

Nugent Care Lime House

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Lime House provides accommodation for up to 32 people who require personal care. The home is part of Nugent Care and the head office is based in Liverpool. The home has a main house connected by link corridor to a lodge and is surrounded by secure landscaped gardens. There is a choice of several lounge and sitting areas throughout the home. At the time of the inspection 27 people were living at the home.

People's experience of using this service:

Appropriate systems were not in place to monitor accidents and incidents.

Risk assessments and care plans were not always updated when changes occurred.

Nutritional records were incomplete and food and fluid intake was not always being monitored.

There was no evidence available to show that when something had gone wrong the registered manager responded appropriately.

The principles of the Mental Capacity Act (MCA) were not always being followed.

Although we found people appeared well cared for, it was not always clearly documented in the care records we saw, how people were involved in making decisions about their care.

End of life care discussions had not always been undertaken in a timely way.

Audit and governance systems were not effective as the provider had not identified and resolved the concerns we found during this inspection. Quality assurance systems needed to be improved to ensure any concerns were identified and acted upon in a timely manner.

Staff were recruited safely and there were sufficient numbers of staff to care for people safely.

The building and the premises were monitored.

Staff received the necessary induction, training, supervision and appraisal to support them in their roles. People living at the home and visiting relatives made positive comments about the care provided at the home.

There were a range of activities available for people to participate in.

We received positive feedback from people we spoke with about management and leadership within the home.

More information is in the full report.

Rating at last inspection:

Good (report published 30 September 2016). The overall rating for the service at this inspection is requires improvement.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we identified some areas which required improvement.

Enforcement:

We found five breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to person-centred care, need for consent, safe care and treatment, safeguarding, nutrition and hydration and good governance. We also found a breach of the Care Quality Commission (Registration) Regulations 2009. We have also made recommendations about the management of medicines and involving people in making decisions about their care and treatment. Due to the number of concerns identified, following the inspection we wrote to the provider to seek an immediate response to our concerns and we received a reply.

Please see the 'action we have told the provider to take' section towards the end of this report.

We issued a warning notice in response to the regulatory breaches identified during this inspection.

Follow up:

We will ask the provider to complete an action plan to show what they will do and by when to improve the five key questions to at least good. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below

Requires Improvement ●

Lime House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector, an inspection manager, who attended to observe as part of CQC quality assurance processes, and an expert by experience carried out the site visit on day one. 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 expert was experienced in older adults' care and dementia care. One inspector carried out the site visit on day two.

Service and service type:

Lime House 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a planned inspection based on the rating at the last inspection. Inspection site visit activity started on 28 February 2019 and ended on 01 March 2019.

What we did:

We reviewed information we had received about the service since it registered with the Commission in

August 2010. This included details about incidents the provider must notify us about. We contacted the local authority commissioning team to gather information about the service; they were positive and raised no concerns about the care and support people received.

The service had completed the Provider Information Return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service and four relatives to ask about their experience of the care provided. We also spoke with the registered manager, the head of residential services and three staff members.

We reviewed a range of records. This included four people's care records, risk assessments and three medication administration records (MARs). We also looked at four staff personnel files around staff recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

We requested additional evidence to be sent to us after our inspection, such as audit and governance information; this was received and the information was used as part of our inspection.

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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- The environment and equipment were monitored.
- People's care files included risk assessments in relation to their specific care needs. The risk assessments covered areas such as people's physical health, communication, continence, hydration and nutrition, medication, mobility and personal care. However, we saw one person had sustained a high number of falls and had been referred to the falls team; the registered manager told us these falls had all been minor incidents and were only recorded in the daily log sheets and that any more serious incidents were reported to 'head office' for analysis. The registered manager had not undertaken any analysis of these falls to determine any patterns or trends and had not received any analysis from head office as they had not been identified on the fall's information sent to them. There was no formal system in place at the home to record and review falls for any person unless they led to serious harm.
- Emergency plans were in place to ensure people were supported in certain events, such as a fire and people had personal emergency evacuation plans (PEEPs) in place. However, we identified one person who was unable to evacuate the building independently and this person's dependency level and PEEP had not been updated following a recent deterioration in their health.
- A recent inspection by the fire service had identified the need for remedial works to be undertaken to ensure adequate compartmentalisation of the building in the corridor areas, and at the time of the inspection an action plan was in place with identified timescales for completion.

These issues demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Although the provider had a formal process and system in place for analysing falls on a monthly basis, the registered manager had not implemented this system at Lime House and was therefore unable to formally analyse, evaluate and respond to any patterns and trends; analysing this information may help to prevent a re-occurrence.
- The registered manager told us staff did not have access to accident and incident reporting forms and that staff wrote down any incidents on a loose piece of paper which they passed to the registered manager for processing a reporting through to the provider's head office, who were responsible for analysing them. During the first day of the inspection the registered manager was unable to show us any analysis evidence that they had received from the provider's governance team. We requested this information, which was subsequently provided to us, and from this we identified there had been two falls resulting in fractures

which had not been reported to CQC; the provider's governance team at Nugent had therefore failed to identify this error. After the inspection the provider told us that the home had an accident book provided by Nugent which was reviewed by the registered manager, but this was not available or provided to us during the inspection.

- Although people had risk assessments in place for nutrition, for one person we could not find any evidence of a system in place for checking nutritional intake levels and acting in response to any low intake, and there was no system in place for checking this person's repositioning charts to ensure staff had assisted them in accordance with their assessed needs.

These issues demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were administered safely but were not always stored safely. For example, some medicines were stored securely in the registered manager's office, but the room temperature was not being monitored which could have an impact on the integrity of the medicines stored in this room.
- Cream charts were not always in place for staff to record the administration of any creams to people. This had been identified during a recent inspection of medicines undertaken by the Clinical Commissioning Group (CCG), and at the time of our inspection the registered manager was in the process of putting this system in place.
- We observed one person, who could administer their own medicines, had a jar of emollient cream on their walking trolley as they moved around the home. Whilst this presented no risk to the person concerned, other people could potentially access this cream unsafely. The registered manager told us they would review this situation and speak with the person concerned, with a view to storing the cream in a safer place.
- Staff who administered medicines had received training in medicine management.
- The drugs trolley was locked appropriately during the medicines round preventing unsafe access these medicines and the medicines round was unrushed.

We recommend that the service consider current guidance on monitoring the temperature of the environment where medicines are stored.

Staffing and recruitment

- One staff member told us, "I feel we need one more staff member during the day shift due to people's changing needs; personal care takes time sometimes." A dependency tool was used to organise staffing levels. Staffing levels were determined by the number of people using the service and their assessed needs and could be adjusted accordingly. However, people's dependency levels had not always been updated when their needs changed.
- Most people living at Lime House and their relatives felt there were enough staff to meet their needs in a timely way. One relative said: "There can never be enough, but staff do an excellent job." Another relative told us, "There's enough staff but they could do with more as it's a big place, it can take a while to get to people."
- No-one we spoke with reported having to wait more than five to 10 minutes before being attended to. Most people we spoke with could use the nurse call buzzers in their rooms and one person told us staff came "pretty quickly." Other people said they rarely had to use their buzzer as there was always a member of staff available. One person explained that staff would come straight away to check that they were safe, if they called them.
- We found staffing levels remained consistent, which ensured continuity and familiarity with people who

used the service and no agency staff were used.

- We looked at four staff personnel files and there was evidence of robust recruitment procedures. The provider undertook all relevant checks before staff started work.

Preventing and controlling infection

- Records confirmed staff completed training in infection prevention and control.
- Staff had access to personal protective equipment such as gloves, aprons and alcohol-based hand rub, and we saw staff using these during the inspection. One staff member said, "I've had training in infection control and I minimise spreading infections by wearing PPE and washing my hands after supporting someone or by wearing an apron at mealtimes. PPE is always available."
- A food hygiene policy was in place and staff had completed training in food hygiene, so that they could safely make and serve meals, and clean up after preparation.
- A recent infection control inspection had been undertaken by the local authority and the home had scored 100 percent compliance.

Systems and processes to safeguard people from the risk of abuse

- We asked people if they felt safe living at Lime House. One person said, "Yes, it's fine." Another person told us, "Yes, it's very safe. I'm not scared of anything here." A relative commented, "I don't worry about [my relative] being here."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- Staff received appropriate safeguarding training. The staff we spoke with felt the training was sufficient for them to identify the risk of abuse and safeguard people.
- Staff understood their responsibilities regarding safeguarding. One staff member said, "It's about making sure people are protected. Issues may be injuries, any unreported harm, violence from other people, possible financial abuse from families, psychological abuse, staff speaking negatively to people. I would be confident in raising issues with the manager or supervisor and we have done training in the local authority reporting procedures."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- 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".
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The principles of the MCA were not always being followed when there was a question of a person's capacity to make decisions or reducing capacity over time; written records we saw did not always show how people had been involved in making decisions about their care, however we observed staff asking people for consent before doing anything, for example before assisting with meals.
- At the time of the inspection new consent forms had been introduced for any new admissions; we looked at one new form which had been completed correctly by a person who had capacity; however, the previous forms in use were not fit for purpose and did not align with the principles of the MCA regarding obtaining consent, for example they stated the next of kin should sign the form if the person could not do so.
- One person's consent form for the use of a photograph had been signed by their relative who had power of attorney for finances but not for health and welfare and there was no evidence recorded to identify this person had given permission for their relative to sign their consent forms on their behalf. Two other people's consent forms had been signed by their relatives and the registered manager told us this was because these people had limited vision and could not see the form themselves to sign it but there were no records to indicate people had agreed to this.
- At the time of the inspection the provider did not have a consent policy in place ; the provider agreed to immediately review this position and the arrangements for each person living at the service and shortly after the date of the inspection sent us an updated consent policy.

These issues demonstrate a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found mental capacity assessments or best interests discussions had not always been completed where

people lacked capacity and were subject to potential restrictive practices such as the inability to leave the building unaccompanied; if this restricted people's movements consent needs to be sought in advance.

- At the time of the inspection the registered manager told us no-one was subject to a DoLS because everyone living at the home had the capacity to consent to living at the service when they first took up residence and no-one was trying to leave. However, considering the concerns we identified around consent it is possible it had not been recognised in all cases when people did not have capacity and a DoLS might need to be considered. The registered manager agreed to review all people to ascertain if a DoLS application was indicated for anybody using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- Although most people did not require any additional monitoring and support regarding nutrition and hydration, one person's monitoring records were inconsistent. This person's food and fluid charts had stopped because the registered manager told us, "Staff weren't filling them in." Instead, nutritional intake was being recorded on the person's daily record sheets within the electronic care planning system. We saw these records were sporadic and there was no monitoring of these records being undertaken.
- The records for one person showed them eating breakfast and refusing lunch on one day, with minimal fluid intake. The records for three other days also showed a lack of sufficient food and drink intake. The registered manager told us there was no way of easily extracting food and fluids information and these had not been collated and used to inform the person's care or nutritional care plan.
- People's weekly weights were not always being taken when there was an indication of the need to do so due to weight loss. One person who required weighing weekly had been weighed on a monthly basis, which was in contradiction to their care plan information.
- The registered manager told us they would immediately re-implement the use of food and fluid charts, start weighing weekly, and start monitoring this information.
- Most people we spoke with were satisfied with the food at Lime House. One person said, "Very good, I love my food. The breakfast toast is always hot and fresh." A second person told us, "It's not bad, if you don't like the main choice there is always soup or sandwiches available."

These issues demonstrate a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The care people needed to receive from staff had been captured as part of the admission process and was recorded within their care plan. However, these had not always been reviewed regularly and updated to reflect any changes. A 'resident reviews' tracker was used which identified care plans were only formally reviewed every 12 months.
- People's life histories, including educational and work life, family and other notable information had been captured, to ensure staff knew the people they supported.

Staff support: induction, training, skills and experience

- Staff had received training to enable them to carry out their roles effectively and told us they had completed an induction programme. The provider had a training matrix to monitor staff training completed. One staff member said, "I had an induction at the beginning and this included shadowing other staff. I read policies and procedures and I got training in things like moving and handling, safeguarding and nutrition."
- Staff told us they had received support through supervision and appraisal. Supervision discussions included training, performance, developing relationships with people, safeguarding, helping people to stay

independent, responding to changing needs, communication and team working. One staff member said, "I feel I have enough training and can ask for more if need be and I'm doing NVQ 2."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw the service worked alongside other relevant professionals such as doctors, speech and language therapists, social workers, podiatrists, the falls prevention service and dietitians .
- The clinical commissioning group (CCG) also carried out audits of medicines and provided guidance and support to the home.
- A range of professionals from health and social services were involved in assessing, planning, implementing people's care and treatment. Some people who had been referred by the local authority had a pre-admission assessment and support plan in place, identifying their health care needs.
- People were assisted with access to appointments with external professionals and when diagnostics tests were needed.

Adapting service, design, decoration to meet people's needs

- The home had a main house, connected by a link corridor to an adjoining lodge. There was a choice of several lounge and sitting areas throughout the home. People could access the upper floors either by stair case or passenger lift.
- We saw some adaptations had been made to the environment to help people living with dementia orientate around the building. For example, there was adequate signage around the corridors directing people towards the dining room and lounge area.
- Some people's bedrooms contained a number and a photograph on their door to help them find their room.
- At the time of the inspection one bedroom was being re-commissioned so people's relatives could stay overnight when there was a need for this. There was a separate dedicated area and outbuilding within the gardens for families to use when supporting their relatives during the end stages of life, or at any other time.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Although we found people appeared well cared for, it was not always clearly documented in the care records we saw, how people were involved in making decisions about their care.
- Relatives we spoke with told us they had been involved in their relative's care plans when they came to live at Lime House and were aware of care plan reviews.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

Respecting and promoting people's privacy, dignity and independence

- One person told us that on occasion they felt a staff member had been, 'a bit abrasive when assisting with personal care.' Their relative told us they had reported the staff member to the supervisor when they were 'not very nice' with [their relative]. The supervisor and registered manager had responded straight away and met with the relative and the person and arranged for the person to be supported by another staff member. We verified this by looking at records.
- All the people we spoke to living at Lime House and their relatives were satisfied that staff respected [their relatives'] privacy, always knocking on doors before entering. One person said, "Even when they've [staff] just gone to fetch something, they still knock when they come back." Another person told us: "I've no complaints, they do what's necessary." A relative told us they could borrow a wheelchair from Lime House to enable them to take [their relative] out for the day.
- The people we spoke with living at Lime House felt they had reasonable choice in the way they were cared for and that they were given sufficient time to do things for themselves, even if this took longer. No one considered they were rushed.
- During the inspection we observed staff giving people privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them.
- We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking using mobility aids.
- The home had created a Dignity Tree which was on display for all to see and people had posted comments including, 'All the staff help a great deal and are always there when you need them', and 'All the staff are lovely and will do anything for you', and, 'The staff are marvellous.'

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with living at Lime House and their relatives were complimentary about the care staff. One person said, "Staff are very good; they are always nice with me." A second person told us, Staff are good; it's very open here. We have a laugh and talk about old times" A third person commented, "You can have a laugh and a joke with staff and not be frightened of asking for anything."
- One relative felt the staff should be commended for their willingness to take on extra work to help out. They told us [their relative] was treated with respect and dignity. Another family member told us, "The staff are very friendly and have a laugh and a joke with [my relative]."
- People told us visitors were welcome at any time. One person said, "It's very flexible, visitors can come at any time."
- Staff showed a good awareness of people's individual needs and preferences. At the time of the inspection there was no-one living at the home with any particular diverse needs. Staff had completed training in equality and diversity.
- We saw examples of kind and supportive interactions between people and the staff supporting them. Staff knew people well, and things of interest and importance to them, such as their family.
- People living at the home were clean, well-presented and well dressed.
- We observed appropriate physical contact being provided by the staff, such as hand holding or placing their arm around someone whilst speaking with them, which was warmly received by the people they were supporting. Staff took the time to explain any care interventions to people which kept them calm and reassured.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- We reviewed four people's care files and found three people's care plans had been updated to reflect changes to their care needs, but one person's records were inconsistent. For example, a daily record log for this person showed staff were feeling uncomfortable when providing personal care, as they felt the way in which support was provided was undignified. However, there was no care plan in place to guide staff on how to deliver personal care in a dignified way; this had been put in place on day two of the inspection.
- One person was unable to use their nurse call-bell but there was no reference to this in their care plan and no formal agreed observations were in place apart from being repositioned every two hours. We checked these records and saw a gap in repositioning recording records for a period of eight hours on one day. The registered manager told us if the person needed assistance they would be able to shout out for help, but accepted staff had not documented the care provided, which meant it was not possible to determine exactly what care had been provided.
- One person did not have a care plan in place for the management of their dementia and their repositioning records were not up to date; there was no care plan in place for the equipment being used, which meant it was not clear exactly what support had been provided we could not be certain that their needs were being met. The registered manager told us they felt this person could verbally direct their own care and that their care needs were being met but accepted this had not always been clearly documented.
- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choice and wishes people may have for the end of their life were available to people and their relatives for completion should they choose to do so, however these had not always been completed. We were told end of life care was supported by other relevant professionals such as district nurses and doctors.
- We saw one person's health had deteriorated recently and this had been identified by their doctor but there were no records of any conversations starting around end of life care and the only details in this person's care plan referred to their funeral, which had been written when they first took up residence at the home. The registered manager told us this person was due to be seen by the palliative care nurse but was unable to provide any evidence of this.
- Records of staff training we were given indicated no staff had attended end of life care training. One staff member told us, "I've not specifically done this training, but I once attended a seminar by Wigan hospice."

These issues demonstrate a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information

Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. Care documentation explained what communication aids such as glasses and hearing aids, people required as part of their daily lives.

- Pictorial information to help people make day to day decisions was available, for example about what to eat or what activities to undertake that day.
- Lime House had a programme of activities for people to undertake. The activities people recollected taking part in included, dominoes, quizzes, cards, bingo and singing sessions in the evenings or at Sunday Service. One person told us they did an exercise class three times a week. One person also explained that a lady would come around and chat to people on a one-to-one basis.
- Lime House had secure garden areas and people who were able told us they enjoyed walking around the grounds or sitting out when the weather was nice. One person had taken advantage of an unseasonably warm day just prior to our visit to sit outside and commented on the lovely blossoms in the garden.
- The registered manager told us about one person who enjoyed the garden where they had previously lived, and so items from this garden had been 'transposed' into the Lime House grounds to create a 'garden within a garden.'
- The service arranged trips out in a minibus for small groups. People recollected going to various venues including Southport, local garden centres, local clubs and cafes for lunch. One person commented that not all the trips were suitable for them as they needed a wheelchair. One person's relative told us they had escorted [their relative] on one trip which enabled another person using a wheelchair to go on the same trip.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, formal meetings and the complaints process.
- The service had a complaints policy in place and any issues had been responded to in a timely way. No one we spoke with had had cause to make a formal complaint and everyone said they would be comfortable raising concerns with the staff or management. One relative showed us a very clear complaints form which was displayed on a stand in [their relative's] room. Complaints procedures were also clearly displayed in the foyer near the visitor's book.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Continuous learning and improving care

- At the last inspection of this service there were no breaches of regulations identified. At this inspection we found the quality of auditing and governance had deteriorated and improvements were required to overall governance systems; during this inspection we found concerns regarding consent, person-centred care, safe care and treatment, safeguarding, and nutrition and hydration.
- If quality assurance systems were sufficiently robust, then these concerns would have been found and acted upon prior to the inspection.
- There was no system in place for checking people's food and fluid records and repositioning records, and it was not clear if people who needed checking by staff during the night had been checked as required .
- There was no evidence to show the registered manager carried out any night time audits; they told us they did undertake them but didn't take records of these.
- The registered manager did not undertake any analysis of falls sustained by people living at the home.
- There was no auditing of the nurse call bell system being undertaken, either to identify if people could access them and use them, or the time taken for staff to respond to calls. We discussed this with the registered manager who sent us a log of calls bells after the date of inspection and this showed calls for assistance were being responded to quickly.
- Governance systems had failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

These issues demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- One person's relative told us, "[Registered manager name] is a lovely lady and very good. She's always walking around, keeping an eye on things."
- All the people we spoke with knew the registered manager by name and told us they found them approachable.
- Due to the lack of updated information in people's care records, we could not determine that when incidents had occurred the registered manager had informed people's relatives in line with the principles of duty of candour.
- We found the registered manager had not submitted all statutory notifications to CQC as required. Failure

to report incidents is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We are currently considering our enforcement action in response to this regulatory breach.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Due to the number of regulatory breaches found during this inspection, we could not be certain that the registered manager and provider understood their role and responsibilities.
- We saw the provider and registered manager certificate of registration with CQC, the statement of purpose, which is a document that includes a standard required set of information about a service, the certificate of insurance and a copy of the complaints policy and procedure were all displayed and available for people to see .
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and was available for all to see.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about the registered manager. One staff member said "I have no worries about reporting anything to the registered manager, they are approachable and fair and I feel supported in my role. A second staff member told us, "[Registered manager name] is an excellent manager; very much an 'open door' policy here."
- When people were given a copy of the service user guide at the commencement of their residence they were also given a copy of the complaints procedure.
- We found no evidence to suggest anyone was discriminated against and staff had completed training in equality and diversity.
- Care files we saw indicated people and their relatives had been involved in discussing their care needs.
- Meetings were held at which people could give feedback on the service, however, these were not regular. Staff had responded to issues raised at meetings, for example people had commented about the warmth of the food and we saw during the inspection staff explained to people that their plates were now warmed up to keep food hot after serving.
- At the time of the inspection annual questionnaires had not been circulated to seek people's views and opinions.

Working in partnership with others

- The home worked closely with local schools who visited the home at varying times through the year. Local Beavers and Brownies groups also visited the home.
- Fundraising events were carried out for a charity chosen by people who used the service and outings to local community social clubs and libraries were undertaken.
- People accessed a local library and the home had access to a 12-seated vehicle for community outings such as to a dementia café. There was shared use of a 'garden centre' and club situated next door to the home.
- The home worked in partnership with the local authority quality monitoring team and clinical commissioning group, who undertook visits of checks of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person.</p> <p>Regard was not being given in relation to the well-being of service users when meeting their nutritional and hydration needs.</p> <p>Regulation 9(1)(2)(3)(a)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had failed to act in accordance with the Mental Capacity Act 2005 when providing care and treatment to service users who are 16 or over and unable to give consent because they lack capacity to do.</p> <p>Regulation 11(1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p>

Regulation 12(1)(2)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

The registered person had failed to ensure that service users were in receipt of suitable and nutritious food and hydration adequate to sustain life and good health.

Regulation 14(4)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.</p> <p>Regulation 17(1)(2)(a)(c)(f)</p>

The enforcement action we took:

We issued a Warning Notice