Care Quality Commission

Fellingate Care Centre Limited

Wardley Gate Care Centre

Inspection report

Lingley Lane
Wardley
Gateshead
Tyne and Wear

Tel: 0191 4699110
Website: www.enhancedcare.co.uk

Date of inspection visit: 17 December 2015 & 21 January 2016
Date of publication: 25/04/2016

Ratings

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

Overall summary

This was an unannounced inspection carried out on 17 December 2015 and 21 January 2016.

This was the first inspection of Wardley Gate Care Centre since it was registered with the Care Quality Quality Commission in March 2015.

Wardley Gate Care Centre is a 92 bed care home that provides personal care to older people, including people who live with dementia or a dementia related condition. Nursing care is not provided.

A registered manager was in place. 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.

There were not always enough staff on duty to provide individual care and support to people and to keep them safe as staffing levels were not maintained.

Summary of findings

People said they were safe and staff were kind and approachable. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Systems were in place for people to receive their medicines in a safe way. However, they did not received their medicines in a timely way when staff were busy. People had access to health care professionals to make sure they received appropriate care and treatment. Appropriate training was provided and staff received regular supervision and support.

Wardley Gate was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment as staff knew people well. However, written information was not available for staff with regard to people's capacity to make every day decisions.

People did not always receive an adequate and varied diet that suited their requirements.

We found there was not an ethos from management to encourage staff to ensure people maintained some control in their lives. Records did not contain information to ensure that people were helped to make choices and to be involved in every day decision making. People's dignity was not always respected.

A programme of activities was available but activities provision was not well-organised around the home so people had an opportunity to take part. Staff did not have time to carry out activities when the activities people were not available.

A complaints procedure was available. Most people told us they would feel confident to speak to staff about any concerns if they needed to. Although we received positive comments about the staff and management, some people did comment they did not find the manager to be always approachable.

People had some limited opportunities to give their views about the service. The home had a quality assurance programme to check the quality of care provided. However, the systems used to assess the quality of the service had not identified the issues that we found during the inspection with regard to activities, food ordering systems, staffing levels and record keeping.

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

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?

Requires improvement

Not all aspects of the service were safe.

People told us they felt safe. However staffing levels were not sufficient to ensure people were looked after in a safe and timely way. Staff were appropriately recruited. Checks were carried out regularly to ensure the building was safe and fit for purpose.

Staff were aware of different forms of abuse and said they would report any concerns they may have had to ensure people were protected.

Policies and procedures were in place to ensure people received their medicines in a safe way but they did not receive them in a timely manner.

Is the service effective?

Requires improvement

Not all aspects of the service were effective.

People did not provide positive comments about the food provided.

Staff were supported to carry out their role and they received the training they needed.

Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment as staff knew people well. However, written information was not available to assist staff with 'best interest' decision making when they made decisions on behalf of people.

People's treatment needs were met by health care professionals who attended the home.

Is the service caring?

Requires improvement

Not all aspects of the service were caring.

There was an emphasis on task centred care with people as staff did not have time to spend talking with people or engaging with them.

People's dignity was not always promoted.

Is the service responsive?

Requires improvement

The service was not always responsive.

Detailed information was not available for people to make staff aware of the person's individual preferences, likes and dislikes. Records were not available to detail how people who lived with dementia were helped to make choices and to be involved in daily decision making.

People had limited opportunities for activities when the activities organiser was not available. People and relatives spoken with acknowledged more activities and outings needed to be provided.

Summary of findings

Is the service well-led?

Not all aspects of the service were well-led.

The registered manager did not encourage an ethos of involvement amongst staff and people who used the service. People were not encouraged to be involved in daily decision making and to maintain some awareness and control in their lives.

Systems used to assess the quality of the service had not identified the issues that we found during the inspection.

Requires improvement

Wardley Gate Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 17 December 2015 and 21 January 2016 and was unannounced. The inspection team consisted of an adult social care inspector and two experts by experience on the first day and an adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We received no information of concern from these agencies.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with 30 people who lived at Wardley Gate Care Centre, 16 relatives, the director of care, the registered manager, two unit managers, ten support workers including two senior support workers, the activities organiser, a domestic person, three members of catering staff and two visiting health care professionals. We observed care and support in communal areas and looked in the kitchen, bathrooms, lavatories and some bedrooms after obtaining people's permission. We reviewed a range of records about people's care and how the home was managed. We looked at care records for eleven people, recruitment, training and induction records for four staff, seven people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits the acting manager had completed.

Requires improvement

Is the service safe?

Our findings

People said they felt safe and they could speak to staff. However, they commented there were not enough staff. Peoples' comments included, "They (carers) are canny lasses but there are not enough of them," "There are never enough staff around, but the staff here do a good job," "There are not enough staff we have to wait quite a while sometimes," "Since the other floors have opened they are now very short of staff," "I've waited over an hour to go to the toilet because they (staff) are too busy," "I do get my tablets on time but I do worry there aren't enough staff, especially if there was an emergency," "There are never enough staff around," "An increase in staff would really improve things." Relatives' comments included, "I think (Name) is quite safe here," "There's been a big turnover of staff so it's a bit worrying," "I'm happy with the staff but I don't think there are enough of them," and, "(Name) is safer here than being at home."

Although people said they felt safe we had concerns there were not enough staff to meet people's needs in a safe and timely manner and to ensure they received the care they required.

The registered manager told us they were not yet fully occupied as there were 77 people who lived at the home. We were told daily staffing levels consisted of: to the ground floor, a unit manager and four support workers, including a senior support worker to care for 30 people. On the middle floor a unit manager and five support workers including a senior support worker to support 33 people. On the top floor a unit manager and two support workers including a senior support worker to support 14 people.

Our observations and staffing rosters showed there were not enough staff to meet people's needs. The registered manager told us staffing levels were determined by the number of people using the service and their needs. Our findings did not support that people's dependency levels had been taken into account to ensure sufficient staff over the 24 hour period. We were told there were five support worker vacancies and new staff were being recruited for the positions. Our observations during the inspection, especially to the middle floor showed there were not enough staff to provide care to people who lived with dementia in a safe and timely way. The care on the middle floor at times was chaotic, we observed the lunchtime meal was prolonged as it did not finish until 2:20pm despite people waiting for lunch from 12:00pm. Lunch time medicines were administered late the round beginning at 2:35pm rather than earlier in the day when people had last received their medicines at breakfast time. Due to some peoples' care and support requirements they needed two members of staff to assist them so this meant when two staff were busy attending to people in their bedrooms and in other areas of the home other people had to wait for attention. A relative commented, "I am waiting for (Name)'s tablets to arrive, they should get them at 2:00pm and it's nearly 3:00pm." At other times of day, especially after lunch it was observed staff were rushed and stretched to provide care to all people who were requiring support. The staff member had to suspend the medicine round, although it was running late, so they could remain and provide supervision to people in a lounge as no other staff were available. This supervision was required as some people were at risk of falls and some others displayed distressed behaviour. We intervened and asked the registered manager to come and check the middle floor staffing level and take some urgent action to correct the staffing situation.

This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The complaints and safeguarding logs provided evidence of incidents. We viewed the log and found concerns had been recorded appropriately. Eight safeguarding alerts had been raised with the local authority as necessary. They had been investigated and resolved.

Staff had an understanding of safeguarding and knew how to report any concerns. They were able to describe various types of abuse and tell us how they would respond to any allegations or incidents of abuse and they knew the lines of reporting within the organisation. They told us they would report any concerns to the manager. Comments from staff included, "I'd report any concerns straight away," "I'd speak to a senior staff member," and, "I'd raise any concerns with the senior, if I thought it hadn't been dealt with I'd go to the deputy manager or registered manager."

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and to keep people safe. They included risks specific to the person such as for falls, use of a wheelchair, pressure area care and nutrition.

Requires improvement

Is the service safe?

Records showed if there were any concerns about a change in a person's behaviour a referral would be made to the department of psychiatry of old age and the community mental health team. Staff told us they followed the instructions and guidance of the community mental health team for example to complete behavioural charts if a person displayed distressed behaviour.

We observed a medicines round. Medicines were given to people as prescribed, however they were not administered to people in a timely way. On the middle floor on the first day of inspection lunch time medicines were not administered until 2:35pm. We saw staff who administered medicines checked people's medicines on the medicine administration records (MAR) and medicine labels to ensure people were receiving the correct medicine. They explained to people what medicine they were taking and why. People were given their medicine and they were offered a drink to take with their tablets. On the day of inspection we observed the staff member remained with the person whilst they swallowed their medicines.

Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines that may be at risk of misuse.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. The plan was reviewed monthly to ensure it was up to date. This was for if the building needed to be evacuated in an emergency.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The building was newly built and had been completed in January 2015. We were told a snagging inspection was due from the contractor within the following two weeks to check the building fabric. We saw from records that the provider had arrangements in place for the on-going maintenance of the building. A maintenance person had been employed but they had left and there was a vacancy for the position. We were told routine maintenance was to be temporarily carried out by a maintenance person from one of the provider's other services. Routine safety checks and repairs were carried out, such as checking the fire alarm and water temperatures. External contractors carried out inspections and servicing of, for example, fire safety equipment, electrical installations and gas appliances. Arrangements were in place to show that equipment used at the home was to be regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

Requires improvement

Is the service effective?

Our findings

We checked to see how people's nutritional needs were met. We considered that improvements were required with regard to the ordering of food and management of menus to ensure people were satisfied with their food. We looked around the kitchen and saw there was a stock of frozen and tinned produce and we were told fresh food produce was delivered three times a week.

We had concerns that the food ordering systems in place did not take into account any emergencies. There was a lack of available food in stock to make a substantial meal in case of bad weather and emergencies. There was also little evidence of Christmas foodstuffs and preparations for Christmas the following week. Meeting minutes showed in response to people asking "Anything special happening for Christmas," the cook stated that "sherry and mince pies would be going out." We discussed this lack of preparation with the cook and the registered manager who said it would be addressed. We were told by the end of the day some Christmas cakes had been ordered and we were shown a Christmas menu planner for Christmas day that advertised festive fayre.

The majority of comments we received from people across the home indicated improvements were still required with regard to food. This was despite the action that was taken to improve menus as the result of peoples' varied comments in the June 2015 and November 2015 food surveys. People's comments to us included, "The food was better today it must be because you're here," "It wasn't bad but it wasn't what I was expecting," "There is a choice of food, but there is never enough," "I wouldn't feed the sandwiches to a dog," "Some food can be overcooked as its too hard," "I don't like toasties so I'll have egg and chips," "We ran out of beef on Sunday, and staff went to another floor to get some," "The food is okay but there is nothing much that I like on the menu or would normally have," "There were no eggs last Sunday, not a single egg in the whole place," "Staff will cut the slices of ham in half if we run out," and, "The food is alright I'm not complaining." Relatives' comments included, "The food isn't good and I know people have complained," "The food's not good and there's not much of it," "The tea trolley doesn't come every day," "The food has deteriorated since the place opened," and, "Sometimes the food is good other times it is not." The registered manager told us that this would be addressed.

We were informed by the director of care after the inspection improvements were being made to the menus and there were changes in the catering staff. As part of the improvements people were being consulted daily about their views of the food provided.

We had concerns, as staff were so busy and there appeared to be a lack of organisation on the first floor, that people's nutritional needs may not be met. For example, a person who had been out for a hospital appointment had returned and sat with their coat on. They were not welcomed back or offered a drink or some food until we intervened. The staff member commented they had not noticed the person had returned from their appointment. Staff did not have time to check and encourage people to eat if they were served their meal in their bedroom. We observed one person was sitting asleep and their lunch remained uneaten. We checked again and an hour later the person was still asleep and their food was not eaten. Another person was in bed and they tried to eat their food whilst they were positioned on their side which appeared to be difficult for them.

This was a breach of Regulation 14 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We spoke with the cook who was aware of people's different nutritional needs and told us special diets were catered for. They told us they received information from staff when people required a specialised diet. Catering staff also kept nutritional information which indicated if people had any specialist needs or dietary requirements, for example, vegetarian, diabetic requirements etc. This was so all catering staff were aware of any special dietary requirements. The cook explained about how people who needed to increase weight and to be strengthened would be offered a fortified diet and they explained how they would be offered milkshakes, butter, cream and full fat milk as part of their diet.

There were systems to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). This included monitoring people's weight and recording any incidence of weight loss. Where people had been identified as at risk of poor nutrition staff completed daily 'food and fluid' balance charts to record the amount of food and drink a person was

Requires improvement

Is the service effective?

taking each day. Referrals were made to relevant health care professionals, such as, GPs, dieticians and speech and language therapists for advice and guidance to help identify the cause of a person's poor nutritional intake.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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 are called the Deprivation of Liberty Safeguards (DoLS). Wardley Gate Care Centre records showed 29 people were legally authorised and 35 applications were waiting for assessment by the local authority. Records showed assessments had been carried out where it was considered people did not have mental capacity to make decisions with regard to their care and welfare. For example, one care plan stated, "I don't have the mental capacity to make decisions about where I live." We were told a process was in place to review individual Deprivation of Liberty authorisations that were in place when they became due for renewal or if a person's situation or needs changed. Staff confirmed they had received training about mental capacity and DoLS.

There was limited information with regard to 'best interest' decision making when people no longer had the mental capacity to make some every day decisions. Detailed information was not available to help staff who did not know the person, or show how they were encouraged in decision making in their daily living. Staff we spoke with could tell us how they encouraged people to make their views known. However limited written information was available. The registered manager and director of care told us that this would be addressed.

People were supported to maintain their healthcare needs. People's care records showed they had regular input from a range of health professionals. We were told a clinic was held at the home three days of the week that was run by staff from the home, two General Practitioners and a district nurse from a local health centre. The clinic was held to review people's medical care needs to make sure they were treated promptly.

Staff received advice and guidance when needed from specialists such as, the community nurse, dietician, speech and language teams, psychiatrist and GPs. Records were kept of visits and any changes and advice was reflected in people's care plans.

Staff told us and their training records showed they had opportunities for training to understand people's care and support needs and they were supported in their role. Staff comments included, "There are training opportunities," "We have a training room to do some face-to-face training," "We complete booklets for some training," and, "We do some training courses by computer and e-learning."

We spoke with members of staff who were able to describe their role and responsibilities clearly. Staff told us when they began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. A staff member commented, "Staff are very supportive and helpful."

The staff training records showed staff were kept up-to-date with safe working practices. The manager told us there was an on-going training programme in place to make sure staff had the skills and knowledge to support people. Training courses included dementia care, continence, end of life care, nutrition and malnutrition, equality and diversity, oral care, dysphagia and nutrition, distressed behaviour and vision care. We were told planned training included diabetes and more detailed dementia care. The majority of staff had studied for National Vocational Qualifications (NVQ) now known as the diploma in health and social care at different levels from one to five.

Staff were supported in their role. Support staff said they received regular supervision from one of the home's management team every two months. Staff comments included, "The registered manager supervises the unit managers and heads of department and the unit managers and senior staff supervise the rest of the staff," and, "I supervise the seniors on the unit and they cascade

Requires improvement

Is the service effective?

supervision to the other staff." It was planned that all staff were to receive an annual appraisal in February 2016 to evaluate their work performance and to jointly identify any personal development and training needs.

People's needs were discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift. This was so that staff were aware of the current state of health and well-being of people. There was also a handover record that provided information about people, as well as the daily care entries in people's individual records. Senior staff were involved in the handover. Staff members comments included, "I come in early for the handover," "The handover is very useful," "The handover sheets include the hospital appointments," "I think communication is effective, we catch up with how people have been," "There is a handover morning and night," "The seniors pass the information to us," and, "Communication isn't too bad."

Requires improvement

Is the service caring?

Our findings

We had concerns peoples' dignity was not always respected. Peoples' comments included, "Sometimes I have to wait a long time for the toilet and there's been times when I've just had to let go because I could not wait any longer," "In the morning, they sit me on the toilet and I wash myself, it's very difficult and not very nice," "They (staff) can't leave the breakfasts to come and help us to the toilet, so we must wait until they've finished breakfast," "I can't have a shower every day, only on certain days," "I'm well looked after here but I don't like having male carers for personal things," "There are male carers at night, I prefer to have a female wherever possible." Relatives' comments included, "(Name) is wearing someone else's trousers," and, "When I come in (Name) is soaking wet," We discussed these comments with the registered manager who told us it would be addressed.

We spent time observing staff practices on the different floors of the home. We had concerns as we saw staff were busy and did not have the opportunity to talk to people and spend time listening to what they had to say. Although we saw staff treat people kindly they did not take the time to listen to the response of the person. We observed many staff only engaged and interacted with people when they were carrying out a task with a person. For example, when they offered people a drink, or when they helped people to mobilise. We saw people sat sleeping in lounges for much of the time. When staff were available on the first floor, they sat in a corner of the room at a table completing records. We saw care was task centred rather than person centred. This meant support workers carried out tasks with people rather than attending to them at a time they may choose and spending time sitting interacting with them. Staff told us they were kept busy and did not have time to sit with people.

A person who was newly admitted, that day was sitting disorientated and on their own and staff did not have time to spend to re-assure the person. We saw the lunchtime meal on the first floor was served at different times to accommodate the two dining rooms on the first floor. However, in one of the dining rooms we observed people sat at the table and waited over forty minutes before their meal was served. They did not finish their lunch until 2:25pm because of the lunchtime routine. People were not told why the meal was late and no apology for the delay was made.

This was a breach of Regulation 10 and 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We observed the lunch time meal in each of the four dining rooms**.** We saw the atmosphere was quiet and tranquil in dining rooms and people were encouraged to eat their food. Tables were set with tablecloths and specialist cutlery and plate guards were available to help people, who were able, to maintain some independence as they ate their food. We saw menus were available and in pictorial format and some people were shown two plates of food to help them make a choice, to make them aware of the meal to be served.

People told us staff were kind and caring. Peoples' comments included, "The carers are lovely," "The care is good," "The majority of staff are amazing," "The girls are all great," "(Name) is a saint," "Staff are marvellous here," "I'm well looked after here," "Staff have been great, (Name) has only been here a few days but staff have been really helpful," Relatives' comments included, "I'm happy with the staff, they're great, they're caring and helpful and (Name) is well cared for," "The carers are lovely and I'm kept informed if there are any issues." People commented the atmosphere in the home was friendly and relatives said they were always made welcome and could visit at any time. Comments included, "I come and go when I want and there's never a problem."

Important information about people's future care was stored prominently within their care records, for instance where people had made Advance Decisions about their future care. Records looked at, where these were in place, showed the relevant people were involved in these decisions about a person's end of life care choices. The care plan detailed the "do not attempt resuscitation" (DNAR) directive that was in place for the person. This meant up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

We were told the service used advocates as required but most people had relatives. Advocates can represent the views for people who are not able to express their wishes.

Requires improvement

Is the service responsive?

Our findings

People confirmed they had a choice about getting involved in activities. Their comments included, "They struggle with only one activities co-ordinator," "I have never seen a list of activities," "I wanted to go to the bingo but couldn't as there was no one to take me," "There is vicar who comes in and does a weekly service," "There isn't much going on here, an odd time we play bingo or they put music on," "I'm in the gardening and cooking club," "There's not much to do and I haven't been on any trips," "There is very little going on in the way of activities, it's very limited since the other floors opened." Relatives' comments included "Activities are important for people," and, "There is little going on in the way of activities." We did not observe that staff had time to interact and engage with people and carry out activities when the activities person was not available. We discussed this with the registered manager who told us an additional activities person was now ready to start work, so two full time activities people were available to work across the home. We were also told an activities committee was to be formed.

We saw a list of activities advertised on the ground and first floor that included cooking club, keep fit, sing-a-long, one-to one and reminiscence but we did not see many people taking part. We saw the hairdresser visited weekly and a monthly church service also took place. A newsletter also advertised seasonal events and fundraising events to raise funds for activities and outings. For example, "Valentine's party, clothing party, coffee morning, singer and poppy making."

We had concerns that records did not accurately reflect the care that people received to ensure they received person-centred care.

We found detailed information was not available to help staff provide care and support when a person was no longer able to tell staff themselves how they wanted to be cared for. Social care plans were not in place to provide information to staff to ensure peoples' social care needs were met individually.

Peoples' care records provided limited information about the person's life history, such as key events in their life, work history, spirituality and hobbies and interests. This meant information was not available to give staff some insight into the interests of a person when the person could no longer communicate it themselves. Information was not available with regard to peoples' wishes for care when they were physically ill or to record their spiritual wishes or funeral requirements.

There was limited information available to inform staff how people may communicate if they did not communicate verbally. For example one care plan recorded, "My communication is sometimes a bit slow." A communication care plan was not available for a person who had suffered a stroke and we observed they became frustrated as they tried to communicate with staff and make their wishes known. Communication care plans did not detail how a person may show or indicate their choice and how staff may keep them involved if they did not communicate verbally.

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

Regular meetings were held with people who used the service and their relatives. The manager said meetings provided feedback from people about the running of the home. The cook also attended the meetings to get comments about the food and suggestions for the menus. We discussed with the registered manager the formation of a separate resident's committee to involve people who used the service in the running of the home and to give them a 'voice' and an opportunity to shape service provision.

Records showed people's needs were assessed before they moved into the home to ensure that staff could meet their needs and that the home had the necessary equipment to ensure their safety and comfort. Up-to-date written information was available for staff to respond to people's changing needs. Records showed that monthly assessments of people's needs took place with evidence of regular evaluation that reflected any changes that had taken place. For example, with regard to nutrition, pressure area care, mobility and falls and personal hygiene.

Staff at the service responded to people's changing needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in people's needs. For example, with regard to nutrition. Care plans reflected the advice and guidance provided by them and other external health and social care professionals.

Requires improvement

Is the service responsive?

Staff completed a daily report for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's care plans which were up-dated monthly. Charts were also completed to record any staff intervention with a person. For example, for recording when people were bathed or assisted with personal care. These records were necessary to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

The care plans gave staff information about how the person's care needs were to be met. They gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They detailed what the person was able to do to take part in their care and to maintain some independence. For example, a care plan for moving and assisting stated, "(Name) is able to reposition themselves in bed and requires two members of staff and a slide sheet to change positions regularly," and, a care plan for personal hygiene stated, "(Name) is able to wash and dress independently but requires verbal prompts to start the task. Care plans were up-to-date and they were reviewed monthly and on a more regular basis, if a person's needs changed.

People said they knew how to complain. The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure that was available in the information pack they received when they moved into the home. A record of complaints was maintained and we saw two had been received, investigated and resolved. We spoke to one relative about some concerns they had and we were told by the registered manager they were aware of the concerns and they were being investigated. The relative commented it had been ongoing for eight weeks and, "The manager doesn't want to know." The director of care said it would be addressed.

We saw several compliments of appreciation were received about staff at the service. Comments included, "(Name) expressed warm appreciation for the wonderful care and lovely staff who looked after them," "Just to say thank you for your care and kindness shown to (Name)," and, "I observed one of the care workers that really helped (Name) tonight and the manner they approached them, spoke to (Name) and generally helped them was exemplary."

Requires improvement

Is the service well-led?

Our findings

A registered manager was in post and they were registered with CQC in 2015.The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities.

Some of the comments we received and our observations led us to conclude areas of improvement were required in some aspects of the management of the home. We had concerns the audit and governance processes had failed to identify deficits in certain aspects of the running of the home. For example, staffing levels, some areas of record keeping and activities.

Observations and comments from people showed that people were not all listened to and meaningfully consulted with regard to their daily living requirements. We saw surveys had been sent out and meetings had taken place but there was little evidence of improvements from peoples' comments. For example, with regard to food and activities. One of the management team had commented, "You can never please them (people who use the service)." We did not consider this to be a sympathetic comment that showed that people who used the service were central to service delivery.

Most people told us the registered manager was supportive. However, some people commented they were not always approachable and available for people who used the service, staff and relatives. Staff members' comments included, "We are supported by the unit manager but don't get support from the manager," "The unit manager looks after the staff team," "The manager is not effective," "I think staff are leaving because resources aren't available to do the job properly," We were told 15 staff had left since the home had opened. We checked the high turnover of staff and records showed that exit interviews were carried out when staff left and we saw they had left due to personal reasons or they had not been suitable for the job. A group of people commented, "The third floor is the forgotten floor," "The registered manager doesn't come up here," "We don't know what's going on unless we go down to the ground floor where the noticeboard is," A relative commented, There's a big turnover of staff and things seem to be going downhill here," and, "The management need to be more ship-shape."

We found communication was not always effective as we intervened three times with the registered manager during the inspection to make them aware and become involved. For example, with the shortage of staffing on the first floor and with the Christmas food fayre planning.

We had concerns the audit and governance processes had failed to identify deficits in certain aspects of record keeping.

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

Records showed audits were carried out regularly and updated as required. The registered manager told us they carried out a monthly audit and the results were signed off by the director of operations. Monthly audits included checks on care documentation, staff training, medicines management, home presentation, complaints management, health and safety and accidents and incidents. A larger audit also took place at six monthly intervals and these included for health and safety and infection control. We were told monthly visits were carried out by a representative from head office to speak to people and the staff regarding the standards in the home. Reports showed they also audited a sample of records, such as care plans, complaints, accidents and incidents, nutrition and hydration, safeguarding and staff files. These audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. We observed action was taken as the result of a monthly visit. For example, people's breakfast time experience had improved as a result of observations from one of the monthly visits from a representative from head office.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re-occurrence. We saw sensor equipment was obtained for people who fell more frequently. This was to alert staff if people moved without support when they were at risk of falling.

Staff told us and meeting minutes were available to show regular staff meetings took place every two months and these included general staff meetings, senior support

Requires improvement

Is the service well-led?

worker, domestic staff, night staff and kitchen staff meetings. Staff meetings kept staff updated with any changes in the home and to discuss any issues and developments.

We were told satisfactions surveys were due to be sent out to staff and people who used the service and relatives to gather their views about the quality of care provided as the service had been open nearly a year. It was then planned future surveys would be sent out annually. We saw the provider had sent out surveys to obtain peoples' opinions about the food and people's dining experiences because of peoples' dissatisfaction in these areas.

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 18 HSCA (RA) Regulations 2014 Staffing The registered person had not ensured staffing levels were sufficient to provide safe and person centred care to people at all times. **Regulation 18 (1)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered person had not ensured people were treated with dignity and respect at all times. **Regulation 10(1)(2)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not ensured systems and processes were established and operated to ensure compliance with the registered persons need to: assess, monitor and improve the quality and safety of the service; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, maintain an accurate, complete and contemporaneous record for each person; evaluate and improve their practice. **Regulation 17 (2)(a)(b)(c)(f)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

This section is primarily information for the provider

Action we have told the provider to take

Robust systems were not in place to ensure service users nutritional and hydration needs were met and systems to support, if necessary a service user to eat or drink.

Regulation 14 (1)(4)(a)(d)