

Telford Lodge Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Telford Lodge provides long term accommodation for up to 45 older people, some of whom were living with dementia. There were 32 people living in the service at the time of the inspection.

This inspection visit was unannounced and took place on 12 and 14 May 2015.

The service has been without a registered manager for over two years. There was an acting manager who has been in post since December 2014 and they have applied to be 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.

At our previous inspection carried out on 3 March 2015 we found that arrangements for obtaining medicines were inappropriate as people who used the service had run out of medicines. We also found inadequate medication record keeping and unsafe medicines administration. On 12 March 2015 we issued a warning

Summary of findings

notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 requiring the provider to become compliant with Regulation 13 by 31 March 2015. We found at this visit that improvements had been made to medicines management and that there was more monitoring of the ordering, recording and administration of medicines to people using the service. We have made a recommendation about the recording of some medicines.

Staff had not received an annual appraisal and a date had not been set for these to occur.

Although people's care plans had been reviewed each month and people and their relatives were happy with the care provided, the care records were not all accurate and had missing information in them. Therefore they did not fully inform staff how to support a person safely and appropriately.

Systems were in place to monitor the quality of the service. However, these had not been fully effective in highlighting the shortfalls identified during this inspection.

People we spoke with confirmed that they had choices in aspects of daily living. Staff confirmed they encouraged people to be as independent as they could be and make choices for themselves.

Staff were aware of safeguarding and whistle blowing procedures and demonstrated an understanding of what constituted abuse.

Staff we spoke with and records we saw confirmed appropriate recruitment procedures were being followed.

New staff received a detailed induction to working in a care setting. Ongoing training was available for all staff to complete to ensure they had the necessary skills and information to work in the service.

The staffing levels were seen to be sufficient in the service and had recently been increased in the morning to support people.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to ensure that people's freedom is not unduly restricted. Where people were at risk and unable to make decisions in their own best interest, they had been appropriately referred for assessment under DoLS.

People had a choice of meals and staff were available to provide support and assistance with meals. Staff referred people for input from healthcare professionals when required.

People were encouraged to take part in activities and trips outside of the service. These were led in a manner that was inclusive and enjoyable. The expert by experience commented that the activities co-ordinator readily engaged with people using the service and that during the inspection people were offered different activities to occupy their time, such as gardening and painting.

People and their relatives felt confident to express any concerns, so these could be addressed.

People using the service and relatives said the acting manager was approachable, however, some staff said the acting manager along with senior staff could be more visible in the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to a lack of staff appraisals taking place, people's care records not being accurate and up to date and shortfalls in assessing and monitoring the service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Although medicines were being managed safely, we have made a recommendation that staff record the time, if it is different to the time recorded on the medicine administration records, they administer medicines to a person to ensure it is not given too close together.

There were enough staff to support people and keep them safe. Staff had received training about safeguarding to ensure that people were protected from abuse.

Records showed that the required safety checks were carried out on equipment.

Assessments were in place for identified areas of risk to each person.

Good



Is the service effective?

Some aspects of the service were not effective. Staff had not received an annual appraisal.

Staff received ongoing training to provide staff with the skills and knowledge to care for people effectively.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to ensure that people's freedom is not unduly restricted. Staff were also meeting the requirements of the Mental Capacity Act 2005 (MCA), with respect to gaining people's consent or involving those people important to the person's life if they did not have capacity.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs could be met.

People were all registered with a local GP. People were supported to access community health services including dentist, chiropodist and optician.

Requires improvement



Is the service caring?

The service was caring. People told us that staff treated them well and we observed positive and caring interactions between staff and the people using the service.

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment. People were encouraged by staff to be independent.

Good



Is the service responsive?

Some aspects of the service were not responsive. Care records were detailed; however they were not always up to date and accurate.

Requires improvement



Summary of findings

There was an activities programme that was aimed at meeting all of the people's interests and likes.

A complaints procedure was displayed and people and their relatives said they knew how to raise concerns so they could be addressed.

Is the service well-led?

Some aspects of the service were not well-led. The acting manager was in the process of becoming the registered manager. Some staff said she was approachable and supportive but others commented that she could be more visible to support staff.

Systems were in place to monitor the quality of the service, so areas for improvement could be identified and addressed. However, these systems had not been fully effective in highlighting some of the issues we found at our inspection.

Requires improvement



Telford Lodge Care Limited

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 14 May 2015 and was unannounced.

The inspection team consisted of two inspectors, two pharmacist inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us. We also spoke with a staff member of the local authority safeguarding team.

During the inspection we met and spoke with eight of the people who lived in the service. We also carried out a Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We met with five relatives who gave their views on the service.

We talked with eight members of care staff, two domestic staff, the cook, human resources and training manager, office manager, activities co-ordinator, the nominated individual and the acting manager. We also spoke with one healthcare professional during the inspection and subsequent to the inspection we received feedback from a second healthcare professional.

We looked at 12 people's care records, the medicine administration records for nine people and three staff recruitment files. We also looked at records that related to how the service was managed. This included how the provider monitored the quality of the service, including audits and checks, how accidents, incidents and complaints were recorded and minutes of meetings within the service.

Shortly after the inspection we requested feedback about the service from two social care professionals. However, we did not on this occasion receive feedback from them.

Is the service safe?

Our findings

People told us they felt safe in the environment and with the staff. One relative said, “Safe! Very much so.” People said they would talk with staff or their relatives if they had a concern. There were policies and procedures in place on safeguarding adults from abuse. Care staff were able to provide different definitions of abuse when asked and said they would report any safeguarding concerns to the acting manager or deputy manager. They were also aware of the need to report concerns to external agencies, such as the local authority or the police. Notifications received from the service showed the acting manager knew to report concerns to safeguard people using the service. One staff member confirmed that they were aware of the provider’s whistleblowing policy and the need to raise issues further up the management chain if they felt matters were not being properly addressed.

Care records contained risk assessments which had been reviewed each month. These included risk of falls, malnutrition and if people managed their own medicines. The acting manager had also completed a summary of the risk to each person in the event of a fire. These documents provided staff with guidance on managing the identified risks. Records of accidents and incidents were recorded and we saw evidence that the acting manager had started to analyse these records in April and May 2015 to identify if there was a reason for these taking place.

One person, when asked about the service and staffing levels told us, “It’s ok here there are enough staff”. We viewed the staff rota for a two week period in May 2015. We saw that for some shifts external agency staff worked. The acting manager told us that regular agency staff worked in the service and we saw the same agency staff member for the two days we inspected the service. The acting manager had increased the numbers of morning staff working in the service, which the rota confirmed. Three staff said the staffing levels were better with the increase in staff during the busy morning period. One staff member said staffing levels could be improved especially if people required one to one support. There was always a senior member of staff working on each shift to ensure the day and night ran smoothly. The acting manager told us she carried out regular checks on the rota to ensure there were sufficient numbers of staff working at any one time. She was aware of how many people needed two members of staff to support

them with personal care and mobilising. At present we were informed this was six people and that current staffing levels were appropriate to meet people’s needs. We saw sufficient numbers of domestic staff throughout the day to keep the rooms, bathrooms and communal areas clean.

Four people said that the care staff attended very quickly when they pressed their call bell; however one said that sometimes they had to wait if staff were dealing with someone else. Three staff also said call bells were not always promptly answered. We informed the acting manager who showed us that she had a record of the times it took for staff to respond to a call bell. During the second day of the inspection she confirmed this was from one minute to three minutes and that she would start recording the checks she carried out on the response time so that issues could be addressed if there was a delay in call bells being answered.

People were supported by staff who had gone through an appropriate recruitment process. Staff we asked confirmed employment checks had been carried out before they started working at the service. Staff employment files had application forms and identification documents. Criminal record checks and Disclosure and Barring Service checks had been carried out and two references had been obtained. We found that there was some information missing on the three staff files we viewed. The application forms completed did not record clear dates of education or dates of employment. We also found a gap in one staff member’s employment history. This was addressed during the inspection with the information obtained from members of staff. The human resources and training manager in charge of the staff employment files provided evidence subsequent to the inspection that they had started carrying out a full audit of all the staff records.

We saw the acting manager and provider took action to address poor practice and staff were subject to performance management and/or disciplinary action where appropriate.

People lived in a service that overall was safe. There were systems in place to deal with emergencies. The rota showed which member of staff was on call if staff had a query or concern and they had access to important numbers if there were issues with gas safety, water or electrics. Records showed that equipment such as the gas appliances, the fire alarm and emergency lighting systems had been checked and maintained at the required

Is the service safe?

intervals. Fire doors had been upgraded with seals to prevent the spread of a fire. However, we identified a fire door not closing properly by the ground floor stairs. The acting manager confirmed this had been fixed the next day. The service had a fire risk assessment completed in August 2014. No problems were recorded during that assessment. Maintenance issues were recorded and signed off when they had been addressed.

We found that there were suitable arrangements in place to record when medicines were received, given to people and disposed of. The pharmacist inspector looked at the medicine records for nine people. We found that the Medication Administration Records (MARs) had been completed to show the administration of medicines, and the records were consistent with the stock of medicines remaining. On our previous inspection there were occasions where medicines had not been ordered in time and were unavailable to people when needed. Before this inspection the acting manager told us she met with the GP practice to discuss prescription ordering. There had been an improvement in the process and we did not find that anyone using the service had run out of medicines. Protocols had also been introduced to guide staff on how to administer medicines prescribed on a “when required” basis, for example for pain relief, so that people were given their medicines consistently and correctly.

On one of the MARs we looked at we found that for a medicine prescribed as “one or two tablets” the actual quantity given was not always recorded and this could

result in the person receiving too much or too little medication for their needs. This was fed back to the acting manager who stated she would address this to ensure staff clearly recorded if they administered one or two tablets.

The acting manager and staff told us that they had received recent training in the safe use of medicines. The training records confirmed this had taken place. The acting manager informed us that they were assessing the competency of staff following this training, and this process would be completed over the next few weeks.

The acting manager had made improvements in the auditing of the medicines management processes since our last inspection, and we saw records of recent audits and the follow up action which had been taken. Records also showed that staff made weekly checks to make sure the two people who managed their own medicines were taking them safely.

We saw a member of staff take medicines to a person who had been asleep at the usual time when medicines were to be given. This met the individual needs of that person, but no record was made of the exact time when the medicine was given and we could not be assured that enough time would be allowed before the next dose was given.

We recommend that the provider considers current guidance on record keeping when administering medicines to people to prevent medicines being given too close together and take action to update their practice accordingly.

Is the service effective?

Our findings

The acting manager was aware that staff had not received an appraisal for over a year but these had not been arranged with staff. Staff we spoke confirmed they had not had an appraisal booked to look at their professional development and to set goals for the forthcoming year.

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

Staff confirmed they had received an induction when they first started working in the service. They said they had worked alongside experienced staff to see how to support people safely. The service had been using the Skills For Care Common Induction Standards and we saw evidence they had just started to use the new Care Certificate that was introduced in April 2015 and provided new staff with a foundation to work in a care setting.

Some people said that the staff had enough training and knew what they were doing. One relative confirmed that staff were aware of the tasks they could carry out and those they could not. Training was mainly held in the service and there were two members of staff who had the necessary qualifications to run some of the training sessions for staff. The staff team's training records showed the majority of staff had completed all the mandatory training such as, fire awareness, infection control and moving and handling. The training programme was ongoing to ensure staff kept up to date with current good practice and legislation. We also viewed a sample of training certificates which demonstrated staff received a range of training relevant to their roles and responsibilities. In addition, staff had completed, or were signed up to study, for a qualification in social care. The activities co-ordinator had started a course specifically for their role. This was the National Association for the Provision of Activities (NAPA), some staff had also attended an information day on the new Care Act and we saw an easy read guide to this new legislation.

However, care staff we spoke with were not able to describe any principles or guidance in relation to mental capacity and there was no awareness of DoLS. The majority of staff had received training on this subject and we informed the acting manager that staff we spoke with were not aware of this legislation or how it could impact on how

they care and support people living in the service. She confirmed that staff would receive further training and discussions would take place to make sure they understood their duties.

Staff received support through one to one supervision and we saw evidence that these were taking place in order to look at staff performance and talk through any issues. Regular staff meetings were also held the last one for care staff was 29 April 2015. Recent topics discussed included language spoken at work, problems of staff not answering the front door and record keeping. Meetings also took place for the domestic staff and senior staff members. The minutes demonstrated that there was communication between both the staff and acting manager. One staff member confirmed that staff had the opportunity to ask questions or give their views about the service during these meetings. We sat in on the afternoon staff handover meeting. The acting manager said she aimed to sit in on at least one of these meetings everyday so that she could hear updates about the people living in the service. These meetings also gave staff the chance to talk about what had taken place in the service that day and if there were any foreseeable problems.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The acting manager understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unduly restricted. The acting manager had worked with the local authority and had submitted applications for authorisation where people's liberty was restricted in the service. For example, many of the people using the service were unable to go out alone and needed staff support. The acting manager was aware of the need to inform CQC of the outcome of each DoLS application.

Where possible people were supported to make decisions for themselves and consent to the care they received. One person told us, "I sometimes make a decision about my own care." Records showed that there had been best interest discussions regarding a person having their medicines crushed as they had not agreed to take them in the usual way and did not understand the consequences of

Is the service effective?

refusing to take their medicines. As part of assessing the person's capacity, we saw the person, their relative and GP had all been consulted with the GP deciding what was best for the person's well-being. This demonstrated that decisions were not made in isolation without all relevant persons being consulted and involved, which was a requirement of the Mental Capacity Act 2005. Care records also recorded people's ability to make daily decisions and the acting manager was aware that capacity assessments would be carried out on specific decisions as and when necessary.

Everyone we spoke with said that the food was good and they got a choice. One person told us, "the food is perfect, all the cooks are excellent." One relative said, "I know it's good because I have eaten it." At lunchtime, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us. Staff sat next to people if they needed assistance in eating their meal. We heard staff talking with people and encouraging them to eat their meal. Choices were offered to people and staff checked that people were happy. The expert by experience said the lunch time period for people that they observed the previous day was an enjoyable

experience, with staff making good eye contact with people and talking with them throughout the meal. We met with the cook who confirmed that all meals were freshly cooked. They also confirmed that following the results from a satisfaction survey in 2014 where people contributed their views other meals were now offered such as curry. People could have a fridge in their bedroom if they wanted to keep drinks and snacks and one person did have drinks in their own fridge. There was a monthly planner for meals and at least two or three choices available for each meal.

One person confirmed they were able to see a nurse whenever they wanted. One relative told us, "We are very much involved with making decisions about care and treatment." The provider arranged for and supported people to access the healthcare services they needed. Where required, staff supported people to attend appointments with their GP and the dentist and chiropodist visited the service. Care plans recorded people's general health needs. We saw staff had requested a referral from the GP where people needed specialist support from a dietician. We met with a healthcare professional who confirmed they saw approximately ten people to check on their health and look at any issues they might have.

Is the service caring?

Our findings

Feedback about staff was mainly positive with people commenting, “staff are kind and caring towards me,” and “I can go to bed when I want and they (staff) ask me if there is anything I want or need.” One person said “they (staff) are not particularly caring, but they do their job.” A second person told us, “I asked for a female carer and it’s on the door now.” In the care records there was information about if a person had a gender care preference when receiving support with their personal care. A relative said “They (staff) look after the visitors as well,” and a second relative confirmed, “Staff are very friendly and very caring.” A healthcare professional commented that staff communicated well with people in the service.

There was some information on a few people’s care records about their personal histories. This, we were told, was usually completed when a person first moved to the service, if staff were able to obtain this information. The acting manager and activities co-ordinator said they would look at additional ways to gather people’s interests and life histories such as using the “This is me” document from the Alzheimer’s Society so that where possible, staff knew about people’s life histories.

We saw staff reassuring people if they were distressed or anxious. Staff tried different ways to help people, such as distracting them or offering them time to talk. We also observed staff supported people to choose where and how they spent their time. Where a person chose not to take part in an activity then this was respected. The acting manager told us six people were able to be independent, going out alone without staff supporting them. They accessed various community places such as the local shops or went further into the local larger town.

People’s religious needs were met by the service and we saw the dates for when different religious services were being held so that people could continue following their preferred chosen faith.

The communal areas of the service had advocacy contact details and it was included in the statement of purpose. No-one was currently accessing this service and people

received support from family members and friends. We saw a monthly newsletter that was produced and given to people and posted to their family members so that they could read about any changes and hear of news of what had been occurring in the service. It included photographs and a relative confirmed they received this.

Meetings for people using the service and their relatives were held every three months with the last one held in April 2015. This enabled people, with support if necessary, to hear about the service and be involved in contributing their views. Relatives confirmed they visited at different times and that there were no restrictions, within reason, for when they came to the service.

Annual satisfaction questionnaires were given to people and their representatives. The results for 2014 were positive and the 2015 results had yet to be analysed to see if the acting manager needed to take any action or respond to any negative comments.

We observed medicines being given to some people during the day and saw that this was done with regard to people’s dignity and personal choice. Staff, including domestic staff, were able to describe methods used to ensure that dignity and privacy were respected, such as, closed doors and offering choice before delivering personal care, knocking on doors before entering rooms.

We heard staff knocking on people’s doors during the inspection. However, two people told us that staff did not always knock before entering their bedrooms. One person said especially at night staff would just open their door to check on them. Another person told us, “they (staff) don’t always knock half the time and come bursting in”. We raised this with the acting manager who said she would immediately remind staff of this at handover meetings so that all staff knew this was not acceptable practice.

One relative spoke about the end of life care their family member received. They spoke positively and said staff “genuinely care.” They confirmed they had been involved in the support their family member received and that it had been done in a dignified way. We saw on the training plan that end of life care training was planned for staff in July 2015.

Is the service responsive?

Our findings

One person said staff understood the help and support they needed. In the care records viewed we found several areas where information was either missing or not clear. We found that there was no information in the care plans to indicate how people preferred to take their medicines, so we couldn't be sure that they would consistently get the support they needed. One person who had been losing weight had not seen a dietician as the letter on their file stated they did not meet the "criteria". There was no other information to show this had been pursued neither was there a clear plan of action, no reference of this being a concern in the nutritional care plan and no direction to weigh the person more frequently. Another person had leg ulcers and their care records had a wound care plan completed by an external professional and there was no plan of action in the person's care plan for how care staff needed to support the person in between the healthcare professional visits. There was also a wound care plan for a different person filed incorrectly in this care file. On one person's file there was a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Decision form signed by the GP. However, there was no other reference to the person's end of life wishes. Overall there was inconsistent information on the care files we viewed. One person's records stated they must be checked every half an hour at night due to risk of falls, yet night checks recorded they were monitored every hour, another person had lost weight over a four month period with no record to show what action had been taken. We informed the acting manager of our findings who stated she had been aware that care records needed to be reviewed and updated to ensure they were accurate. However, no action had been taken to address the issues and ensure staff had up to date information for each person they supported.

Daily notes file for each person were up to date but mainly recorded sleep, location of the person and whether personal care had been delivered. Daily record files contained an activities chart but this was a coded record of where a person had taken part in an activity rather than information about type of activity engaged in or any detail on involvement. Bathing and personal care records were often incomplete and therefore for some people the incomplete records indicated they had not had a bath or

shower for over three weeks. Therefore records did not accurately show the support the person had received making it difficult to be certain people had been cared for appropriately.

The above paragraphs demonstrate there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people's needs had been assessed prior to their admission into the service so that the service could meet the person's individual needs. The acting manager informed us that where people's needs had changed she had requested a review and some people had been moved to more suitable accommodation where their needs could be better met.

We observed lots of positive communication between the activities co-ordinator and the people using the service. The atmosphere was relaxed and cheerful. We met with an activity co-ordinator who provided in house activities and external trips for people. College students on placements also assisted in encouraging people to take part in different activities. There was a weekly activity schedule which we were told was flexible depending on what people wanted to take part in. Activities included baking, film club and playing board games. Some activities were in groups whilst others might be on a one to one basis. Trips out recently had been to Kew Gardens and the London Imperial War Museum. A musician also visited the service and a pets as therapy person with their dog. People also went out with their family members and/or friends if they felt able to.

The service had support from people providing community payback and each week a small group of people, who were supervised, carried out jobs around the service. This included decorating and working on the garden. This helped maintain the service and provide people using the service the chance to interact with people from the local community.

We asked people about making a complaint. One person told us, "I did complain when I first came here but I don't now, I don't like complaining, but they (staff) do listen." Another person said they knew how to complain had never had to. There was an easy read notice about how to complain on the noticeboard in lounges and a complaints policy and procedure in the reception area. We were informed that relatives and friends had been recently sent a copy of the complaints policy and procedure. There was

Is the service responsive?

one complaint recorded for 2013/14 and one for 2015, both with action taken to resolve the complaints. We spoke with

the acting manager about the recording of complaints and she was aware of her responsibilities in keeping a clear record of complaints along with responses to the complainant.

Is the service well-led?

Our findings

The acting manager had introduced some monitoring systems, such as carrying out two night checks since they started working in the service. The last one had been in May 2015 to see how night staff were working and identify if there were any problems. They had also undertaken monitoring the staff rota and carrying out medicine checks. Other audits were also in place such as a housekeeping check where rooms were looked at to ensure they had been cleaned properly. An internal monthly food safety inspection had also been carried out, the most recent check was April 2015 to check that the kitchen staff were keeping the areas they worked in clean. However, some of the issues identified within this report had not been identified by the monitoring processes. For example, the issue with the fire door not closing properly had not been noted by staff or as part of the weekly fire checks that we saw had been taking place. People's care records had been reviewed each month. However, we identified inaccurate or missing information in the records viewed. One healthcare professional told us that the staff did not give much feedback to them about the people using the service which could be due to inaccurate record keeping and staff not fully knowing what information to provide to a visiting professional. The acting manager was aware that some information was being duplicated on different forms and that the records could be simplified. She had developed a care plan audit tool but this was not being used yet and therefore we could not be confident of when people's care records would all be reviewed appropriately and updated to accurately reflect people's needs.

The provider carried out monthly checks on the service. These visits were up to date and looked at different aspects of the service, for example, medicine administration records, a sample of care records, staff files and discussions were held with people using the service and staff. However, the shortfalls identified in this inspection demonstrated that these checks were not detailed and did not pick up where areas needed to be improved.

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

People using the service and their relatives told us they knew who the acting manager was. One person told us, "The manager is a very nice lady, when I was in a lot of pain

she came to see me and sorted it out. I can talk to her." One relative said the acting manager had made, "a positive difference" to the service. However, overall we received mixed views from staff about the management and leadership in the service. One member of staff said they felt well supported and confirmed they could raise any concerns or complaints with management who were very responsive. A second member of staff commented that the acting manager was "approachable" and dealt with issues promptly. Some staff were reluctant to give feedback about the acting manager and provider. This made it difficult to assess the culture of the service to see if it was open and inclusive. Overall the majority of staff felt that the acting manager was not visible enough and was not available to observe the day to day running of the service. Care staff and domestic staff said they might go to the human resources and training manager for advice and support. The acting manager had been in post for approximately six months and prior to this there had been a few months where there was not a day to day manager in charge. The staff team had different managers supporting them over the past few years and the nominated individual confirmed it had been a challenge for the service not having a registered manager in post. We gave feedback to the acting manager and nominated individual so that they were aware of the varied responses we received during the inspection. Staff satisfaction questionnaires had just been implemented and results had not yet been analysed.

The acting manager was in the process of registering to be the manager at the service with the aim to provide stability to the service. They had previously worked as a registered manager and had several years' experience in working in a care setting. She had an National Vocational Qualification (NVQ) in social care level three and had enrolled to study for the Diploma in Leadership in health and social care level five. The acting manager kept up to date by accessing information from social care organisations such as Skills For Care and we saw a magazine which was subscribed to on social care issues. Each month the acting manager produced a report for the provider monthly committee meeting. This included information on when meetings had taken place, activities that had been held and staffing. It also included the environment and if maintenance work had taken place. This enabled the acting manager to review developments within the service and to inform the provider of the progress of the service.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider did not receive appraisals as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not maintained an accurate, complete record in respect of each service user, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.

Regulation 17 (2)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not assessed, monitored and improved the quality and safety of the services provided.

Regulation 17 (2)(a)