Victoria Care Home (Burnley) Limited

The Victoria Residential Home

Inspection report

Thursby Road
Burnley
Lancashire BB10 3AU
Tel: 01282 416475

Date of inspection visit: 24 February 2015 and 27 February 2015
Date of publication: 30/04/2015

Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Inadequate
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on the 24th and 27th February 2015 and was unannounced on the first day. At the last inspection on 28 January 2014 we found the service was meeting the regulations we looked at.

The Victoria Residential Home is registered to provide accommodation and personal care for up to 48 older people. The home is set in its own grounds and there is parking at the front of the building for visitors.

There were 31 people living at the home when we visited. Approximately half the people using the service were living with dementia.

The service did not have a registered manager in post, although a temporary acting manager had been in day-to-day control since the previous week following the departure of the home's former manager in February 2015. The regional manager was able to confirm that interviews of candidates for the post of manager were being undertaken during the week of our visit in February

Summary of findings

2015. The regional manager was aware the service is required by law to have a registered manager in post and that successful candidate must apply to the Care Quality Commission (CQC) to be registered. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us about the quality of the care and support they received at the home. Whilst some people were very happy with the care they were provided, others were not. In addition, our own observations matched some of the negative descriptions some people had given us.

For example, although people told us they felt the home was a safe place to live, we found that failures on the part of the provider to always ensure there were enough staff on duty, keep chemicals and other substances hazardous to health (COSHH) safely locked away when they were not in use and ensure the premises were cleaned adequately, had placed people at risk. We also found people's rights may not always be respected because staff did not always follow the principles of the Mental Capacity Act (MCA) 2005 for people who lacked capacity to make particular decisions.

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

We also made a number of recommendations for the provider to refer to current guidance and seek advice from a reputable source about improving some aspects of the home. This was because we found some staff lacked a clear understanding how to appropriately deal with safeguarding concerns, people did not always have enough opportunities to participate in meaningful social activities that interested them and staff morale and motivation was low. There was a lack of dementia friendly resources or adaptations in the corridors, communal lounges or dining rooms.

People did not receive their medicines as prescribed and records of medicines given were incomplete.

There were insufficient staff in the home to meet the needs of people who used the service. Staff were not provided with training, supervision and adequate support to enable them to carry out their roles. People told us, and we saw, that staff had built up good working relationships with people using the service and were familiar with their individual needs and preferences.

People had a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

Staff also ensured health and social care professionals were involved when people became unwell or required additional support from external services.

People told us staff who worked at the home were kind and caring. Our observations and discussions with relatives during our inspection supported this. For example, we saw staff treated people with dignity, respect and compassion.

Care plans were in place which reflected people's needs and their individual choices and beliefs for how they lived their lives. However, people were not involved in developing and regularly reviewing their care plans. We found two people had been inappropriately admitted to the home without consideration as to whether the home was the correct setting to meet their needs.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made visitors feel welcome.

The provider sought people's views about how the care and support they received could be improved. Where improvements were needed the regional manager has produced a clear action plan to ensure that these improvements were put in place. However we found numerous areas of concern which should have been identified and addressed through the provider's quality and risk management arrangements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

There was not always enough staff on duty to meet people's needs.

Chemicals and other substances hazardous to health (COSHH) were not always kept locked away when they were not in use, which may have put people at risk.

Although there were safeguarding procedures in place and staff understood what abuse was, some staff did not always know what to do if they witnessed or suspected abuse had occurred in the home.

People were not always given their prescribed medicines when they needed them. Medicine administration sheets were not adequately maintained.

Personal mobility aids for individuals were found to be regularly used by staff to assist other people for whom they were not intended.

We found that the required checks had not been completed before staff commenced their employment.

Is the service effective?

Inadequate

The service was not effective.

The provider did not always act in accordance with the Mental Capacity Act (2005) to help protect people's rights. Staff did not always understand their responsibilities in relation to mental capacity and consent issues.

Staff were not adequately trained to provide the care and support people who lived in the home required. Staff had did not have effective support and supervision.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us staff were kind and caring and always respected their privacy and dignity.

People had not been involved in the care planning process, which meant they had not had the opportunity to express their views about the care provided.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

People did not have enough opportunities to participate in meaningful leisure and recreational activities that reflected their social interests.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

The service was not always well led

The service does not have a registered manager.

Staff morale and motivation was low, which the service will need to improve.

The provider asked people for their views about what the service could do better.

The provider monitored the care and the support people using the service received but we found their systems failed to identify many of the shortcomings.

Requires Improvement

The Victoria Residential Home

Detailed findings

Background to this inspection

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

The first day of the inspection took place on 24 February 2015 and was unannounced. We continued the inspection on a further announced visit on 27 February 2015.

The inspection team included an inspector and an expert by experience on the first day, and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people living with dementia.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications they had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the visit we spoke with 12 people who lived in the home, five relatives, the regional manager, the acting manager, two district nurses, six care workers, a domestic, the activity co-ordinator, the handyman and the cook. We also spent time undertaking general observations of the care and support people.

We looked various records that related to peoples' care, staff and the overall management of the service. This included four people's care plans, four staff files, the complaints log, nine medication administration records (MAR) and quality assurance tools. We also undertook a tour of the building which included store rooms, bath and shower rooms, communal lounges and bedrooms that were both occupied and unoccupied. We also visited the hairdressing room, kitchen and laundry.

Is the service safe?

Our findings

Nine people we talked with told us there was not always enough staff available in the home to look after them properly. One person said, "The care staff are great, but they are always so busy." Another person told us, "The staff are so caring, but they haven't got the time to stop and chat with you." Similarly, all five relatives we spoke with expressed concern about the lack of staff both day and night. Typical comments we received included, "they're short staffed again today. The home has been short staffed almost every day I've visited recently. It's a disgrace", "I've noticed the home has been short staffed a lot lately, which the owner seems unable or unwilling to address" and "Every time I visit at the moment the staff seem dead on their feet because they are so busy."

Throughout our inspection we were told of a number of occasions where people had waited in excess of 20 minutes for staff assistance after they had activated their call bell alarm. A call bell alarm is an electronic device that enables people to summon assistance from staff when they need it. One person with complex medical problems told us "I sometimes I shake very violently so that I can't administer the medication myself. I can wait for hours at night for assistance and when someone eventually comes they are so inexperienced they don't know how to help me. I also have a catheter; some staff members have asked me do I know how to change it." Three relatives gave us several examples of occasions when their relative had waited for staff to come and provide the personal care they urgently needed. One relative told us, "I've been waiting for staff to bring my mother a drink for half an hour now." On the second day we saw two people had become very distressed and anxious while waiting for staff to attend to their needs. Staff eventually came after we intervened and actively sought out a member of staff.

Most of the care staff we talked with confirmed they had been one or two members of staff down, from the minimum required, at least three of four times a week in recent months. Where there was a shortfall the manager tried to bring in Agency carers but often they could not be supplied at short notice. Four staff told us they were "always rushed off their feet" and gave us several examples when the unit they usually worked on had been short staffed in the last month. Typical feedback we received included, "We seem to be short staffed at least twice a week these days", "I think being short staffed so often has inevitably impacted upon our ability to care for people properly" and "It's not unusual to be one or two staff down. It's difficult sometimes just to do basic caring."

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On a tour of the premises we noted people were placed at unnecessary risk of harm because chemicals and other substances hazardous to health (COSHH) were not always stored away safely when not in use. Unlocked and unlit store rooms were seen to be in disarray. The handy man's store room was also unlocked; this room contained tools and equipment hazardous to residents. We also saw a broken toilet a filthy sluice and a broken toilet roll holder that had been left on the top of a toilet.

Staff told us, and we saw for ourselves, that some people living with dementia could move freely and independently around the home, which meant they were at risk of accessing products identified as hazardous to health. This storeroom doors were eventually locked after we had raised it with the managers for a second time. We discussed the services failure to continually maintain a safe environment for people to live in with the regional manager and acting manager who agreed to review the home's arrangements for keeping people safe from COSHH.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After speaking with people living in the home and visitors a number of safety concerns were related to us. A person using the service and her visitor told us that they had asked for a lock to be fitted to the bedroom door as money and personal items had gone missing from her room. It had taken four months for a lock to be fitted. Also the person's wheelchair had been removed and was being used by another person which meant that they were unable to mobilise freely at will and there was a risk of cross infection through this practice.

Is the service safe?

One relative expressed her concern in relation to the recent admission of people she felt had been inappropriately placed in the home. This relative said." There are two men here that drink alcohol and smoke in their rooms, use foul language and enter other resident's rooms uninvited."

Another relative told us " When we agreed to take a place for my mother we were told that it was a care home for older people and not for young people with drink and drug abuse problems." He also told us that he had witnessed two men using abusive language and acting in a drunken manner on several occasions. On further investigation we found that two people had been recently admitted, one as an emergency placement, and we found that the placements were inappropriate to meet the assessed needs of the individuals. We discussed our findings with the regional manager and were assured that immediate re assessment and alternative care provision was being sought.

People told us they found the home was comfortable and that it met their needs. For example, one person said, "I like the smaller lounge areas as it's more intimate there and a nice place to sit and chat with my friends." Another person told us, "My room is fine and I've got everything I need there."

People told us they felt safe living at the home. One person said, "I feel safer here that I would do in my own home." We saw policies and procedures about safeguarding people from abuse, as well as contact details for the local authorities safeguarding adults' team, were available in the manager's office. Records held by CQC showed that where there had been safeguarding concerns raised about the people using the service, the former registered manager and the acting manager had dealt with them in an appropriate and timely manner. It was also clear from discussions we had with the acting manager that they knew what action they would take if they witnessed or suspected people had been abused or neglected at the home. At the time of our inspection there were several outstanding safeguarding referrals under investigation by the multi-agency safeguarding team.

However, although staff were able to explain what constituted abuse, most were unclear what action they needed to take if they witnessed or suspected people in their care were being abused or neglected. For example, one member of staff said, "If I saw someone abusing people I would always talk to them and make sure they knew what they did was unacceptable." Training records could not provide us with assurances that staff had received adequate training in keeping people safe from harm and abuse.

Care plans we looked at contained some personalised risk assessments that identified the hazards people might face which provided staff with guidance on how they should prevent or manage these identified risks of harm. This included environmental risks and those associated with people's individual health care and support needs. It was clear from discussions we had with staff that they were fully aware of the potential risks people using the service may face. Staff gave us examples of the risks some people may encounter when they used their walking frame or had a bath and the support these individuals needed to receive to keep them safe. However we found evidence of equipment that had been supplied for one individual i.e. a wheelchair and a zimmer frame, being used for people other than the one for which they had been prescribed. This meant there was the risk of people using inappropriate equipment.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their prescribed medicines on time. We saw people's medicines were held in locked cabinets and trollies stored in clinical rooms located on each floor of the home. Senior staff told us they were the only staff authorised to handle medicines in the home and their competency to do it safely was regularly assessed, which senior was confirmed by the regional manager.

Medicine administration record (MAR) sheets we looked at were not appropriately maintained by staff as there were recording errors. Hand transcribed medications had not been witnessed by two staff in order to reduce the chances of errors occurring. We found some medicines had not been administered and others given but omitted as being so on the MAR charts.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

We looked at the recruitment records of three members of staff and spoke with one member of staff about their recruitment to their post. We found in two instances that the required checks had not been completed before staff commenced their employment. These checks included the requirement to take up written references. All of the records we examined confirmed that a Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

The recruitment process included applicants completing a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. A new member of staff told us did not receive induction training and had only a cursory supervised induction to her role. We could not find evidence of any induction records in the staff files we examined.

This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. According to records seen the previous manager and staff team had received limited training in the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. Whilst staff spoken with had a basic understanding of the MCA 2005, we found mental capacity assessments had not been carried out in order to assess people's capacity to make decisions for themselves and their ability to consent to care and treatment.

At the time of the inspection we were informed that none of the people living in the home was subject to a DoLS. However, consideration had not been given to the potential restriction of liberty posed by the locks on internal exit doors or the use of bed rails. The MCA 2005 states DoLS must be used if people need to have their liberty taken away in order to receive care that is in their best interests and protects them from harm. Two people also told us the staff often used their wheelchair and walking aid for other people for whom they were not intended. This meant they were unable to move around the building at will or stand up and walk. We were told that this was a common practice. This was an unlawful deprivation of the people's liberty.

We considered this a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff had the right mix of knowledge, skills and experience to care for them. One person said, "The staff are excellent. They all do a fabulous job. Can't fault any of them, it's just a shame there's not enough of them sometimes." Most relatives also told us they felt staff appeared suitably trained to meet their family members' needs. One relative said, "The staff do a marvellous job despite being so busy all the time."

However staff training records we looked at showed us that all staff had not completed the provider's mandatory training programme and did not have regular opportunities to refresh their existing knowledge and skills. No staff had received training in supporting people with drug and alcohol dependency. Staff confirmed they had received limited dementia awareness training and were not aware which members, if any, of the staff were designated dementia champions who they could speak to about any queries they had about supporting people living with dementia. Dementia champions are members of staff who have received additional dementia awareness training who are able to give their fellow colleagues advice and guidance on meeting the specialist needs of people living with dementia. There was little or no awareness in respect of adaptations and signage within the environment to assist with the orientation of people with dementia.

It was clear from training records we looked at that new staff had not always undertaken a thorough induction before they were allowed to work unsupervised with people using the service. This was confirmed by a staff apprentice who also told us their induction gave them a limited period of 'shadowing' experienced members of staff going out about their daily duties. The acting manager confirmed that all new staff had not had an appropriate induction to their new roles.

Staff did not have effective support and supervision. Staff told us they felt well supported by their peers, who worked on the same floor as they did, but did not feel well supported by the managers. Staff told us they did not have regular face-to-face meetings with their line manager and group meetings with their co-workers. Furthermore, their overall work performance was not appraised annually by their line manager. Staff records we looked at showed that staff did not have regular opportunities to review their working practices and personal development. This was confirmed by discussions we had with the acting manager and the regional manager.

We considered this a breach in Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us on the whole they liked the food they were offered at the home. One person told us, "The food is normally pretty good and the atmosphere in the dining room during mealtimes is usually pleasant." Another person said, "The staff know I'm allergic to fish and never

Is the service effective?

fail to give me an appropriate meal." People we talked with also confirmed they could choose where they ate their meals. People told us the food had improved since the new cook had arrived. One relative told us, "I've never actually eaten here, but I must admit the meals I've seen look good to me. I think my mum enjoys them." However all the people and the cook thought that the tea menu could be improved as it was soup and sandwiches every day. The cook did tell us that an alternative was offered if she had the resources or ingredients on the day.

At lunch time tables were set with plastic tablecloths in the ground floor dining room and linen tables cloths in the first floor dining room. None of the tables in either dining room had salt or pepper or other condiments on them. This did not promote people's dignity or independence.

People's nutrition and dietary needs had not been assessed and reviewed regularly. Staff told us they monitored people's nutrition and fluid intake using food and fluid charts and weight charts where this was required. However we found that the care plan of one person, admitted in January 2015, had been assessed as requiring monitoring regarding possible weight loss had not been weighed since her admission and a regular review of her dietary intake had not been undertaken.

We considered this a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The building was well designed to meet the needs of people with dementia. Corridors' were straight and wide to aid visibility and accessibility. However, signage was none existent. We did not see any evidence of dementia friendly resources or adaptations in the corridors communal lounges or dining rooms. This lack of amenity resulted in lost opportunities to stimulate, exercise and relieve the boredom of people as well as aiding the individuals to orientate themselves to the environment. Apart from one small notice board we did not see any pictorial evidence of past celebrations or events that had taken place at the home.

We recommend the service provider seeks advice and guidance from a reputable source, in relation to providing suitable signage and pictorial aids for those people living with dementia.

Is the service caring?

Our findings

People were supported by caring staff, who despite low levels of staffing, strived to ensure that people received the care they required. People told us staff who worked at the home were kind and caring, and our observations during our inspection supported this. One person said, "The staff are so supportive and helpful. polite, respectful and protect my privacy. They are all so friendly and pleasant." Another person told us, "I have no complaints about the care staff. Considering how busy they all are, the staff remain cheerful most of the time. There aren't enough staff to help everyone when they need it." Feedback we received from visiting relatives was equally complimentary about the standard of care and support provided by staff, but all commented that there were insufficient care staff to meet the needs of the people living in the home. For example, one relative told us, "The staff are so good here. I can't fault any of them for their effort, but they cannot possibly do everything as there aren't enough of them." Another said, "The carers here are fabulous. They're easily the best thing about the place and many have been here a long time." None of the people using the service or their visitors we talked with raised any concerns about the attitude of staff who worked there.

Throughout our inspection we saw that people were treated with respect and compassion. Staff were friendly, patient and discreet when they provided people with personal care and support. For example, during lunch we saw several instances of staff patiently explaining to the person they were assisting what food they had been served and how they would be supporting them to eat their meal. We also saw staff gave appropriate and timely reassurance to one person who had become anxious before lunch. People were clearly relaxed and in discussions with staff we noted they talked about people who lived at the home in a respectful and affectionate way.

People told us, and we saw for ourselves, that staff respected people's rights to privacy and dignity. One person told us, "Staff always knock on my bedroom door and never come in unannounced." Although another told us that they always knock but do not wait before entering. Relatives we talked with also told us the staff respected their family member's privacy and dignity. One relative said, "I've never seen staff enter a bedroom door without knocking first." We saw staff kept bedroom, toilet and bathroom doors closed when they were providing personal care and knocked on doors before entering.

We looked at three people's care plans in detail. Whilst the plans provided a level of information about people needs and risks associated with their care, we saw no evidence to demonstrate people had expressed their views and been involved in making decisions about their care. This meant staff may not have been fully aware of people's preferences. The care plan is an important document as it guides staff in the best way to support people. We found the care plans had been reviewed each month or if there were any significant changes.

We considered this a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain relationships with their family and friends. Relatives told us they were able to visit their family member whenever they wished and were not aware of any restrictions on visiting times. One person said, "The staff always make me and my family feel welcome regardless of how busy they get." Another person told us, "We've had a few problems with the home, but visiting times hasn't been one of them." We could not find evidence of any link with a local advocacy service to support people if they could not easily express their wishes and did not have any family or friends to represent them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People did not have enough opportunities to participate in meaningful activities that reflected their social interests. People told us the home had a part time activities coordinator who organised some social activities and events, such as art work, crafts and trips out from the home. Care plans we looked at also contained some information about people's social interests and we saw some home entertainment equipment and resources were available in most communal areas, such as televisions, books and board games. The activities co-ordinator was not in on the first day of the inspection and none of the staff could show us any evidence of what was provided for people to do to occupy them. One person did tell us that she had painted some poppies and we also saw a 'dignity tree' had been made out of wood and fixed to the wall and relatives were invited to write messages on the leaves.

We saw the activity coordinator on duty during the second day of our inspection; we did not see much in the way of structured social activities being initiated by staff or leisure resources being used when we visited. Furthermore, we received rather mixed feedback from people about the quality of the social and leisure activities they could choose to participate in at the home. Half the people we talked with said they were happy to spend most of their time alone in their room or just sitting relaxing with friends in the lounge and were not interested in joining in any organised activities, although the rest felt there were not enough meaningful things to do in the home. Typical comments we received included, "I don't think I would like to get involved in any activities they do here. I'm quite content doing my own thing"; and "It can be a long day if you've got nothing to do. I spend most of it just watching television and I do get bored here sometimes. The staff are great, but they're so rushed off their feet usually they haven't got any time to sit and chat with you". Similarly, most relatives we talked with also felt there was not enough interesting or fulfilling social activities people could join in if they wished. One relative said, "As you can see there's not much happening here today." Another commented, "They do have an activity coordinator, but I don't think they have enough hours employment to meet the needs of the residents."

It was clear from discussions we had with relatives and staff that most of them felt meeting the social needs and wishes of people using the service was something the home could do much better. Several members of staff told us the activity co-ordinator did not have enough time to organise meaningful activities on both floors of the home. One member of staff said, "We definitely need an extra activities coordinator so we have someone arranging interesting things for people to do each day across both floors." Another told us, "I just haven't got the time to organise any activities for people and do my day to day caring duties." The acting manager told us the provider was in the process reviewing the hours for the activities coordinator.

We recommend the service provider seeks advice and guidance from a reputable source, in relation to meeting the social needs and wishes of older people and those living with dementia and implements a programme of activities and occupation.

We saw care plans included some assessments of people's needs, choices and abilities, which staff told us were carried out before people were offered a place at the home. These initial needs assessment were then used by staff to develop people's individualised care plan. Care plans were generally not well organised and we found it difficult to negotiate our way through the documents. The care plans did not set out clearly what staff needed to do to meet people's needs and wishes. .

People's changing care and support needs were reviewed each month, but people told us they were not involved in reviews of their care plan. We saw care plans were routinely updated by staff to ensure the information they contained remained current and relevant to people needs and preferences.

People told us that they made choices about their lives and about the support they received. They said staff listened to them and respected their decisions and choices. Several people told us staff always asked them what they wanted to eat for their lunch every day. One person said, "The one thing I would say which is good about it is that you can generally do what you want." Another person told us, "I can choose when I get up and go to bed." Relatives we talked with also said staff encouraged their family members to make informed choices about their lives. For example, one relative told us, "Staff do make sure my mum is encouraged to choose what she wears every day."

People using the service and their relatives told us they felt confident speaking to the staff if they had any complaints or concerns about the care provided at the home. Three

Is the service responsive?

relatives gave us examples of issues they had recently raised with the new acting manager. One relative said, "I've been unhappy about a few things at the home recently, which I've raised with the manager. I will reserve judgment about the action they've promised us they will take, but to be fair the manager's door always seems to be open. Another relative said, "It's a shame I've needed to complain lately, but at least the manager listened to what I had to say and said he would try and address my concerns."

The provider had a formal procedure for receiving and handling concerns and complaints. We saw a copy of the complaints procedure was clearly display the home. The procedure clearly outlined how people could make a complaint and the process for dealing with them. We saw the acting manager kept a record of the complaints the service had received, which included the outcome of investigations carried out into the issues raised and actions taken to resolve them.

Is the service well-led?

Our findings

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager had left their post in November 2014. A new manager had been appointed, but had left their post in February 2015 after a probationary period and had not registered with the CQC. The provider was interviewing for a new manager at the time of our inspection. It is important that there is a registered manager as this is a requirement of the provider's registration. There was a regional manager providing support to the home.

Although the service had not had a registered manager in post since November 2014, and the replacement manager was only in post for three months, the current temporary acting manager had been in day-to-day control of the home for one week only. The service's regional manager informed us that she was interviewing for a new manager during the period of our inspection. On the last day of the inspection we were informed that the temporary acting manager had been appointed to the manager's post. The regional manager is fully aware that the home has a condition of registration that it must have a registered manager in post and that the new manager must submit an application to be registered with the Care Quality Commission (CQC).

Relatives and some people using the service told us they had been unhappy with the way the changes in the management of the home had affected the smooth running and the standard of care and support provided had "gone downhill" since their departure. For example, three people using the service and the relatives of five others all told us they felt staff morale had been adversely affected by the registered manager's sudden departure. Other comments we received from relatives included, "I think the previous manager leaving so suddenly was a bit of a shock to everyone and that's got to have affected the staff who work here" and "The staff are always so busy and that's why so many are going off sick, which is adding to the problem. It's a downward spiral."

It was clear from discussions with staff that most of them felt their morale had been adversely affected by the unexpected departure of the homes former registered manager. Typical feedback we received included, "Staff have been demoralised since the manager left. I think it's the uncertainty about what the future holds that's making the team anxious", "There's definitely more staff going off sick these days because of stress" and "Staff are busier than ever covering people who are off sick and inevitably they end up going off sick themselves because of fatigue."

People were supported to express their views about the home. Records we looked at and people told us, they had opportunities to express their views at monthly residents or relatives meetings. People also told us every year they were invited to complete a satisfaction survey to feedback their views about the home. Staff told us information from these surveys was always assessed and any conclusions drawn were used to help improve the service. We saw the results of the services most recent satisfaction survey carried out in 2014, which indicated that most people were satisfied but concerns had been raised in respect of the laundry service, cleanliness of the home and the inadequate levels of staff to provide direct care. Because of the changes of manager people told us they were dissatisfied with the way the home had been run.

Staff were encouraged to express their views about the home. Staff told us there were regular team meetings where they were able to discuss issues openly and were kept informed about matters that had adversely affected the service and the people who lived there. One member of staff told us, "I think the management have now taken on board what we've been telling them about staffing levels here recently. I feel sure they will sort it out."

Staff had clear lines of accountability for their role and responsibilities. Staff told us the home had good systems in place for communication to inform them about the changing needs of people using the service. For example, staff told us any changes in people's needs and incidents were discussed at daily shift handovers. This ensured everyone was aware of incidents that had happened and the improvements that were needed.

The provider completed various audits to assess the service quality and drive improvement. The regional manager told us they regularly visited the home to carry out quality assurance checks on the standard of care and support people who lived there received, which the acting

Is the service well-led?

manager confirmed. The acting manager also told us they held daily meetings with senior staff and regularly carried out unannounced spot checks on staffs working practices. It was clear from discussions with the acting manager, and records we saw, the service undertook a range of internal quality assurance audits that looked at care planning, medicines management, infection control, and fire safety. We saw an action plan had been created by the regional manager which stated clearly what the service needed to do to improve. However, we found numerous areas of concern which should have been identified and addressed through the provider's quality and risk management arrangements. These included, but were not limited to, concerns about medicines management, staffing levels, infection and hazardous substance control arrangement and a lack of people's input into care planning.

We considered this a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC records showed that the managers had sent us notification forms when necessary and kept us informed of any reportable events. A notification form provides details about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not take proper steps to ensure people using the service were protected against the risks associated with receiving care and support that was inappropriate or unsafe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not protect people using the service against the risks associated with the unsafe use and management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person did not ensure that where equipment is provided to support service users in their day to day living, as far as reasonably practicable, such equipment promotes the independence and comfort of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not have suitable arrangements in place to ensure that persons employed were appropriately supported in relation to their responsibilities including receiving appropriate training, professional development, supervision and appraisal.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person did not ensure that service users are protected against the risks associated with unsafe or unsuitable premises.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered person did not, as far as reasonably practicable, ensure that service users or those acting on their behalf be encouraged to express their views as to what is important to them in relation to the care or treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not operate effective recruitment procedures in order to ensure that no person is employed unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not protected people from the risks of inappropriate or unsafe care and treatment by not regularly assessing and monitoring the quality of the services provided or identifying, assessing and managing risks relating to the health, welfare and safety of service users.