what my [relative] wants and try to support [them] with this." Another told us, "All the staff are very easy to talk to, they have really helped my [relative] to feel settled." However, these comments were not always reflective of our findings.

Each person had two files of care records held in two different areas of the staff office. Each contained a wide variety of care plans, risk assessments and information regarding a person's care needs; however there was no order to these records. Most care plans were personalised and held clear information on people's individual needs and how staff should support them to meet these. For example, for one person who had very specific needs in the management of their emotion and mood, care plans in place clearly identified how staff could support them with these needs. For two other people care plans in place in relation to their diet and nutrition gave clear information on how to meet these needs. Records showed on admission to the home, information had been sought from some people, their families and representatives to gather a history of their life and personal preferences, however this was not always consistent and some care records did not hold this information. If available, this information had helped to inform care plans for people which included; mobility, dietary and nutritional needs, emotional and psychological needs, sleep routines, communication, continence and personal hygiene needs.

People and their relatives gave us mixed views on whether they were involved in making decisions and planning their own care. Four people told us they did not have a plan of care and they had not been involved in planning their care. Another person told us their care plans had come from another home and they were not sure if they had been involved in a review of this plan. People told us they were not sure what they would do if their care needs changed although they felt able to talk to staff about their needs. Two relatives told us they had been involved in the planning of care for their loved one and that this was to be reviewed soon with the manager; whilst another relative told us they had not been involved in any planning of care for their loved one but that they would be in the near future. Whilst care plans held information to show staff had reviewed them monthly, they did not always reflect that people and their relatives had been involved in the planning or review of their care; people were at risk of not receiving care and treatment in line with their preferences and wishes. The manager told us they had implemented a new system where people and their relatives would be fully involved in the planning of their care

The lack of planning of care in line with people's needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a range of activities available for people to participate in should they choose to. There was a large communal area on the ground floor of the home which contained many areas of interest and resources for people including; hairdresser, sensory room, secure outdoor garden, games, memorabilia, cinema, conservatory and general areas where people could relax. During our inspection we saw people attended organised activities such as the hairdresser, a religious service and the cinema; however there was a lack of spontaneous activities in areas which were available to encourage people's independence and interaction with others. People did not access these areas independently to use the facilities available. People told us staff would invite them to activities downstairs and they would go down to them, they did not know why they did not use the areas during other times of the day.

During our inspection people gathered in a smaller communal area on the first floor of the home. Staff were present at all times in this area although people were not always motivated to interact or participate in an activity. A program of activities available in the home was not always followed by staff as people often chose not to be involved in the planned activities. With the number of people currently at the home, people could enjoy each other's company in one area or complete another different activity. Care records showed people were regularly supported to complete an activity of their choice such as attending church, the hairdresser or social events in the home. These

Requires improvement

Is the service responsive?

activities were often linked to organised activities from an external source, although staff told us they often would complete impromptu activities with people. Care records did not always reflect this. Several people chose to remain in their rooms at periods through the day and had access to Wi-Fi, television and telephones as required.

The provider had a complaints policy in place and people were aware of this. They told us they would have no hesitation in discussing any concerns or issues they may have with the manager or registered provider. One relative told us of a concern they had raised which was discussed with the registered provider and dealt with promptly. The registered provider told us they had very few complaints and strived to address all concerns promptly and efficiently without the need for formal written complaints.

Inadequate

Is the service well-led?

Our findings

People knew the registered provider, manager and staff well. They said they were all very approachable and they knew any concerns they had would be dealt with. Staff enjoyed working at the home and told us every day was different and they enjoyed being party of a big "family" of staff. One person told us, "We really do have time to care for people here well." Another said, "We are all encouraged to make people's lives here a positive experience." Relatives told us the management team were easy to talk to and always available. However this feedback we received was not always reflective of our findings.

At our inspection in February 2015 we found the registered provider was not compliant with all of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The previous manager sent us information stating the home was compliant with these regulations on 25 March 2015, before the inspection report for February 2015 had been published.

An action plan dated 14 May 2015 and submitted by the previous manager said all identified concerns had been addressed. The registered provider told us they were not aware these documents had been submitted by the previous manager. They told us they were confident the actions we had requested had been taken to meet the regulations, but were unclear what these actions were. They said they were keen to work with the Commission to, "Get things right." At this inspection we found the registered provider had not identified the areas of concern we had identified with the delivery of care and treatment for people who lived at the home. They lacked clarity in their overall responsibility to ensure the safety and welfare of people by meeting and remaining compliant with all the legal requirements of a registered person.

For example, the registered provider told us a program of audits was in place to monitor and review the quality of the service being provided for people. Audits in relation to the environment including; infection control, health and safety, food hygiene and environmental audits, had been completed and actions taken to address any areas noted. However, audits in relation to the care and treatment people received had not been completed. There was no system of audit in place to identify the areas of concern we had found during our inspection. For example, there were no audits of care plans, risk assessments or arrangements for consent; these were all areas in which we found breaches of the regulations.

The registered provider had employed a new manager, who had only been in post for 11 weeks at the time of this inspection. They had identified the need for care records to be reviewed and restructured; they had not identified the significant omissions and poor quality of care records we found. People had not been given the opportunity to provide feedback to the registered provider on the quality of the service provided at the home. The manager told us they had identified some concerns with care records and planning which we raised during our feedback from the inspection. They told us they would be working to address these concerns.

Policies and procedures in the home had not been updated in line with legal requirements. They had not been reviewed and lacked clear information for people on the care and treatment the registered provider gave. For example, all policies related to the 2010 Regulations of the Health and Social Care Act 2008 which were replaced by the 2014 Regulations which came into force in April 2015, and most had not been updated since 2014. Policies in place had not always been followed. People were at risk of not receiving safe and effective care and treatment in line with their needs and in line with current legislation. For example, policies in place regarding the "administration of medicines " was dated February 2013, related to the 2010 Regulations and had not been followed or updated. A policy in place regarding "Meeting assessed needs" was dated June 2014 related to the 2010 Regulations and had not been followed or updated. A further policy in place, "Daily Management of Care Plans" had been reviewed on 25 September 2015 however this had not been updated to reflect the current legislation and was not being followed. There was no policy in place to support the use of closed circuit television cameras in the home.

There was a lack of appropriate audits in place to assess, monitor and improve the quality and safety of the services provided at the home. There was a lack of systems and processes in place to assess, monitor and mitigate the risks associated with people's health and welfare. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

The registered provider knew people who lived and worked at the home very well. They told us, “We try very hard to please and deliver a special service for all residents and relatives.” They told us they wanted to promote an open and transparent workplace where they worked with people, their families and the authorities to meet the needs of people.

At our inspection in February 2015 the previous manager had implemented a staffing structure however this had not been successful. The new manager had introduced a new staffing structure for care staff which included; heads of care, senior carers and care staff. Responsibilities had been allocated to each role including the role of a key worker for each person who lived in the home. This work was in its infancy and the manager was working to ensure staff were aware of their roles and responsibilities. For example, they had met with staff in August and October 2015 to discuss the role of key workers and reiterate the need for the responsibilities of this role to be managed. From this structure the manager told us clearer lines of supervision and appraisal could be developed, as they were completing all supervision at the time of our inspection. This work required embedding in the service as staff were not always clear on their roles and responsibilities regarding the management of care plans and records.

Staff meeting minutes showed staff had the opportunity to provide and receive information about procedures, training, complaints and information for staff on people new to the home. They were also able to discuss any other issues they may have. Staff had an understanding of their individual roles and how to report any concerns to senior staff or management, however they required time to ensure they were fully aware of their roles and responsibilities under the new management structure. The staffing structure supported effective reporting of concerns by staff.

A system was in place to record and monitor all incidents or accidents at the home including falls; there had been no significant incidents or patterns of incidents recorded. The manager and registered provider told us how they would ensure information would be shared with people and staff as appropriate following a thorough investigation into any concerns.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered person had failed to ensure care and treatment was designed and carried out in line with people's wishes and preferences ensuring their needs were met. Regulation 9 (1)(2)(3)(a)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The registered person had failed to ensure care and treatment was designed and carried out in line with people's wishes and preferences ensuring their needs were met.** **Regulation 10 (1)(2)(a)**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not taken proper steps to ensure service users were protected against the risks of receiving care and treatment that was inappropriate or unsafe by means of the planning and delivery of care to meet service users' individual needs. Regulation 12(1) (a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person had not made suitable arrangements for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided. Regulation 11(1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not ensured appropriate systems were in place to effectively assess, monitor and improve the quality and safety of the service. There were not effective systems in place to assess, monitor and mitigate risks associated with the health, safety and welfare of people. Regulation 17(1)(2)(a)(b)