Clarendon Care Group Limited

Myford House Nursing & Residential Home

Inspection report

Woodlands Lane
Horsehay
Telford
Shropshire
TF4 3QF

Tel: 01952503286

Date of inspection visit:
24 January 2017
30 January 2017

Date of publication:
30 May 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 24 and 30 January 2017.

Myford House Nursing and Residential Home provides accommodation and personal care for up to 57 older people and for people living with dementia. On the days of our inspection there were 38 people living there.

The home had a registered manager who was present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in September 2016, we found people were not supported to manage their behaviours. At this inspection, staff had learnt new skills and received support from other healthcare services to enable them to safely help people to manage their behaviours. People may not always receive care and support in a timely manner because there were not always enough staff on duty. Care practices did not always protect people from the risk of harm. However, they were supported by staff to take their prescribed medicines. People felt safe living in the home and staff were aware of their responsibility of protecting them from the risk of potential abuse.

At our previous inspection it was highlighted that staff and managers did not have sufficient understanding about the Mental Capacity Act [MCA]. We also found there was a lack of understanding about when a Deprivation of Liberty Safeguards [DoLS] application should be submitted to the local authority to lawfully deprive a person of their liberty. At this inspection staff had a better understanding of MCA and DoLS and people confirmed their consent was always obtained.

People were supported by staff who may not have received up to date training or an induction into their new role. People had a choice of meals but were not adequately supported by staff to eat and drink. People were assisted by staff to access relevant healthcare services when needed.

People were not cared for in a manner that promoted their right to dignity at all times. Care practices varied where some staff were more attentive to people's needs than others. People were involved in planning their care to ensure their specific needs were catered for.

People were involved in their care assessment but they were not always supported to pursue their interests, hobbies or promote their independence. People could be confident their concerns would be listened to and action would be taken to attempt to resolve them.

People were at risk of inadequate care and support because the provider's governance had not assessed, monitored or improved the service enough since the last inspection to promote quality standards. People

were aware of who was running the home and were able to have a say about how the home should be run.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were at risk of their care and support needs not being met because there were not enough staff on duty. Care practices did not always reduce the risk of harm to people. However, they were supported to take their prescribed medicines when needed. People were protected from the risk of potential abuse because staff were aware of how to safeguard them from this.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People had a choice of meals but were not always supported by staff to eat their meals. People's consent was obtained by staff before they supported them with their care and treatment needs. People were assisted by staff to access relevant health care services when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People did not always receive support from staff in a caring and attentive manner. However, people felt some staff were kind but their dignity was not always maintained. People were involved in planning their care to ensure their specific needs were met.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always supported to pursue their hobbies and interests and practices did not always promote their independence. People were encouraged to be involved in their care assessment. People could be confident their concerns would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People's care and treatment may be compromised because the provider had not taken sufficient action to ensure their governance assessed and monitored the effectiveness of the service. People were aware of the management of team and were able to have a say about how the home was run.

Myford House Nursing & Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 30 January 2017 and was unannounced. The inspection team comprised of two 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with ten people who used the service, five care staff, one agency nurse, seven visitors and one relative by telephone. We spoke with the registered manager, an operation manager and the clinical lead. We looked at four care records and risk assessments, medication administration records, accident reports and quality audits.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in September 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We found people were not supported appropriately to manage their behaviours. This placed the individual and others at the risk of harm. The provider sent us an action plan to tell us what measures they would put in place to meet the requirements of the law in relation to this Regulation.

At this inspection we found the provider had taken sufficient action to comply with this regulation. We spoke with a visitor who said, "People sometimes require support to manage their behaviours and staff manage this so well." The registered manager informed us they had worked alongside other healthcare services to support people with their behaviours. For example, the mental health team. The registered manager told us about the importance of working with the mental health team to look at their approach and how to best support people. They informed us that diversion techniques were used to divert the person away from what was upsetting them. They told us regular group meetings were carried out with staff to talk about how best to support people when their behaviour was challenging and staff confirmed this. We heard a person shout and were verbally abusive towards staff. We observed the staff member remain calm as they reassured the person. The registered manager was confident the staff team had a better awareness of how to help people.

People's care was sometimes compromised because there were not always enough staff on duty to support them. One person told us they required support with their continence needs. They said, "I have to shout for about an hour before anyone comes." A visitor told us their relative had been incontinent because there were not enough staff on duty and they had to wait a long time for support. We spoke with another visitor who said, "The staff do answer the call alarm but it might take them 30 minutes." Another visitor raised concerns about the number of agency staff used and felt this had had an impact on the care provided. Another visitor said, "The agency staff don't know the people and the regular staff have to keep telling them what to do." We spoke with a different visitor who said, "I wish they didn't use so many agency staff, they can't have read all the care plans."

We spoke with a staff member who said, "There is not enough staff and we don't have enough time to interact with people." They told us they felt this had an impact on people's mental wellbeing. Another staff said, "The registered manager does try to get agency staff to cover or they help us to care for people." On one unit we saw there was very limited staff presence during mealtimes and one person didn't get the support they needed to eat their meal. The registered manager confirmed there were not enough staff on this unit on the day of the inspection because a staff member was on leave. We later observed an additional staff member had been allocated to this unit.

The registered manager said that staffing levels were determined by people's dependency levels. They said the layout of the building also had an impact on the number of staff required. They confirmed the provider had recently agreed funding for additional staff during peak times of the day to ensure people's needs were met.

People could be confident they would be cared for by suitable staff because the provider's recruitment process ensured safety checks were carried out. All the staff we spoke with confirmed that before they started to work at the home a Disclosure Barring Service [DBS] check was carried out. The DBS helps the provider make safer recruitment decisions to ensure the suitability of people to work in the home. Staff informed us that a request was also made for references and the records we looked at confirmed this.

People were at risk of harm at times because care practices were not always safe. We spoke with a person who was cared for in bed and saw a member of staff give the person a snack. The person was lying down, the staff member did not make an attempt to sit the person upright and as a result of this they choked whilst eating. We shared this information with the nurse in charge and the registered manager who confirmed this practice was unsafe. The registered manager assured us action would be taken to avoid this happening again.

We looked at what action the provider had taken to reduce the risk of people developing pressure sores. A staff member told us about the importance of using appropriate pressure relieving equipment to avoid the risk of skin damage. One care record showed the person needed to be turned on a two hourly basis to prevent skin damage. However, the care record showed the person had not been turned for over four hours. The registered manager informed us the person was able to reposition themselves whilst in bed. They said staff would use their judgement to whether the person needed to be repositioned. This meant the staff were provided with conflicting information that could place the person at risk of not receiving the appropriate support. We looked at another person's care records that showed they had not been turned at the frequency shown in their care record for the treatment of a pressure sore. The registered manager was unable to confirm whether the person had been repositioned. They assured us these people's pressure care management would be reviewed and monitored more closely.

One person told us about the support they required to mobilise safely and said, "I feel safe when the staff put me in the hoist." We found some staff had a good understanding about how to reduce the risk of harm to people. For example, a nurse told us that a person's bed had been lowered and a crash mattress was put in place to reduce the risk of injury if they fell out of bed. Another staff member confirmed they routinely checked bedrails to ensure they were safe to use. A staff member told us people were provided with their own slings to reduce the risk of cross infection. Additional slings were in place if the person's sling was unsuitable to use.

We looked at how the provider managed accidents and action taken to avoid a reoccurrence. The registered manager said accidents were recorded and we saw this. This enabled the registered manager to monitor accidents for trends. For example, the monitoring process identified one person had a number of accidents. The registered manager said the person was supported to access relevant healthcare services to help them reduce the number of accidents.

People were supported by staff to take their medicines. All the people we spoke with confirmed they received their prescribed medicines and the records we looked at confirmed this. One person told us they had been prescribed medicines to control their pain. They said, "I get my medicine when I need them." We observed medicines were stored securely. Records were maintained of when medicines had been administered and when they had been returned the pharmacist.

We spoke with an agency nurse who confirmed they frequently worked at the home. They said they always asked people how they would like to take their medicines. They said, "If people are unable to tell me their care records contains this information." They told us they had not had a competency assessment to ensure their skills were up to date. We shared this information with the registered manager. They told us staff

responsible for the management of medicines had received a competency assessment but acknowledged the agency nurse had not. They assured us arrangements were in place to provide agency nurses with a competency assessment. This would ensure staff had the appropriate skills to support people with their treatment.

People told us they felt safe living at the home. One person said, "I feel safe and happy with the care I receive." Another person told us, "The staff make me feel safe." All the staff we spoke with had a good understanding about various forms of abuse and how to recognise it. They told us they would share any concerns of potential abuse with the nurse in charge or the registered manager. Staff were also aware of other external agencies they could share their concerns with. Discussions with the registered manager confirmed their awareness of when to share information about abuse with the local authority to protect the person from further harm. They also maintained a record of safeguarding referrals that had been sent to the local authority and action taken to safeguard the person. Our records show the registered manager had informed the Commission about concerns of abuse.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in February 2016 and September 2016, the provider was in breach of regulation 11 need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We found staff and managers did not have sufficient understanding of the Mental Capacity Act (MCA) (2005). We also found decisions made on people's behalf were not always in their best interests. The provider sent us an action plan to tell us what measures they would take to comply with this regulation. At this inspection we found the registered manager and staff had a better understanding of MCA. The provider had taken sufficient action to comply with the regulation.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person said they were able to make their own decision about the support they required. Another person told us it was their decision to stay in their bedroom and staff respected their choice. A different person told us, "The staff always ask permission before doing anything." A staff member informed us they routinely asked for people's consent before they supported them. However, if a person refused care and support, their decision would be respected but they would also explain what impact this may have on them. A visitor said they always hear staff ask people for their consent and we also heard this.

The staff we spoke with had a good understanding of MCA. Two staff members said they always assume people have the capacity to make a decision. A staff member said where necessary people were supported to make their own decision. For example, they told us pictorial menus had been introduced to enable people living with dementia to point at the meals they would like. However, we did not see these being used during the inspection.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at an authorised DoLS form that showed the person required constant supervision to ensure they received the appropriate care and treatment. We looked at another authorised DoLS form which identified the person was living with dementia and would be at risk if they left the home without support. A mental capacity assessment had been carried out for these people to determine whether they were able to make a decision and to ensure the DoLS application was appropriate. We found that not all the care staff and nurses spoken with were aware of who had an authorised DoLS in place. This placed people at risk of their human rights being compromised. The registered manager informed us that staff had access to this information which was contained in people's care records and we saw this. The registered manager said action would be taken to ensure all staff were aware of who had an authorised DoLS in place and the reason why.

At our last inspection the registered manager was unable to demonstrate how best interests decisions had been made on people's behalf. At this inspection people were supported to receive care and treatment suitable to their needs because where necessary a best interests' decisions had been put in place. We saw a best interest decision was in place to ensure a person received their prescribed treatment. With the involvement of the person's GP, next of kin, a nurse and the pharmacists it was agreed the person's medicines should be administered covertly. For example, their medicines were hidden in their food. A mental capacity assessment had been carried out to determine whether the person was able to make a decision. A best interest decision was also in place for another person for the use of bedrails. Discussions with the registered manager confirmed the use of the bedrails were to prevent the person falling from their bed and to reduce the risk of injury.

People were not always supported by staff with their meals. We spoke with a visitor who said their relative could do with some support to eat their meal. They informed us, "The meal is put in front of [relative] they forget it's there and then it gets cold." We observed a staff member place a person's meal on a small table which was situated at the side of them. We saw the person struggle to reach their meal and staff did not recognise the support they needed. On a different unit there were no staff present to support people with their meal. We observed a person sat with their meal for 45 minutes until a staff entered the dinning room and helped them with their meal. We looked at the person's care record and it stated they needed supervision at meal times. However, this had not been provided because staff were not available. This placed people at risk of not eating and drinking sufficient amounts. However, the care records we looked at did not provided any evidence of people losing weight.

We observed on another unit when staff assisted people with their meal rather than engaging them in conversation they spoke with other staff. We also saw some good practices where a person was reluctant to have a drink and a staff member gently encouraged them to drink. We saw another staff member assist a person with their meal and this was carried out at the person's pace.

People were provided with a choice of meals. One person said, "The meals are good and we have plenty to drink." Another person said, "If you don't like the meal they offer me an alternative." We spoke with a different person who said, "I enjoy the food and I can choose what I like." A visitor said the meals provided to their relative were good. However, they said people did not always have access to drinks. We saw empty jugs around the unit. We spoke with a person who was cared in for in bed and observed their jug was empty. They said, "I get a drink when the staff bring me one." However, they confirmed they were never thirsty.

People were provided with suitable meals with regards to their likes, dislikes and health condition. A staff member told us about a person who was at risk of choking. Hence, their meals were pureed and their drinks thicken to reduce the risk of them choking. We heard two agency staff ask the registered manager about suitable meals for people before they assisted them to eat and drink.

We looked at how the provider supported new staff in their role and found there was a lack of consistency of staff receiving an induction. An induction ensures new staff are aware of their roles and responsibility and that they have a good understanding about how to meet people's needs. Two staff members said they did not receive an induction to support them in their role. One of these staff members was an agency nurse who confirmed they worked at the home frequently. They said, "I wasn't made aware of the fire exits or procedures." The registered manager was unable to provide evidence of an induction taking place for these staff members. We spoke with the operation manager about another staff member. They were also unable to confirm that this staff had received an induction. This meant new staff may not receive the necessary support to carry out their role safely and efficiently. However, we spoke with a staff member who confirmed they had received an induction. They said, "My induction gave me reassurance that I could always ask if I

was unsure about anything." They told us they had worked with an experienced care staff until they felt confident to work alone. We spoke with another staff member who confirmed they had received an induction. They said, "This gave me more understanding about people's needs and my role and responsibility."

People were not always supported by skilled staff . We looked at how the provider ensured staff received appropriate and timely training. We spoke with an agency nurse who confirmed they worked at the home regularly. They informed us they qualified as a nurse in 2013 and had not received any further training. This meant they may not have the up to date skills to care and support people appropriately. However, the other staff we spoke with confirmed they had access to routine training to ensure they had the skills to undertake their role. The registered manager said they had recently delivered dementia awareness and person centred care training to the staff team and staff confirmed this. Arrangements were in place to provide up to date training for the moving and handling trainers. Access to this training would ensure they had the skills to cascade this training to the staff team. A staff member said they had received moving and handling training. They said the registered manager had observed them to ensure the skills learnt were put into practice. Another staff member said, "My training helped to assist people with their behaviours."

People were cared for by staff who were supported in their role. All the staff we spoke with confirmed they received one to one [supervision] sessions and the records we looked at confirmed this. A staff member said, "Discussions in these sessions gives me reassurance about the work I do." They told us their training needs were also identified during these sessions.

People were supported by staff to access relevant healthcare services when needed. One person told us they were unwell and had recently been seen by their GP. We spoke with a visitor who confirmed their relative was supported to access an optician and a chiropodist. They said their relative had lost their hearing aid and arrangements had been made for them to be seen by an audiologist. We spoke with a person who told us they were feeling unwell. We shared this information with the registered manager who assured us the person had been seen by the GP and had been prescribed treatment. Another person told us they had access to a physiotherapist. They said, "They are trying to get me to walk again." Access to relevant healthcare services promoted people's physical and mental health.

Requires Improvement

Is the service caring?

Our findings

We observed a staff member who was located on the unit that specialised for people living with dementia did not engage with people. For example, they placed people's meal in front of them and walked away. The staff member did not explain to the individual what the meal was or encourage them to eat. However, we also observed good practices where one staff member acknowledged people when they entered the room. They took the time to talk with people and listened to them. They were patient to enable people to express their needs. We spoke with a person by telephone about the care provided to their relative. They said, "[Relative] is well looked after and the staff are wonderful."

People's dignity was not always maintained. We observed one person dressed in clothing that needed repairing and this did not promote their dignity. The registered manager confirmed this person did not have the capacity to make a decision. Hence, staff had dressed the person in this way. A visitor raised concerns about their relative's dignity being compromised. They told us their relative had been incontinent because they had to wait so long for support. They said, "Their dignity is lost when the bed needs changing." However, we observed people's dignity was maintained whilst they were assisted with their mobility. We saw a privacy screen located in the lounge. The screen was used by staff to ensure people's dignity and privacy whilst they were hoisted.

The registered manager said two staff members had been nominated as 'dignity' champions. Their role was to observe care practices and staff's engagement with people to ensure their dignity was always maintained. Where practices could be improved this would be shared with the registered manager who would address this with the individual staff. For example, it was identified that people should be given the choice to whether they wish to wear protective clothing whilst eating. The registered manager said, "People are encouraged to eat and drink independently and if necessary we will change their clothing when they finish."

The registered manager informed us of 'dignity day.' During this time people were asked what dignity meant to them. This ensured staff were aware of what was important to the individual. They told us they were in the process of reviewing how staff communicated with people living with dementia. They would be looking at staff's approach and action would be taken to ensure people were spoken to in a way they could understand and in a dignified manner.

People's privacy was respected by staff. One person told us, "The staff always knock on my door and they respect my privacy when they help me to have a wash." A staff member said, "I always ask people about their preference, whether they prefer a male or female carer." Staff told us about a person who was living with dementia who often wandered into other people's bedroom compromising their privacy. They said the person recognised and understood the signage, 'private please knock.' They said this resolved the problem.

People were complimentary about staff's approach. For example, one person informed us, "The staff are good and there is nothing they could do better." Another person said, "The staff couldn't be more helpful." A different person said, "The overall care is quite alright for me." We spoke with a visitor who said, "Individual staff go above and beyond their duties and they miss their breaks to care for people." Another

visitor told us, "I am satisfied with the care and staff do their best." We observed staff assist a person with their mobility and heard them explain what they intended to do and reassured them throughout the process. We also saw that staff supported people in a kind and reassuring way.

The registered manager informed us they regular worked with staff to demonstrate good care practices and staff confirmed this. For example, staff had experienced difficulties with a person who refused support with their personal care needs. The registered manager said they were able to show staff a different approach where the person agreed to support.

People were involved in their care review to ensure they received care and support specific to their needs. Although some people we spoke with could not remember whether they had been involved in planning their care. They were happy with the care they had received. One person said, "I feel the staff know me, they know how I like things done." Another person said, "They do everything for me, they are very good." However, some people did say sometimes they had to wait a while for staff to support them. A staff member said some people lacked capacity to be involved in their care review but they were still present during this process.

Requires Improvement

Is the service responsive?

Our findings

We looked at how the provider promoted person centred care. We spoke to one person who told us that care and support provided was not always person centred. They told us they were unable to go to bed when they wanted to. They said, "At night time the staff decide who goes to bed first, this is annoying because sometimes I would like to go to bed earlier." People also informed us they sometimes had to wait a long time for staff support because there were not enough staff on duty and this meant their needs were not met in a timely manner.

People were not supported to pursue their hobbies and interests. We spoke with a person who was cared for in bed and asked whether it was their choice to stay in bed. They said, "If I get out of bed there is nothing to do." "There are no activities." Staff later informed us the person was cared for in bed as part of their pressure care treatment but were unable to tell us what stimulation was provided for them. We spoke with a visitor whose relative was living with dementia. They said, "There is an activities board downstairs but I never see these activities take place." A staff member said, "There is not enough stimulation provided for people living with dementia." They informed us that one person preferred to stay in their bedroom because they got more stimulation by watching the builders through their bedroom window. The registered manager said they were in the process of reviewing people's specific interests to provide suitable stimulation.

The provider had recently appointed a staff member who worked 18 hours over three days to support people to pursue their interests. There were two boards located in the home that provided people with information about the availability of activities. However, we observed activities identified on the board were different to what was carried out on the day of our inspection.

In the unit that specialised for people living with dementia there was an orientation board to remind people of the date and meals on offer. This board had not been up dated so did not benefit the people with memory difficulties. We saw people sat in the lounge with the television on. However, no one appeared to be watching it. We observed one person staring at the ceiling and saw that one staff member did not engage with them or others. However, we observed that another staff member approached the person and engaged with them. Although the person was unable to respond, the staff member continued talking with them. We did not see any activities or stimulation provided on this unit.

We spoke with a visitor who raised concerns about the lack of availability of suitable tables for people to eat their meals on. We saw this visitor using a desk whilst they assisted their relative with their meal. On a different unit we observed a staff member place a person's meal on a small table which was situated at the side of them. We saw the person struggle to reach their meal. This meant suitable arrangements were not in place to provide appropriate furnishing to promote people's comfort and independence.

We received further comments from visitors whose relatives lived on a different unit. A visitor said, "[Relative] likes the garden but they had not been allowed to use it for the last six years." "They only go out when I take them out." The registered manager said the garden was unsuitable for people living with

dementia. They said with regards to discussions held in a resident's meeting, arrangements were in place to redesign the garden so it would be accessible to everyone.

The registered manager said they had aspirations to develop a sensory area within the home to provide more stimulation for people living with dementia. They informed us that the activities coordinator was working with the rest of the staff team to develop a more dementia friendly environment. For example, displaying people's photograph on their bedroom door. This would assist people to find their bedroom.

People were involved in their care assessment. One person confirmed that before they moved into the home they were involved in their assessment. We spoke with a visitor who said they had been involved in their relative's assessment and following care reviews. Another visitor informed us they were visiting that particular afternoon for a mental health assessment for their relative. People's involvement in their care assessment enabled them to have a say about their care and treatment.

People could be confident their complaints would be listened to and acted on. One person said, "If you make a complaint the registered manager will always sort it out." The visitors we spoke with said if they had any concerns they would share this with staff or the registered manager. They told us about a box that was located in the lobby where they were able to make comments or share concerns and compliments. One visitor said, "I shared concerns with the registered manager about my relative's laundry and things have improved." We saw complaints were recorded and showed what action had been taken to resolve them. The registered manager said complaints were routinely monitored to identify any trends.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in February 2016 and September 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider was rated inadequate with regards to the effective management of the service. The provider sent us an action plan to tell us what measures they would take to meet the requirements of the law in relation to this regulation.

The provider's action plan informed us there would be an on going review of quality monitoring systems. At this inspection we saw that some improvements had been made. However, the provider's governance systems remained ineffective in assessing and monitoring the quality of service provided to people. For example, people's care and support needs were sometimes compromised because there were not always enough staff on duty to meet their needs. We observed staff were not always available to support people with their meals. People's personal care and support needs were not carried out in a timely manner because there were not enough staff on duty. One person said, "I woke up early this morning but was left in bed until 11am." We spoke with a staff member who said, "The lack of staff meant people don't have a choice about when they get up in the morning."

The registered manager acknowledged there was a shortage of staff. They said, "The current culture is task orientated and we need to get away from this." They said, "My aim is to have enough staff on duty to enable them to sit and talk with people so they know we really care for them." The provider's governance was not effective to assess and monitor the staffing levels to ensure people's needs were met.

Staff told us and we saw that they were not always supported in their role. Discussions with two staff members and one staff record confirmed they had not received an induction. The provider's governance did not identify this shortfall. The operation manager said they were in the process of reviewing staff induction. The lack of support provided to new staff meant they may not have the skills or understanding about how to meet people's care and support needs.

We found that staff were aware of how to assist people to maintain healthy skin and when they needed to be repositioned as identified in the care records. However, where systems identified that people had not been repositioned at the frequency shown in their care plan, action had not been taken to explore this. The registered manager was unable to confirm whether people had been repositioned and staff had failed to record this information. This meant systems in place were not effective in monitoring the support people received to maintain healthy skin. The registered manager confirmed one person was receiving treatment for a pressure sore. Preventative measures were in place for others who had been identified at risk of skin damage.

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

The provider's action plan identified staff competency assessments would be implemented to highlight any shortfalls. The registered manager said arrangements were in place to introduce these competency

assessments to improve staff skills. These would include safeguarding people from potential abuse, Deprivation of Liberty Safeguards, managing behaviours and moving and handling. The provider's action plan identified these assessments would be put in place by 31 January 2017. These assessments would identify where staff training was required to ensure they had the skills to care and support people appropriately.

People could be assured staff would have access to information about how to meet their care and support needs. Care records were regularly audited to ensure staff had up to date information about how to care for people. The staff we spoke with were aware of people's care needs and confirmed they had access to information that supported their understanding about people's care and treatment needs.

People were protected from the risk of cross infection because the provider had nominated a staff member to review and improve services with regards to infection, prevention and control.

Audits were in place to review medicines contained within the trolleys. This ensured medicines no longer required were disposed of and sufficient amounts of medicines were in stock to ensure people received their prescribed treatment.

The registered manager informed us about a recent audit of mattresses that identified they needed to be replaced. Action was taken to replace mattresses to ensure people's comfort and safety.

We spoke with one person who said, "This is a lovely place to live." Another person told us, "I am quite happy here, they do their best." People were encouraged to have a say in how the home was run. Meetings with people who lived in the home gave them the opportunity to tell the provider about their experience of using the service. The registered manager said people had made suggestions about the layout of the home. They wanted an area where they could sit with others and interact and to have a quiet area if they chose to be alone. The registered manager confirmed action had been taken to change the layout of the home and we saw this. People and their relatives had also made suggestions to redesign the garden so it was dementia friendly and accessible to everyone. The registered manager said arrangements were in place to do this.

People had limited access to their local community. The registered manager said more needed to be done to enable people to maintain links with their local community. They told us about arrangements in place to introduce coffee mornings where local people would be invited.

People and staff were aware of who was running the home. One person who lived at the home said, "Things have definitely improved with the new manager but there is still not enough staff." We spoke with a visitor who said, "The registered manager is very good and very approachable." A staff member told us, "The registered manager is fantastic, they really do care about the people here and they are worth 110%." A different staff member said, "The registered manager is very supportive and the other managers are friendly and approachable."

The registered manager said they were supported in their role by the operation manager and the operation director. They confirmed having access to routine training to enhance their skills. Discussions with the registered manager also confirmed their awareness of when to send us a statutory notification about events that occur in the home which they are required to do by law.

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 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 17 HSCA RA Regulations 2014 Good governance Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken sufficient action to ensure their governance assessed, monitored and improved the service provided to people. People remained at risk of receiving an inadequate service.