

Healthcare Homes Group Limited

Barking Hall Nursing Home

Inspection report

Barking
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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

This comprehensive inspection took place on 31 October 2017 and was unannounced.

At our last inspection of 27 September 2016 we rated the service as 'Required improvement' and the areas in need of improvement were person-centred care and the safe care and treatment of people. There were issues with having sufficient staff on duty to meet people's needs. The systems in place for the oversight and managements of risks were not working effectively and this meant that people were at risk of poor care.

Following the last inspection, we met with the directors of the service to confirm the situation and asked the service to complete an action plan to show what they would do and by when they would have improved upon the key questions of Safe and Responsive to achieve an at least 'Good' rating in those key questions.

The service sent an action plan stating the action to improve would have been completed by 7 January 2017. Although we found some improvements at this inspection we did not find sufficient improvement to rate the service as good in answer to those key questions and found other areas of concerns detailed in this report.

Barking Hall Nursing Home is registered to provide nursing care. 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 can provide nursing care for up to 49 people. On the day of inspection there were 42 people using the service.

At the time of this inspection, the service did not have a registered manager. The service was being managed by a relief manager who was also managing another service. 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.

Managers had been appointed since our last inspection but left before becoming registered.

Improvements relating to the individual risk documents were not always completed accurately

Although the staff we spoke with knew people well the service did rely regularly on the support of agency staff who would not know people's needs in detail. Care plans were lacking detail with regard to moving and handling people and therefore people and staff were placed at potential risk due to lack of clear instruction.

Accurate records of people's care were not always maintained. Although repositioning charts were completed people's care plans did not provide sufficient guidance to staff on people's needs. We identified

gaps in how people's needs were monitored in order to help people maintain their health and wellbeing. People were placed at risk of pressure ulcers not being effectively managed. There were gaps in people's records of when their dressing were planned to be changed.

The service used a system called resident of the day so that once per month peoples care records were audited for completeness and accuracy. We found this system was failing at times as there were no records that the care plans had been checked and updated.

People told us that there were insufficient staff to meet their needs in a timely way. The dependency tool in use had not been fully completed therefore we could not be sure there were sufficient staff employed at the service to meet people's needs at all times. The nursing staff administering medicines took over two hours to complete the morning medicine round to all of the people at the service.

Staff had received training to identify the various types of abuse and knew how to report any concerns. There were robust recruitment processes in place and people's medicine records were detailed.

Staff had received supervision, regular training and an appraisal. People were provided with choices of meals. The service worked with other organisations to provide care to people at the service.

There was a robust complaints system and compliments about the service had been recorded. Activities in reflection of people's interest were provided at the service by staff dedicated to this purpose.

During the inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The service had systems in place to manage peoples medicines.

The service had a robust recruitment process

People told us there were not always enough staff on duty.

Risk assessments regarding manual handling were not always sufficiently detailed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were supported through regular supervision and staff meetings.

The service had made appropriate referrals regarding the Deprivation of Liberty Safeguards.

Mental Capacity assessment records had not been completed for all people at the service.

People were given a choice of meals but staff were called away to attend to other people so could not focus upon supporting people with their meals.

The service worked with other services for the benefit of people.

Is the service caring?

Good ●

The service was caring.

Staff showed kindness and care to the people living at the service.

People were involved in their care planning.

People's privacy and dignity were respected.

Is the service responsive?

The service was not always responsive.

Assessments were completed, but care planning was not effective in guiding staff to meet people's needs.

There were interests and activities available for people to participate in daily.

There was a complaints process and complaints were managed as per the service policy and procedure.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager.

Systems to ensure there was an oversight of the quality of the service were not effective.

Audits were not driving or sustaining improvements to the service.

Requires Improvement 

Barking Hall Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 31 October 2017 and was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information we held about the service. This included statutory notification's received from the service about deaths, accidents and safeguarding incidents. A notification is information about important events which the provider is required to send us by law. We looked at five records of people's care.

As some people living at the service had a diagnosis of dementia 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.

We spoke with nine people who lived at the service and two relatives.

We spoke with the relief manager, the deputy manager, the Clinical Lead, two registered nurses, a senior carer and two care staff.

Is the service safe?

Our findings

At the last inspection of 27 September 2016 this key question was rated as 'requires improvement'. At this inspection we have judged that the rating remains 'requires improvement'.

At the last inspection we identified a range of clinical equipment, such as syringe drivers, suction machine, and nebulisers were not being checked or maintained to ensure they were safe to use. We received an action plan from the service about how this matter would be resolved by 27 January 2017. At this inspection we saw that action had been taken so that this equipment was maintained and safe for use.

At the last inspection we also identified that people's medicines were not well managed. We saw that people had been prescribed creams and lotions but there were not always records of them having been administered. Also staff were not recording how much insulin they were administering in relation to people's blood glucose levels. At this inspection we saw there were clear records of administration and also people's glucose levels were being regularly monitored. A relative told us, "They test [my relatives] glucose levels regularly."

Each person had a medicine administration record (MAR) chart which was detailed with an up to date photograph of the person and a record of any allergies. Where people were prescribed 'as required' (PRN) medicines there were sufficiently detailed protocols in place to guide staff as to when the medicine may be required. Recording of when PRN medicines were offered was consistent. The clinic room was well stocked with dressings and equipment. Temperatures of the room and fridge were taken everyday to check that they were within acceptable limits.

As a result of a medicine going missing from the medicines stock since our last inspection auditing of medicines was increased for the purpose of checking that the stock balance agreed with the stock records. The stock of some medicines were checked at each shift handover and there was also a random spot check usually weekly to determine if the medicine stock records were accurate.

At this inspection we found that risks to individuals had not always been fully recorded. An individual risk plan had not identified and recorded the action to be taken regarding the person's swallowing difficulties. Swallowing issues are important to address because of the potential risk of aspiration.

Two people's care plans did not have a completed manual handling risk assessment. The type of hoist to be used, the sling size and the loops to be used on the sling had not been identified on the risk assessment.

Following our visit the relief manager sent us copies of the revised manual handling risk assessments.

People told us that there were not sufficient staff on duty at all times to keep them safe and they had to wait for significant periods when they rang their call bells for assistance. One person told us, "A response varies, there are two shifts, one ends about 9pm, if you try and get help then it can be difficult and take up to half an hour but generally it is within 15 minutes, longer when it is at busy times. I sometimes wonder if they have

enough staff." Another person told us, "I think they are maybe short because they are busy, there are inexperienced carers, over worked and there is a lack of organisation, but they do the best they can." Another person told us, "There is definitely not enough staff, at nights you can wait for a couple of hours to go to bed, and they are always rushing around like flies." A relative told us, "Frankly you never see anyone up here (second floor); If someone presses the bell after 15 minutes it goes to the alarm noise. What I have seen happen is they go in, switch it off and say they will be back later."

Staff we spoke with told us at times they considered the service was short of staff to provide care to people to meet their assessed needs. A member of staff told us, "There are many people in their room throughout the day. Sometimes all is fine but other times you are called away to answer a call bell more than once, when helping that person." When we asked some staff about whether there were sufficient staff on duty to meet people's needs they said 'no comment'. In conclusion our observations and staff feedback led us to believe there was insufficient care staff rostered to meet people's needs in a timely way.

During the inspection we saw that the two qualified nurses responsible for administering medicines took over two hours to complete the medicines scheduled for administration at 8am. This meant during this time of administering medicines the nursing were not freely available to support the care staff meet people's needs.

The service used a dependency needs assessment to determine the number of staff required to be on duty to keep people safe and meet their needs. Care plans were planned to be updated monthly or more frequently if so required. Two care plans had not been updated in October 2017 from which the information for the dependency tool was drawn. This meant the dependency tool did not have all of the required up to date information to determine the number of staff required to meet peoples assessed needs.

As well as the deputy manager and two qualified nurses there were also seven care staff assigned to the morning shift plus ancillary and administrative staff. A member of staff told us, "Some days it is alright we work together and are a good team, but when someone is sick and agency cannot cover, we struggle." This meant there were not always sufficient numbers of suitable staff on duty to keep people safe and meet their needs.

The service did take action to cover regular staff vacancies with agency staff. This was not always effective and on occasions the rota informed us there was one less care staff as the shift could not be covered. The relief manager tried to use the same agency staff when possible so that they were familiar with the people. This was not always possible and this meant that vulnerable people were receiving care from agency staff that did not know them well and would be heavily dependent on the care plans being accurate for knowledge.

Staff told us about the training they had received regarding how to keep people safe. This included the different types of abuse and how they would respond to and report allegations or incidents of abuse. One staff member told us, "Of course I would report any ill treatment. If I ever saw anyone with any bruising, I would always ask the nurse how it had happened." The relief manager was aware of the need to report matters of safeguarding to the Local Authority and inform the Care Quality Commission of such events.

We looked at the recruitment procedures in place at the service. The recruitment files showed the procedure had been worked through in an orderly fashion checking at each step that the potential member of staff was suitable to work at the service. Staff told us they had the required checks carried out before they were able to start work at the service. We saw references and a Disclosure and Barring Services (DBS) check had been carried out to determine staff were suitable to work with people who lived at the service. Where nurses were

employed checks were made with their professional body to show they were able to practice as a nurse.

Is the service effective?

Our findings

At the last inspection of 27 September 2016 this key question was rated as 'requires improvement'. At this inspection we have judged that the rating should remain at 'requires improvement'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service works with the local hospital providing five beds to care for people transferred to the service for delirium pathway care. Due to the nature of delirium a person may not have capacity to make informed decisions while they experienced this illness. The person's capacity to make informed decisions for themselves may only be impaired during the time of the delirium. Therefore it is important the service had a clear policy and procedure for the staff to follow to support the person during this time. We noted in two people's care plans information about their mental capacity had not been fully completed. It is most important information is recorded accurately.

In order to provide consistent good care people should be listened to by the service staff, consent sought and their wishes clearly recorded. The information in people's care plans did not support that people's consent was being sought as information had not been recorded.

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 reviewed how the relief manager had ensured people's freedom was not restricted. We found DoLS applications had been made to the local authority correctly for people that had been with the service for sometime and were not on the delirium pathway.

The service provided training so that the staff had the knowledge and skills required to support people. Staff told us about the training they had received and they considered this was well planned and informative. Attendance at the training sessions and what was learnt were checked and discussed in supervision. We saw there was a detailed training schedule in place as arranged by the relief manager and administrator for the next twelve months.

New staff completed an induction period linked to the Care Certificate. The Care Certificate is a set of standards that should be covered as part of induction training of new care staff. Staff told us they had training which was either delivered by a trainer or in the form of e-learning packages. Staff informed us that

they had an appraisal within the last year and this was corroborated by the records we saw. Despite working at another service since 19 September 2017 as well as at Barking Hall the relief manager had provided supervision to staff or made arrangements that all staff received supervision. During this time, the service had a deputy manager working in a supernumerary capacity.

At lunchtime we saw people were given a choice of meals. One person told us, "The food is nice." Another person told us, "Food is basically good we have a good chef and choice." Another person told us, "I think the food here is great I have never eaten so well." We saw the chef visit people during the lunchtime to ask their thoughts about the meal and people told us this was done everyday. We also learnt from the relief manager how they and senior staff communicated both verbally and in writing with the catering team so that the catering staff were aware of people's choices and any allergies.

We did observe at the lunchtime staff were called away to help other staff whilst assisting people to eat their meals. This meant the person's meal time was interrupted and they had to wait until the staff member returned to help with their meal and check upon choices of drinks and second helpings. There was a member of staff present in the dining room throughout the lunchtime while people were eating their meal. They focussed most of their time to support one person who did require the one to one attention with their meal. This meant they could not support other people who became distracted and lost concentration upon eating their meal. When other staff came to the dining room to support people we observed from this support people were able to focus upon eating their meal, because they were given the support they needed.

The monitoring procedures did not effectively assess, monitor and mitigate risks to people including their health, safety and welfare. For example, hydration targets were set for people to achieve and there were entries on their fluid balance sheets. However we saw in the records that these targets were not always being achieved and no action taken to review the situation. One person had not achieved their individual target for 10 of the days of October 2017 and no action had been taken. On the day of the inspection at 2pm a person had only been recorded as having had 165mls of fluid and the target was 1600mls for the day. This meant that people's fluid targets had not been reviewed to take into account their physical condition which in this case was end of life care.

The service organised on-going health support for people. We saw in people's care records that chiropodists, opticians, dentists and doctors were consulted and appointments made for people to discuss issues and treatments planned. We saw that there was regular contact with other professionals between the service and other health professionals. However one person did tell us, "Yesterday we asked to see a doctor, but we haven't heard anything yet." This had raised concerns with the person as they were not sure if the staff had forgotten to arrange the appointment or had not got back to them to confirm an appointment had been made.

To support people with their day to day needs we saw that when deemed necessary people had special mattresses in place to help alleviate pressure on their skin and reduce the risk of the skin becoming sore. People's records showed what settings the mattress needed to be set at to help to support the maintenance healthy skin. We checked the dates when the equipment was last serviced and found the equipment was being maintained. We also found the mattress settings were in agreement with that recorded in the care plan.

Is the service caring?

Our findings

At the last inspection of 27 September 2016 this key question was rated as 'requires improvement'. At this inspection we have judged that the rating remains 'requires improvement'.

People's right to confidentiality was not consistently protected. The door was open to the nurse's office and people's personal confidential records were accessible to all. The clinical lead who had been appointed two weeks prior to our inspection upon seeing this said the door should have been locked. Later in the inspection we saw that the door had been and remained locked. The clinical lead assured us that the door would be locked in future when no staff were working in the office.

People told us that they thought the staff cared for them very well showing kindness and compassion. One person said, "They look after me well enough, the staff are good." However we also heard from other people and relatives that the care could be better. One person told us, "The carers vary in skills some of them talk very quickly into my deaf ear or near the door with their back to me. It is time they lack." They further explained at times they felt very lonely in such a large place with many people living at the service. A relative told us, "[My relatives] teeth were not being cleaned so I have to put up a note." We understood the matter had now been resolved.

We saw caring interactions between staff and the people they cared for. One person told us, "Staff are kind and caring." Another person told us, "Staff are quite good I get on with all of them."

We saw staff spoke kindly with people and took time to listen to what people were saying to them. Staff knew and used people's preferred names. We saw where people made their choices known to staff these were listened to and people were given time to respond. Staff we spoke with told us they enjoyed supporting people at the service. One member of staff told us, "I think I have a very caring relationship with people here and that is why I stay, but we are very busy at times and it does become frustrating when we are so busy."

There were examples of staff seeking people's views and providing care and support to people. One person told us, "The staff are nice, they have looked after me very good here, whatever you want they are there, bed changed, room cleaned." Another person told us, "They check with me what I want for breakfast and if I want a bath or shower, staff always want to know how I am and my views on things, I can chat happily with all of the staff."

One person informed us they had some difficulty with understanding long words and preferred people to speak with them. They did inform us that they had a care plan but rather talked with staff about their support and future arrangements than checking the care plan. They also informed us that they would be leaving the service soon and were fully involved in those arrangements including follow-up support from another service. This meant information was presented to people in a way they chose and understood.

We saw one person's care plan information they had discussed with the staff about long-term condition and

how they had managed that condition. The staff had provided support in line with the persons wishes to support them to manage that condition. This showed the person had been involved with their care planning and their views had been respected.

People's rooms were large and decorated in the way they preferred, with their own personal belongings. The views from rooms were of the attractive countryside. Some people had bird feeders and encouraged wild life that they told us about. People could use their own rooms to meet with visitors if they preferred. People had made their accommodation into their own personal space that reflected their choices and preferences.

We saw staff knocked on people's bedroom doors before they entered when checking whether people needed anything. However one person told us, "Staff are willing, but I have had to put a notice on my door saying please knock as they would just walk in, some of them are just ignorant."

Members of staff discreetly assisted people who needed support to use the bathroom. We saw one person ask to go to the toilet and the staff member spoke to them giving reassurance and supported them to the bathroom. One person told us, "They always treat me with dignity." Another person told us, "They are good at getting me up in my own time that is when they show dignity."

Is the service responsive?

Our findings

At the last inspection of 27 September 2016 this key question was rated as 'requires improvement'. At this inspection we have judged that the rating remains 'requires improvement'.

At the last inspection we reported the arrangements in place to support skin integrity were not clear or well organised and that it was difficult to monitor which meant that people were at risk of inconsistent care. Photographs of wounds or wound measurements were not consistently in place. Without a photograph or any measurements it is not possible to monitor if a wound has improved or deteriorated or requires a change of type of dressing for the most effective care. The systems for undertaking dressing changes were not clear, and we saw for example that dressing changes had not been undertaken as planned.

At this inspection we found that a photograph of one person's wound had not been dated and there was no measure in place to compare and determine if the wound was healing.

A person was to have their dressing changed every three days. However we saw in the records that the dressing had been changed on 14 October 2017 but there was no further record that the dressing had been changed until 24 October 2017. Another person was to have their dressing changed every three days. The record stated the dressing had been changed on 29 September 2017 but not again until 8 October 2017. It had been changed on 11 October 2017 but not again until 28 October 2017. This meant that people with pressure ulcers were placed at potential risk because pressure ulcers were not managed in line with the risk assessment and care plan in place.

This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

A senior member of staff carried out an assessment of people's needs prior to them moving into the service. This is to determine if the service can meet the person's individual needs. We saw that a care plan was written from the assessment of need. Three people we spoke with could not recall seeing their care plan and meetings to discuss people's care plans with them had not always been recorded.

Assessments were in place for people coming straight from Ipswich hospital as part of the new development and contract to support the hospital with people admitted with delirium. As well as the hospital supplying information, a manager from this service visited the person and assessed their needs. We were told that the service ensured they could meet people's needs before they were admitted.

Care plans were supplemented by records in people's rooms which included repositioning records which staff signed when they repositioned people. For each person we case tracked we saw that the person had been supported as specified in their care plan with their repositioning. For those people cared for in bed the call bell was within easy reach as it had been attached to the bed linen to prevent it from falling away. People informed us that their rooms were cleaned regularly and their beds made with clean bed linen. People told us that they felt warm and comfortable and we could not detect any odours. This confirmed

that rooms were cleaned regularly and bed linen changed.

During the inspection day staff had organised a Halloween party. The service communal areas had been decorated in a Halloween style and the catering of the day included some Halloween inspired dishes. Many of the staff had dressed in costume and had helped those people wishing to dress in Halloween style outfits. Children of various ages attended the party and played games with people. One person informed us how very much they had enjoyed the party and it was lovely to see the children. One person told us, "This is great to see such lovely young people, the games were good fun, we never did this when I was a child."

We saw that there were activities arranged for the morning, afternoon and evening of each day. Some people told us how much they enjoyed the activities and especially the outings that were arranged for Tuesdays and the effort staff put into arranging the activities.

There were effective systems in place to manage concerns and complaints. Information was available to people and visitors to the home as it was given in the guide to the service and was available in the entrance area. When we looked at how the service managed complaints we saw that the relief manager logged any complaint made and these were saved in a complaints file and the action taken to resolve the issue. One person told us, "I would complain if I had to." Another person told us, "No complaints I know the manager, they are only here temporarily but I like them and have confidence they would sort anything out for me." A relative told us, "No complaints, I would say communication has been good, they [various staff] have contacted me when [my relatives] medication has changed or when they have had an accident." We also noted there had been a number of compliments from relatives about the care and support provided by the staff to their family members. This meant that people were able to feedback to enable the service to improve the quality of care.

Is the service well-led?

Our findings

At the last inspection of 27 September 2016 this key question was rated as 'requires improvement'. At the previous inspection of 25 November 2015 the service was rated as 'requires improvement'. At this inspection we have judged that the rating remains 'requires improvement'. This is the third inspection we have rated the service as 'requires improvement.'

At the inspection of 27 September 2016 we had identified that people's care plans were not sufficiently detailed and were not always up to date. Following this inspection the service sent to us an action plan which stated. "All care plans are to be reviewed and have up to date information by 27 January 2017. This will be achieved by using the resident of the day system."

During our inspection of 31 October 2017 we could not see evidence that the improvements identified had been made. Therefore despite breaches being previously made and assurances given in the action plans insufficient action to improve the service had been taken to make it safe for people.

The relief manager informed the inspector that the delay in a full review of resident care plans had resulted from the service electing to completely update the care documentation of all people living at the service. The service had also devised and was working through a home development plan to further develop and improve the service.

At this inspection we again had concerns about the effective recording within people's care plans. We found the recording of monitoring charts for fluid intake was inconsistent. Staff did not always 'total up' intake and output. There were optimum amounts of fluid indicated for care staff to encourage people to aim for however there were gaps in the charts for monitoring fluid. This was particularly of concern given that people were admitted on the delirium pathway and fluid intake monitoring would be essential for health recovery.

We found although quality assurance systems were in place to identify areas for improvement; these systems had failed to identify the issues we found during the inspection. For example risk assessments had failed to take into account the choking problems associated with Parkinson's Disease and people wound dressing were not being recorded to confirm that they were being changed every three days. This lack of oversight and timely action was placing people at risk.

People's care plans were not sufficiently detailed with regards to an accurate assessment and care plan of their manual handling needs for the staff to follow and keep them safe.

The staff used a system called resident of the day and each person was to be a resident of the day once per month. This is the opportunity to ensure the persons care plan has been reviewed so that all necessary information had been recorded and acted upon for the person's well being. In two of the care plans we saw information for the month of October had not been updated. This meant that the care plans were not complete and had not been checked for accuracy.

This is an on-going breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. Not maintaining accurate, complete and contemporaneous records.

The service did not have a registered manager. At the time of the inspection the service was being managed by a relief manager. They had replaced the previous registered manager present at the time of our last inspection. A manager had been appointed but left before they became registered with the CQC and hence the same relief manager had stepped in to manage the service again. However for the past two months they had also been asked to manage another service and hence their time was split between the two services. We understood that a manager had been appointed and would join the service on November 13 2017. One person told us, "The lack of a manager has definitely had an effect for the worse, it is so unsettling." The lack of consistent management had impacted upon this services ability to improve and come back up to standard in a timely manner.

The service had used an external agency to carry out and report upon matters of quality assurance in September 2017. As a result of this, a new call bell sound system had been introduced.

Staff described the difficulties they had experienced in recent months and at times morale was low due to the changes in management and the reliance on agency staff. A member of staff told us, "The deputy manager is very helpful but since the relief manager has been taken away so only here for half the week we have struggled." Another member of staff told us, "We know what to do and do our best, but when we are short of staff we are fire-fighting." This showed us that the service had not been consistently and effectively supported by the provider.

The senior staff planned to audit two peoples care plans per day and hence if successfully implemented everyone's care plans would be updated each month. This auditing process was intended to identify any issues with recording and take the necessary action to address the issue. This was not always effective as two plans we saw had not been audited for October.

One person told us, "I like the manager, they are pleasant and very helpful." Another person told us, "The manager has built up a good relationship with me and [my relative]." Staff told us that they found the manager responsive and helpful.

The relief manager provided leadership by arranging daily management meetings for all heads of department at 11am. We saw minutes were kept for each meeting which was led by the deputy manager in the manager's absence. We attend the meeting on the day of the inspection and heard staff sharing information and working together to plan and resolve problems for the smooth running of the service at that time.

The relief manager assured us that the service would improve with the appointment of a permanent and designated manager. A clinical lead had been appointed in October 2017 and the deputy manager had only been in post for two months. The service had also appointed permanent qualified nursing staff and hence the relief manager was confident with these permanent appointments matters would improve. Staff were to be appointed to the post of health care practitioner and one of their roles after training was to support the nursing staff including the administration of medicines.

We fed back our concerns identified to the senior management team of the service. They gave us assurances that immediate action would be taken to improve upon the issues we had identified at this inspection.

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>Regulation 9 HSCA RA Regulations 2014 Person-centred care.</p> <p>People did not consistently receive person centred care where their needs and personal preferences were met.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality checking arrangements did not consistently improve and sustain the quality of the experience of people who used the service.</p>