

## Barchester Healthcare Homes Limited

# Laurel Bank

### Inspection report

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17 April 2018  
23 April 2018

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 16, 17 and 23 April 2018.

Laurel Bank is a purpose built nursing home situated close to the city centre of Lancaster. Accommodation is provided for up to 67 people needing assistance with personal or nursing care. All bedrooms are ensuite and are located on two floors, served by a passenger lift. At the time of the inspection visit 48 people were receiving care and support at the home.

Laurel Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection visit there was no registered manager in place. The registered manager had de-registered with the Care Quality Commission in November 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider had nominated a member of staff to undertake the role of acting general manager in the absence of the registered manager.

Laurel Bank was last inspected April 2016 and was overall rated as good. At this inspection visit carried out in April 2018, we found the registered provider was not meeting the required standards.

People were not always protected from the risk of abuse. Staff responsible for providing care and support had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. However, processes were not always followed to ensure safeguarding concerns were consistently reported to the local authority safeguarding team for review. This meant systems to ensure people were safe from abuse were not consistently followed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safeguarding service users from abuse and improper treatment).

We found staffing levels and deployment of staffing was not always effective to ensure the safe care of people. People and relatives told us they frequently had to wait for staff to attend to their needs.. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at records maintained by the service. We noted records were not always fully complete and up to date. For example, accident and incident reports did not always include completed body maps to show injuries sustained.

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

During the inspection visit we reviewed the auditing systems established and operated by the registered provider. We found auditing systems were sometimes ineffective and had not always identified concerns we identified during the inspection process. For example, a monthly audit had failed to identify a safeguarding incident had occurred and had not been responded to appropriately. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good Governance.)

There was lack of oversight at the home to ensure regulatory responsibilities were met. During the inspection visit we identified five incidents which the CQC had not been told of. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009.

Recruitment processes for ensuring staff were suitably qualified to work with people who may be vulnerable were not consistently applied. We have made a recommendation about this.

Arrangements were in place for managing and administering medicines. However these were not always consistently carried out to ensure good practice guidelines were followed. We have made a recommendation about this.

Risk was not consistently managed by the registered provider. We saw risk assessments were in place; however these were not always fully completed or reviewed within the stated timescales. We have made a recommendation about this.

The registered provider had a complaints process which people and relatives were aware of. People and relatives who had complained were happy with the ways in which the complaints were managed by the registered provider. Although a complaints process was implemented, we found not all complaints had been recorded within the complaints log. We have made a recommendation about this.

Staff we spoke with were aware of the principles should someone require being deprived of their liberty. Whilst good practice guidelines were sometimes considered these were not consistently implemented to ensure all principles of the Mental Capacity Act (MCA) 2005, were lawfully respected. We have made a recommendation about this.

Individuals care plans were sometimes reviewed to accommodate peoples changing needs. Care plans did not always have all the appropriate person centred information in them.

People were supported to have maximum choice and control of their lives in relation to the Mental Capacity Act and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and relatives told us relationships with staff were sometimes limited and said person centred care was not consistently provided due to staff not having time to respond to people's needs.

People's healthcare needs were monitored and managed appropriately by the service. People told us guidance was sought from health professionals when appropriate. We saw evidence of partnership working with multi-disciplinary professionals to improve health outcomes for people.

Staff told us they were happy with the training provided. We saw evidence the acting general manager had identified additional training needs for the registered nurses and had taken action to develop their clinical skills.

Consideration had been taken to ensure infection prevention and control processes at the home were consistent.

End of life care had been discussed when appropriate with people and their relatives. Provisions were in place to promote a dignified and pain free death.

Feedback was routinely sought. We saw feedback had been received through residents meetings and formal questionnaires.

People were happy with the variety, quality and choice of meals available to them. People's nutritional needs were addressed and monitored.

Improvements had been made to ensure activities were person centred, innovative and creative. We observed people being offered opportunities to carry out activities during the inspection visit. Activities were well received by people.

Premises and equipment were appropriately maintained. There was ongoing commitment by the registered provider to make the home pleasing for people.

Staff told us morale at the home and communication had improved since the new acting manager had been recruited. They told us improvements were being made to promote safe and effective care and said they had confidence in the acting general manager.

This is the first time the service has been rated as Requires Improvement.

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 sometimes safe.

People and relatives told us people were safe. However processes to respond to allegations of abuse were inconsistent and were not always appropriately followed.

Staff were not always suitably deployed to meet the needs of people.

Arrangements were in place for the safe management of medicines but these were not consistently followed.

Recruitment procedures were carried out to assess the suitability of staff. However checks were not always consistently carried out.

Infection prevention and control systems were implemented at the home.

Risk was addressed and suitably managed within the home.

### Is the service effective?

**Requires Improvement** ●

The service was sometimes effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate.

People told us their nutritional and health needs were met.

Improvements had been made to ensure staff had access to ongoing training to meet the individual needs of people they supported.

Consideration had been taken to ensure the environment in which people were living met their needs.

Whilst good practice guidelines were sometimes considered these were not consistently implemented to ensure all principles of the Mental Capacity Act (MCA) 2005, were lawfully respected.

### Is the service caring?

**Requires Improvement** ●

The service was sometimes caring.

People and relatives told us on the whole staff were kind and caring. However, relationships were sometimes restricted due to demands placed upon staff and staff response.

The registered provider promoted equality and diversity.

People had access to advocacy services, if required.

### Is the service responsive?

**Requires Improvement** ●

The service was sometimes responsive.

Person centred care was not consistently delivered. Staff did not routinely respond when people requested support.

Care plans did not always have appropriate person centred information in them.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner. However, these were not always consistently logged by the registered provider.

There were a variety of activities offered to people who lived at the home.

End of life care was discussed with people and relatives. Processes were in place to promote a dignified and pain free death.

### Is the service well-led?

**Requires Improvement** ●

The service was sometimes well led.

There was no registered manager at the home. The registered provider had made provision to ensure there was oversight and leadership at the home. However, we found oversight to be inconsistent.

Paperwork was not always accurate and up to date. Reviews of care records had not taken place in the specified time.

Audits had failed to identify concerns we found during the inspection process.

Processes had not been consistently followed to ensure the safety and well-being of people. Oversight of regulatory responsibilities was inconsistent.

Staff told us morale had been low at the home but this was improving since the new acting general manager had been appointed.

# Laurel Bank

## **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 comprehensive inspection took place on 16, 17 and 23 April 2018. The first day of the inspection was unannounced.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. We spoke with the Local Authority contracts and safeguarding teams, the Clinical Commissioning Groups responsible for commissioning care, and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

In addition, we reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We also reviewed other feedback upon our database which had been provided to us. We used this information to inform our inspection plan.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

On the first day of the inspection visit, the inspection team consisted of one adult social care inspector, an inspection manager, a specialist advisor who was a registered nurse 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. The adult social care inspector returned alone on the second and third days to complete the inspection process.

Throughout the inspection visits we gathered information from a number of sources. We spoke with ten



people who lived at the home and three relatives and to seek their views on how the service was managed. In addition, we observed staff interactions with people in their care.

We also spoke with the acting general manager, the regional director, the operations manager, six members of staff responsible for providing direct care, the activities coordinator and the cook.

To gather information, we looked at a variety of records. This included care plan files related to ten people who lived at the home and medicines administration records for people. We also looked at other information related to the management of the service. This included health and safety certification, auditing schedules, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules. We also viewed recruitment files relating to four staff members who had been employed since the last inspection visit.

We found not all of those who lived at Laurel Bank were able to communicate fully with us. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

In addition, we walked around the building to carry out a visual check. We did this to ensure required improvements had been made; and to ensure it was clean, hygienic and a safe place for people to live.

Following the inspection visit we shared our initial findings with the local authority and the clinical commissioning group so support could be offered to the registered provider to make the required improvements. We also made a safeguarding referral to the local authority to ensure safeguarding concerns could be reviewed.

# Is the service safe?

## Our findings

People and relatives told us people were safe. Feedback included, "I feel safe here. No one is going to nab me!" And, "I feel safe here. There are no restrictions." Also, "I feel reassured staff are on hand."

Although people and relatives told us people were safe, we found evidence this was not always the case. At this inspection visit we looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. Staff told us they had received safeguarding training and were confident they could identify and report abuse. When asked, staff could describe different forms of abuse and said they would report any concerns to management.

Although staff told us they were confident in identifying and reporting abuse we found processes had not been followed when concerns had been identified and reported. During the inspection visit we looked at recorded incidents that had occurred at the home. From the completed records we viewed we identified six incidents where people had been placed at risk of harm.

We reviewed the organisation's policy in relation to management of allegations of abuse and saw the process stated that all allegations of abuse were to be reported immediately to the local authority safeguarding team and to the relevant regulatory body. This process had not been completed for the six incidents we identified.

We spoke with the acting general manager about these incidents. They acknowledged there had been an oversight and confirmed processes had not been followed on these occasions.

This was a breach of Regulation 13 of the Health and Social Care Act 2008, (Regulated Activities) 2014 (Safeguarding service users from abuse and improper treatment) as systems were not implemented and followed to ensure people were protected from abuse and harm.

Following the inspection visit we spoke with the Local Authority safeguarding team and made a safeguarding referral for one of the incidents. In addition, we received information from the acting general manager to confirm safeguarding referrals had been made to the relevant people for all the identified incidents. The acting general manager also confirmed they were going to attend the safeguarding champions' forum so they could develop their own skills to enable them to effectively respond to safeguarding concerns.

As part of the inspection process we reviewed staffing levels at the home. We did this to ensure there were appropriate numbers of staff employed to meet the needs of people. We asked people if they thought there were enough staff on duty to meet their needs. Four of the six people we asked told us they considered the home to be understaffed. Feedback included, "They need more staff." And, "Staff are busy. They have a lot to do. I wouldn't like their job."

Two of the three relatives we spoke with also spoke negatively about staffing levels. Feedback included,

"There are not always enough staff." And, "On one occasion I sat with my [family member] and we waited 25 minutes for the call bell to be answered."

We asked staff their views on staffing levels. All staff we spoke with passed comment on the low staffing levels and the demands placed upon workloads. Feedback included, "We are stressed. Sometimes we are understaffed. About a quarter of the time, we are understaffed. Our unit is a heavy unit. We need six staff on duty." And, "Sometimes it's hard. We have to be in three places at once. Sometimes it is too much pressure, too much going on at the same time."

We asked staff to give examples of when they had been unable to fulfil their tasks because of staffing levels. One staff member said, "Sometimes there are not enough staff on duty to support with activities." Also, "Sometimes we can't answer the call bells as quickly as we would like to. We have to apologise to people."

As part of the inspection process we reviewed response times to call bell times. We did this to check to see if staff responded to call bells in a timely manner. We found response times were variable ranging from one minute to thirteen minutes. On five of eight occasions bells continued to ring in excess of five minutes.

We reviewed the care records of one person who had, on more than one occasion waited in excess of five minutes for support. The person had only recently been admitted to the home and was classed as high risk of falls. Systems had been implemented to manage the risk of falls but staff did not always respond in a timely manner when prompted by the call bell.

We asked people and their relatives if they were happy with call bell response times. We received mixed feedback. Whilst two people and one relative told us they had no concerns, the remaining people we spoke with told us call bells were not always answered in a timely manner. Feedback included, "Yesterday I had to wait 30 minutes." And, "Bells are not always answered on time; [family member] has waited between 15 and 30 minutes." Also, "I pressed the call bell once to see how long they would take to answer. It took them 25 minutes."

In addition we looked at staff deployment in communal areas. We found at times, there was an absence of staff in communal areas. We identified occasions when there were no staff deployed to communal areas and people did not have ready access to call bells to summon help in an emergency. We observed one person shouting for help. We had to go and find a member of staff to assist the person.

The above matters demonstrate this was a breach of Regulation 18 of the Health and Social Care Act 2009 (Regulated Activities) 2014 (Staffing), as the registered provider had failed to ensure suitable numbers of staff were deployed at all times.

We fed back concerns about call bell response times to the senior management team following the first day of our inspection visit. On the second day of our inspection we saw engineers were working to improve the call bell monitoring system so call bell response times could be recorded and monitored. The senior managers said they would be reviewing these and looking into why call bells had not been answered.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff records for staff recently employed. Two references had been sought for each person, including their last employer. Although checks were in place for safer recruitment, we found there was missing information in two of the four files. One person had gaps within their employment history. Another person had only stated years within their employment and not months. There was no evidence to demonstrate these gaps had been explored and discussed.

We recommend the registered provider consults with guidance and implements systems to ensure recruitment checks are consistently applied within the recruitment process.

We looked at how medicines were managed at the home. People told us they were given their medicines in a timely manner. We found the service had suitable systems for ordering, receiving, storing and disposing of medicines.

We looked at how the service managed controlled medicines and found that safe storage, administration and recording was maintained. Controlled drugs are subject by law to additional checks to ensure they are appropriately managed.

We spoke with nurses who were responsible for administering medicines. They told us they received appropriate training to enable them to carry out the role. This included regular refresher training and competency checks.

Although systems were established for the safe management of medicines. We found good practice guidance was not always considered and implemented. During the inspection process we observed medicines being administered. The nurse giving out the tablets did not wear gloves and handed the tablets to the person from their hand. This poses as an infection control risk. Also, we found information held upon the medicines administration record was sometimes lacking information. For example, hand written MAR records were not double signed to show they had been checked by a second person. In addition, when people had been prescribed variable dose medicines it was not always recorded how much a person had been given. This meant there was no accurate record of what dosage of medicines had been prescribed.

We recommend the registered provider reviews processes at the home to ensure practice consistently meets good practice guidelines.

We looked at how the service managed risk to protect people from avoidable harm. We found the registered provider had identified risks and completed the appropriate risk assessments to meet the needs of people. For example, one person was identified as being at high risk of falls. We found the registered provider had assessed this risk and implemented strategies to reduce this risk safely and effectively. Another person was identified as at risk of choking. A risk assessment had been developed and information about managing the risk was placed within the person's care record to promote their safety.

Although risk assessments were in place. We found these were not always reviewed within the specified time frame. We looked at risk assessments within seven care records and noted all seven records had not been consistently reviewed on a monthly basis. For example, one person was identified at high risk of skin breakdown but the risk assessment had not been reviewed for three months.

We fed back these concerns to the acting general manager at the end of the first day of inspection. The operations manager told us they were aware risk assessments had not been reviewed as specified. They said a peripatetic nurse who worked for the registered provider was currently working at the home to ensure all care records and risk assessments were updated and reviewed.

We recommend the registered provider reviews systems for managing risk to ensure all risks are identified, addressed and managed in a timely manner.

We looked at infection prevention and control measures within the home. People said they were happy with the standards of hygiene at the home. The home employed housekeepers who were responsible for

maintaining standards of cleanliness. We looked around the home and found it was clean, tidy and well maintained. One person told us, "The home is clean and tidy, the cleaners are very conscientious."

The acting general manager said they had introduced new processes at the home to promote infection prevention. This had included introducing areas within each unit where personal protective equipment (PPE) could be stored for easy access. People confirmed staff used PPE when required. One relative said, "Staff wear gloves and aprons when carrying out personal care."

We looked at accidents that had occurred at the home. The registered provider kept a record of all accidents. Accident reports were descriptive and showed actions taken after significant incidents. Monthly analysis of all accidents and incidents took place so lessons could be learned and improvements made to reduce the likelihood of accidents re-occurring. The regional director told us they had reviewed accidents that had occurred in the home as part of their audit. They told us they looked to ensure any people who had experienced frequent falls were referred to the relevant health professionals for advice and guidance to promote their safety.

We looked at how fire safety was promoted at the home. We found suitable checks took place to maintain a safe environment. Staff had recently undertaken fire evacuation training to develop their skills to enable them to respond in an emergency.

We carried out a visual inspection of the home. We saw windows had restrictors on them and radiators were covered to minimise the risk of burns. During the inspection visit we checked taps had controls upon them to ensure water temperature was restricted to prevent scalds.

We also looked at documentation relating to the health and safety of the home. All required certification was up to date, regular maintenance checks took place and comprehensive records were maintained.

## Is the service effective?

### Our findings

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked to see if consent was consistently achieved. We found the service had assessments to assess a person's mental capacity but we found consent to care and treatment had not always been documented in people's care records. In addition, we found when people lacked capacity, care records lacked decision specific mental capacity assessments.

We discussed this with the acting general manager and the operations manager. They told us they were already in the process of addressing this to make the required improvements. They said the peripatetic nurse was currently reviewing all care records and the acting general manager was dealing with this as a priority.

We recommend the registered provider reviews processes to ensure consent to care and treatment is consistently considered and achieved.

We looked to ensure applications had been made to the appropriate professional body when people were being deprived of their liberty. We found the registered provider had undertaken the appropriate steps to ensure people were not being unlawfully deprived of their liberty. For example, one person was unable to consent to living at the service therefore an application had been made ensure they were not unlawfully being deprived of their liberty.

People told us the service was effective in meeting their health needs. They told us staff would contact their doctor for advice and guidance if people were unwell. Relatives we spoke with told us they were consulted with when their family members health needs changed.

During the inspection visit we observed a daily staff meeting taking place. Doctors and health professionals had been contacted that day when people were showing any signs of deterioration in health. We saw evidence within care records of input from a variety of health and social care professionals in order to promote people's health. This included GP's, dietitians and community nursing teams.

We spoke with the senior management team about the implementation of good practice guidance within the delivery of care. The clinical development manager showed us a book they advised all nurses within the home to refer to. This included references to good practice guidance such as working with people who were living with dementia. In addition, we observed information placed around the home including information related to the identification and assessment of sepsis. This demonstrated the registered provider was aware of the need to consult and embed good practice within the delivery of care.

We looked at how people's nutritional needs were met by the registered provider. People and relatives gave us positive feedback about the food provided. Feedback included, "The food is very good, nutritious and varied." And, "The food is very good I'm eating well. There's always a choice and they cater for my allergies." Also, "Meal times are pleasurable."

We observed lunch being served. We noted there was a relaxed atmosphere at lunchtime. The dining areas were pleasantly decorated and tables were set to enhance the meal time experience. Condiments and menus were placed upon the tables. During lunch we observed the cook visiting people in the dining areas speaking with people to check they were happy with their meals. People had the opportunity of where they would like to eat meals, including dining areas and bedrooms. This showed us staff worked flexibly to meet the needs of people. We noted drinks and snacks including biscuits and fresh fruit were readily available throughout the day.

At this inspection visit we looked to see if staff had the appropriate training and skills to effectively carry out their roles. People and relatives told us they considered staff to be appropriately trained.

We asked five members of staff about training offered. We received mixed feedback. Three members of staff praised the training provided. Feedback included, "The training is good. I have been asked to do my NVQ but I don't want to do it yet." And, "I feel we have appropriate training but I would like to learn more so I can help. Sometimes the nurses are overloaded." Two staff members told us they had asked for additional training but these requests were not always honoured. One staff member said, "Sometimes if we want extra training we don't always get it." We shared this information with the acting general manager. They said they would look into this.

The acting general manager said they had reviewed training of qualified nurses and had made arrangements for staff to have their clinical skills refreshed and updated. . This had included sourcing training opportunities for catheter care, syringe driver training and venepuncture training from other qualified health professionals. This showed us the acting deputy manager was committed to ensuring qualified nursing staff had the required skills to perform their role.

During the first day of inspection we spoke with a clinical development nurse who was supporting the home. They advised us they were working with staff at the home to develop clinical skills and embed this within practice.

The acting general manager said staff at the home were currently being offered and undertaking nationally recognised qualifications. Staff confirmed this was the case.

The acting general manager said training was provided through a variety of means. This included classroom base learning with internal trainers from the learning and development team, individual e-learning and group supervisions.

We looked to ensure staff were provided with a suitable induction when they started within their role. We

spoke with a member of staff who had recently been recruited. They told us they had recently completed a three day induction period at the start of their employment. They told us they had been required to complete on line mandatory training and were currently shadowing more experienced members of staff. They told us they were happy with the induction process and felt reassured with the support provided.

We spoke with staff about supervision. Staff confirmed supervisions took place and said they took place with a senior member of staff. Staff said they could always ask for advice and guidance in between supervision sessions.

As part of the inspection process we reviewed the environment to ensure it was suitable for all people who lived at the home. It was recognised by the acting general manager that storage of equipment was difficult at the home but systems had been implemented to ensure corridors were as decluttered as possible. Consideration had been taken within the home to ensure there was a homely feel to the environment. Rooms had been personalised by people according to their preferences and wishes. In addition, we noted people had access to outside spaces if required.



## Is the service caring?

### Our findings

Five of seven people told us staff were kind and caring. "Staff are kind and we are treated with respect. They're very nice, you can talk to them." And, "There are staff who go out of their way to help you, staff who are kind and respectful." Also, "Staff are very nice, quite jolly, you can joke with them."

Although we received some positive feedback about staff, we found caring actions were sometimes inhibited due to the ineffective deployment of staffing on the units. During the inspection visits we observed unanswered call bells ringing.

We discussed these concerns with the regional director and the acting general manager. The regional director said it was company policy that bells should be answered before staff leave the unit for a break. In addition, only one staff member should be allocated a break at one time. They said nurses were responsible for managing the units and said there were leadership issues to manage on each unit which were being discussed with the company human resources team.

Two people told us they considered staff interactions to be sometimes limited due to staff rushing to complete tasks. One person said, "They rush in the morning. They give me a quick wipe down. A cat lick." They went on to tell us they did not like asking for help as staff were so busy and took time to come. They said, "I feel awful sat there waiting for them to come." Another person told us they were not always satisfied with staff approach. They said, "It's their manner. They mean their best. They are very busy"

We spoke with relatives to see if they considered the staff caring. We received mixed feedback. Feedback included, "On the whole staff are kind and compassionate but [family member] doesn't like some staff because they think they are sharp with her." And, "The majority of staff are kind and compassionate."

We shared concerns regarding staff approach to the acting General Manager and area manager. They told us there was a number of staff working within the home, for which English was not their first language. They said sometimes there was a language barrier. They agreed to look into this and provide appropriate support.

During the inspection visit we were made aware of three incidents when dignity had not been considered and promoted due to poor deployment of staffing. Two relatives told us there had been incidents which had compromised their family member's dignity. In addition, one person told us that having to wait for staff to answer call bells sometimes compromised their dignity. We were told each of these incidents had been brought to the attention of the management team and had been acted upon.

Although we had observed some negative behaviours occurring within the home, we also observed some positive interactions. We observed staff responding to a person when they were in need. The person complained of being uncomfortable. Staff supported the person to re-position and brought the person a blanket and pillow to make them comfortable. On another occasion a person became upset whilst eating their meal in the communal area. A member of staff responded by offering to take the person to another private area so they could have time to compose themselves. The staff member sat with the person and

offered support and reassurance. The staff member fed back their concerns about the person's wellbeing at the afternoon handover so staff could be aware the person may need additional support that day.

We observed the cook spending time in communal areas with people. We observed people responding positively to the interactions. People were laughing and joking with the cook. Each were sharing stories of their families.

The registered provider considered people's spiritual beliefs and ensured these were addressed as part of the service provision. The activities coordinator told us various churches of different denominations visited the home once a month. This demonstrated people's spiritual needs were addressed and met.

We looked at how equality and diversity was achieved at the home. We noted the registered provider had an 'Older and Out' award in their foyer to show staff had been trained to support people to be comfortable to talk about their sexuality. We were unable to locate any staff at the home that had completed this training. However, we did speak to one staff member who spoke passionately about supporting people to be comfortable to speak out about their preferred sexual beliefs. The staff member said they had experience of supporting someone within the home to nurture a relationship which had not been accepted by other family members. They said they supported the person to maintain their relationship whilst working sensitively with other family members. This showed us that on this occasion the registered provider had worked to ensure they delivered a non-discriminatory service.

People told us the home was welcoming and home like. One person said, "I've been here 17 years, its lovely."

During the inspection visits we observed visitors at the home. We observed family members bring in pets to visit people. Relatives were able to access communal areas and family member's bedrooms. They told us they were welcomed at the home. One relative said, "I have always been made to feel welcome and I can visit without restriction."

We spoke to the acting general manager about access to advocacy services. They said at present no one required an advocate, however they were aware of advocacy services and would contact them if someone required some support with making decisions. This showed us that people could be supported to express their views, if required.

During our inspection visit we observed staff promoting and encouraging independence. For example, when people were able to support themselves to eat their meals they were left to do so. Staff sometimes offered verbal prompts to motivate people to eat. Support was discreet and sensitive. Another person liked to spend time alone in a quiet lounge. Staff respected this providing the person with a call bell so they could summon help if required.

## Is the service responsive?

### Our findings

As part of the inspection process we looked at how complaints were managed by the registered provider. People and relatives were aware of their rights to raise complaints and were aware of how to complain. One person told us, "Occasionally I make complaints. They will respond. They are very good." Additionally one relative told us they were satisfied with the acting general manager's response after they had raised a complaint. They said things were dealt with immediately.

The registered provider maintained a record of all complaints which had been raised formally and informally. During the course of the inspection, two relatives told us they had experience of raising complaints. We reviewed the complaints summary for the home and noted that one of the complaints was not logged on the complaints summary. We spoke to the acting general manager about this. They said they had dealt with the complaint informally but had not logged this on the complaints log as they had not asked the relative if they wanted it to be logged formally.

We recommend the registered provider reviews systems and processes to ensure all concerns and complaints are appropriately recorded and monitored.

We looked at care records relating to ten people. Pre-assessment checks took place prior to a service being provided. Care plans addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and hobbies and interests. Care plans detailed people's own abilities as a means to promote independence. Professionals were involved wherever appropriate, in developing the care plan. We saw evidence records were updated when people's needs changed.

Although care plans were in place, we found person centred information which could promote better outcomes for people was sometimes missing. For example, one person was living with a mental health condition. We found the registered provider had identified the person's needs but the care record lacked information about the person's mental health diagnosis and signs and symptoms for staff to observe in the event of a relapse. Another person experienced some difficulties in communicating. The registered provider had identified this but the plan had not addressed how to promote effective communication with the person.

We highlighted these required improvements to the acting general manager and the regional director. They said this feedback would be considered when the peripatetic nurse reviewed the care records.

We looked to see if people received person centred care. All but two people we spoke with told us they received person centred care. One person said, "The home is a good place. I am so glad I found it." Another person said, "I get a bath when I want one."

Although people told us they received person centred care, we found care was not always responsive to people's needs as staff did not always appropriately respond when people summoned help. During the inspection we observed people were left waiting to have their needs met. One person told us, "Quite often I

ask for a cup of tea but it never happens."

We looked at what activities took place at the home. People and relatives told us activities were provided for those who wished to take part. Feedback included, "There's always things going on, singers, entertainment that sort of thing." And, "If you want to you can do your own thing, I do a lot of knitting and I watch a bit of TV." And, "I like books and a library van comes round. We have trips out, Garstang, Morecambe and Glasson dock."

The registered provider employed an activities coordinator who worked five days a week. This included weekends to ensure people without family and friends were not isolated throughout the weekend. The activities coordinator was new in post and had engaged with people to find out their likes and dislikes so person centred activities could be developed. They said this had increased participation in activities at the home as people found activities meaningful to them. The activities coordinator kept a photo album record of all activities that had been undertaken. We saw people were smiling and looking happy at the activities taking place.

On the first day of inspection we observed a community group visiting the home. The 'Swing sling' group was made up of parents and babies. The parents and babies danced together while people watched and joined in with dance moves. In between activities people interacted with the babies. This was well received and one person delighted in playing with a baby.

We saw photographs from a celebration on Remembrance Sunday. People dressed up in their smart clothes and put on their medals. The activities coordinator put the church service on the large screen for people to watch and a singer visited the home to sing songs from the war. The activities coordinator said it was important people were able to reflect on this time. This showed us the activities coordinator promoted person centred care and support.

During our inspection visit we saw games and books were placed around the home for people to access. We observed one person colouring and another person completing a crossword to pass their time. In addition we saw posters around the home advertising planned activities. This included an ice-cream van which visited the home weekly.

We reviewed systems for end of life care for people. Staff who worked at the home spoke positively about provision of end of life care. A staff member said there had been occasions when additional staff had been called in to work to support people at the end of their life. They said, "People get person centred care at the end of their life here." We noted positive feedback from one family following the death of their relative. The family thanked the staff for their patience, care, laughter and professionalism when providing end of life care.

Care plans sometimes included people's and relative's final wishes as to how they wished to be supported and cared for in the latter stages of their life. The acting general manager said they would access support from the hospice when required. We saw within one care record that a referral had been made to the local hospice for advice and guidance to support one person with the psychological aspects of preparing for end of life. This showed us the registered provider was supportive in ensuring people had a comfortable and dignified death.

## Is the service well-led?

### Our findings

At the time of the inspection visit there was no registered manager in post. The registered manager had left their post in November 2017. A new manager had been recruited but did not complete the registration process and had since left the service. At the time of inspection a deputy manager had been allocated the role of acting general manager. Recruitment of a permanent registered manager was on-going.

Although transitional arrangements had been made to ensure there was oversight at the home, we found the home was not always suitably managed to ensure it was compliant with the associated regulations.

During the course of the inspection process we identified six incidents where people had been placed at risk of harm. The registered provider had a legal responsibility to report these incidents to the Commission but had not done so.

We asked the acting general manager about reporting processes to ensure notifications were submitted to the commission in a timely manner. They told us there had been oversight and had not recognised the safeguarding incidents as such. Therefore notifications had not been submitted.

Following the inspection visit the acting general manager reviewed the incidents and submitted the required notifications. However, this had not been done in a timely manner, after the incidents had occurred.

The above matters show the registered provider was not meeting legal requirements in relating to breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009 (Notification of incidents.) This was because processes were not consistently implemented to ensure statutory notifications were submitted in a timely manner.

We reviewed the quality of care records maintained by the registered provider. We found records were not consistently and accurately completed in a timely manner. For example, people's weight assessments and risk calculators had been incorrectly documented and measured. Body Maps had not always been completed when people had sustained injuries. We identified two care records where people did not have specific care plans to manage their physical health conditions. MAR records had not been consistently completed to reflect good practice guidelines.

Documentation at the home was not always effectively stored and easily accessible. We asked to see copies of a safeguarding investigation meeting which had been reported as taking place. The acting general manager and regional director said they were unaware of where the previous manager had stored this and could not confirm whether or not the investigation had taken place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate, complete, up to date and accessible.

We looked at auditing systems to monitor the effectiveness of care provided. We found audit systems were sometimes incomplete. All care records viewed had not been audited within the specified timeframe.

In addition, we found auditing systems were sometimes ineffective and incomplete. A medicines audit had taken place in March 2018 and identified some concerns with the accuracy and detail held upon the MAR record. We found not all improvements identified had not been acted upon. A quality audit had failed to notice that a safeguarding incident had occurred in January 2018 and had therefore failed to have adequate oversight of the incident to ensure appropriate and timely action was taken.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to evaluate practice to ensure fundamental standards were consistently addressed.

As part of the inspection process we gave feedback to the registered provider. When providing feedback to senior managers we were informed they were already aware of some of the concerns we had identified. For example, they were aware paperwork needed reviewing and updating and had drafted in additional support to make the required changes. In addition, we were shown a management action plan. The action plan set out required actions which had been identified through senior manager visits over the past six months and tracked progress of improvements. We saw evidence of the home working towards the required improvements. Although this demonstrated there was some oversight, oversight was not always effective as the registered provider had failed to identify all of the concerns picked up through the inspection process.

We received mixed feedback from people and relatives as to whether or not the home was well managed. Feedback included, "I've only been here a few months so it's difficult to say whether it's well managed or not but up to now, it's good!" And, "I consider the home well managed. There is a genuine positive culture and I would recommend living here." Also, "The jury is out on whether it's well managed, but there is an open, positive, transparent culture. As to recommending the home I'd have to say not unreservedly, there are things that could be improved."

People and relatives were aware of the transitional arrangements in place for managing the home in the absence of the registered manager. They said they were happy with these arrangements. Feedback included, "I know it's a temporary manager, but I think she would be a good permanent choice! You can talk to her; I consider the home well managed." And, "Management is visible and you can go to them with problems."

We received positive feedback from people, staff and relatives about the acting general manager and the improvements they had made. Feedback included, "They are on the ball. Trying very hard and working very hard." And, "[Acting general manager] is firm but fair with it. Just what this home needs."

We spoke with staff who worked at the home. Staff told us morale had decreased during the period of changing managers but said morale and teamwork was now improving. Feedback included, "[Acting general manager] has made some changes for the better." And, "[Acting general manager] has made a difference. They are calm, good."

Whilst staff said morale was improving, staff members said they were concerned about the various changes implemented by different manager in a short period of time. Feedback included, "There has been a lot of changes. Not always in the interests of people who live at the home." And, "We need some stability, A settled time at the home. It's a big home with lots of residents. Hopefully "[Acting general manager] will stay."

Staff told us they were communicated with through a variety of different channels. During the inspection visits we observed staff receiving information through daily handovers. In addition, staff had a mid-afternoon huddle meeting to discuss people's ongoing needs for that day. We observed staff talking about people's changing needs and gave updates so all staff were aware of what was happening on each unit. In addition, we were informed team meetings also had taken place. One staff member said, "Communication has improved."

We spoke with the acting general manager about support for them in their role. They told us they had been supported by other employees within the Barchester group and praised the support provided. We asked the acting general manager about engagement with other providers in the local area. They confirmed they had not yet taken part in any provider forums. Following the inspection visit we provided them with contacts so they could link with local providers and health and social care professionals for advice and support. The acting general manager was positive about developing these links as a means to improve quality at the home.

We looked at how the registered provider engaged with people and their relatives. We saw evidence of people being consulted with through residents meetings and questionnaires. This demonstrated people were invited to give feedback and influence the service provided. In addition, the registered provider had worked with an independent agency to review the quality of service provided. We looked at feedback provided and noticed the home had received mixed feedback about its performance. The acting general manager said they were having a meeting with a senior member of the management team to look to see where improvements were required. This showed us the registered provider was seeking to make improvements based upon individual feedback.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.

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  Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents  <b>The registered provider had failed ensure all statutory notifications were submitted without delay.</b> 18 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  <b>The registered provider had failed to ensure systems and processes were operated effectively to prevent abuse of people who lived at the home.</b>  13 (1) (2) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  <b>The registered provider had failed to ensure paperwork was accurate, up to date and accessible.</b> 17 (1) (2) (c)  <b>The registered provider had failed to ensure processes were established and implemented to ensure compliance was achieved.</b> 17 (1) (2) (a) (b)
Regulated activity	Regulation



Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had failed ensure staff were suitably deployed at all times to meet the needs of people who lived at the home.  
18 (1)