

Care Worldwide (Manchester) Limited

Abbey Hey Care Home

Inspection report

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Tel: 0161624999518

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Abbey Hey Care Home is registered to provide residential care for up to 39 older people, some of whom may be living with dementia. Accommodation is provided over two floors with both stairs and lift access to the first floor. The home is situated in a residential area of Oldham close to local amenities.

There was a registered manager at the service. 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.

This inspection was unannounced and took place over one day. This was the first rated comprehensive inspection of the service and there were 34 people residing there.

We found there were times when there were insufficient staff deployed to meet people's needs. Not all staff had received relevant training and refresher courses for their role.

During this inspection, we found there were shortfalls in the administration and recording of people's medicines that resulted in error. Guidance for staff around the use of 'as needed' medicines was found to be inconsistent.

The above areas breached regulations in staffing, training and medicines and you can see what action we have asked the registered provider to take at the back of the full version of the report.

We found poor standards of hygiene throughout the home. We found communal areas, people's bedrooms, bathrooms, equipment and furniture had not been thoroughly cleaned and some beds were made with stained and dirty bedding.

The governance systems and processes in place were not effective and did not consistently improve the quality of the service provided. We found shortfalls had not been dealt with consistently or had not been identified.

The above areas breached regulations in cleanliness and infection prevention, and control and monitoring the quality and safety of the service. We followed our enforcement procedures.

The CQC had not received a notification for an incident which affected the safety and wellbeing of people who used the service as required by registration regulations. This had been a misunderstanding by the registered manager and they told us they would forward all required notifications in future. We have written to the registered provider to remind them of their responsibilities in this area.

Care plans were produced so that staff had guidance in how to support people. We found these contained

some personalised information but could be improved to ensure staff had full information on how people preferred to be cared for. People had risk assessments completed to help staff to minimise any areas of concern. We have made a recommendation about the formulation of person-centred care plans.

There was a recruitment procedure in place, which included checks on staff to ensure they were suitable to work with people who may be vulnerable. However, some staff records did not contain all the relevant documents such as an application form and full employment histories. We have recommended that the registered provider review their internal selection and recruitment arrangements and take steps to improve the maintenance of staff records.

There were positive and meaningful relationships between people who used the service and members of staff. Staff approach was seen as kind and caring, they respected people's privacy, involved them in day to day decisions and promoted their independence. We saw staff were very busy and this impacted at times on the attention they were able to devote to people.

Staff we spoke with were aware of their responsibilities to safeguard people from abuse and were confident to report any such concerns. Principles of the Mental Capacity Act 2015 (MCA) had not been fully embedded into practice regarding assessing people's capacity and discussing and recording decisions made in their best interests. We have made a recommendation about this.

Although there was no activity provision during the inspection staff told us they provided some activities in the afternoons when they had time. People were supported to access the local community where they were able. Staff supported people to maintain relationships with their families and friends.

People's physical health was monitored and we saw arrangements were in place to make sure they had access to health care professionals when required. Health professionals told us that staff listened to their advice and knew people well.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. During the inspection, we saw regular snacks and drinks were provided between meals although we found the variety of meals served and menu choices were limited.

There were systems in place to manage complaints and people who used the service and their relatives told us they felt able to raise concerns and complaints.

Relatives told us the atmosphere at the service was friendly and open and that staff were kind. The feedback provided by relatives and staff about the registered manager was also positive.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six

months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures."

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.

We found poor standards of hygiene throughout the home.

The service did not have sufficient staff on duty during the day which meant there was a risk people's care and treatment needs were not fully met.

Some medicines were not given in line with the prescribers instructions.

Recruitment procedures included checks to ensure staff were suitable to work with vulnerable adults. However, some of the required information was not available in all staff files.

Staff understood how to identify and report any abuse. Risks to people and others were managed effectively.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some staff had not received the training and support they required to ensure they had the knowledge and skills to support people effectively. Some training was out of date which meant staff knowledge and skills may not be in line with best practice.

People were supported to make their own decisions. However, staff did not always follow best practice when assessing people's capacity for making specific decisions. We have made a recommendation about this.

People were supported to eat and drink enough to stay healthy, although the variety of meals during the inspection and menu choices were found to be limited. People were able to access health care professionals when needed.

There were good environmental adaptations to promote the independence and orientation of people living with dementia.

Is the service caring?

The service was not consistently caring.

Staff were respectful of people's privacy and ensured personal care was carried out in private. At times, staff availability to respond to people's needs impacted on people's dignity as did the standards of hygiene and odours in some parts of the home.

Staff were kind and caring when they interacted with people who used the service. They supported people to be as independent as possible.

Confidential information was held securely.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People's needs were assessed and plans of care produced but they lacked personalised information that would guide staff in how to fully meet their needs.

Activities were provided for people but these had been reduced recently as the activity coordinator had changed role.

There was a complaints policy and procedure to guide people who wished to raise a concern and staff in how to manage them.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There was a quality monitoring system in place but this had not been used effectively. Audits were not in place to support some key areas, and management had not always picked up concerns or when shortfalls were highlighted they had not been addressed.

The registered manager promoted a fair and open culture where staff felt they were supported.

Inadequate ●

Abbey Hey Care 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 registered 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 25 October 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service.

We spoke with five people who used the service and five of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people during meal times. We spoke with health and social care professionals who visited the service during the inspection and two social care professionals following the inspection.

We spoke with the deputy manager, administrator, the cook, four care workers, the domestic, laundry assistant and the maintenance person. Following the inspection, we spoke with the registered manager, regional manager and the community lead nurse for infection prevention and control.

We looked around all areas of the service and spent time observing care. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at eight care files which belonged to people who used the service. We also looked at other

important documentation relating to people who used the service such as incident and accident records and 34 medication administration records. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, the staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits, safety checks and maintenance of equipment records.

Is the service safe?

Our findings

People, who were able, told us they felt safe at the home. Some people were living with dementia and were unable to tell us if they felt safe. Therefore we observed how they interacted with staff. People smiled and took hold of staffs' hands when talking to them, showing us they felt safe in their company. Relatives told us they thought their family members were safe living at Abbey Hey. Comments included, "Abbey Hey is a friendly and welcoming place and I feel my relative is safe and well cared for" and "I really like the home and feel my mum is safe here."

We received some mixed comments when we asked relatives if there were enough staff on duty. They told us, "Generally there is enough for my mum's needs", "Yes, there's usually enough staff", "No, they could do with more. Everyone has dementia and some people are wandering and upsetting others; staff aren't always about to watch them. Staff are always so busy" and "Could do with at least two additional staff." We also received some mixed comments about the cleanliness of the service. Some people considered it was clean and others thought the standard of cleaning was 'fair' and 'could be better', two people mentioned they were mal-odours at times.

We completed a tour of the premises as part of our inspection. We identified numerous issues in regard to poor standards of cleaning and hygiene throughout the service. This included mal-odours in three people's rooms and carpets which were stained and dirty. We found commodes, sensor mats, toilet seats, wheelchairs, chairs and tables which hadn't been cleaned adequately and beds made with stained and soiled bedding.

We also found furniture and equipment which was damaged and could not be cleaned effectively. This included: toilet seat frames, chipped melamine on bedroom furniture and worn varnish on numerous items of furniture such as tables and chair legs. A number of bed bases had rips in the covers. In both bathrooms the sides of the baths were cracked and been taped up.

In people's rooms and in toilet areas, we found flooring, walls and equipment with dried faeces on. In one en suite bathroom a soiled continence pad had been left on the floor. The flooring in the laundry was dirty and not a suitable impervious, washable flooring type to support effective standards of hygiene.

There was a hole in the wall of the medicines room, which meant the area below, could not be kept clean effectively. The floor was dirty and the shelving in the medicines trolley was sticky where medicines had spilt.

There were shortfalls in the supply of paper towels, liquid soap and pedal bins in some people's rooms, which meant staff could not maintain effective standards of hand hygiene in those rooms. There were no detailed cleaning schedules in place to direct staff on the cleaning tasks required in each area of the service and the frequency the tasks were to be completed. People were not living in a clean and hygienic environment and systems to support effective infection prevention and control were not safe. We have shared our concerns with the infection control lead at the Local Authority.

These issues meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We followed our enforcement procedures.

We found there were insufficient domestic staff on duty each day to maintain effective standards of cleaning and hygiene throughout the service. The registered manager confirmed one domestic worker was employed for six hours three times a week and for seven hours four times a week. We spoke with a domestic worker who confirmed they had to prioritise the rooms for people with high continence needs and this meant they had less time to complete the routine cleaning in other areas. They also told us they provided additional support to the care staff at breakfast time. We found there were gaps in the cleaning records, which indicated there was no cleaning provision for those dates. The registered manager confirmed they provided additional staff cover for holidays and leave, although we found this was not detailed on the staff rotas.

During our inspection, we observed occasions when the staff on duty were not able to meet people's needs effectively. We observed people sat around for long periods asleep or doing nothing, with little interaction or engagement from staff. We saw staff were not always able to observe people in the lounge areas or when they were wandering around the units. We observed one person regularly wandered around the communal areas, they spent time moving furniture and clearing items away, which at times caused concern with other people who used the service. We observed another person became upset and anxious at times and looked to staff or other people for reassurance, but there wasn't always a member of staff present to redirect and reassure the person which caused them to become more agitated.

At meal times on the first floor, the staff confirmed that four people regularly required assistance with eating and we observed one member of staff assisting two people with their meals at the same time. The registered manager told us that the service did not use a specific assessment tool to measure how many members of care staff were required; the staffing numbers were determined by the registered provider. They also told us they had identified the need for an additional care worker during the day and had requested approval for this from their senior manager in December 2015 and again more recently, yet they were still waiting for a decision.

The registered manager confirmed the activities coordinator had left her post in July 2016 and returned to their role in care. Although the service had advertised for a new activities coordinator, they had not managed to fill this vacancy. The registered manager explained the care staff provided activities when they had time.

We had mixed comments from care staff about the staffing levels. They told us, "We could do with extra staff at mealtimes; someone used to come up but they are too busy down stairs now. We have quite a few who need help with their meals", "Generally there is enough for basic care, but it has been busy recently" and "No, there's not enough staff; we haven't got enough on each unit to observe the people who continually wander and we need extra cover for breaks."

Not having the right amount of staff available at all times to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

Checks on the staff rotas and discussions with staff identified that the levels of staff sickness had been high in recent months but agency staff were used when the shortfalls could not be covered by the home staff. During the inspection, a member of the night staff phoned in sick for their shift that night and we saw an agency was contacted and cover arranged.

Safe medicines practices were not always followed which meant people were at risk of not receiving their medicines in line with prescribed guidelines. When we checked the medicine administration records (MARs) for each person we found medicines were not always given as prescribed by the doctor. For example, a person who was taking a laxative medicine had been given the incorrect dose each day. Another person's MARs showed their night sedation medicine had not been administered on four days and the stock level should be six tablets yet we found there were 10 tablets held in stock. The deputy manager was unable to reconcile the stock balance. We found another person's sedative medicine was prescribed twice a day and they had been administered this correctly for 16 days and then they had received one dose for three days and then no further administration. The deputy manager explained that the person's medicine was to have been withdrawn more gradually and reviewed.

We also found a number of gaps in the recording on MARs where staff had not always signed or used the appropriate code to support non-administration. On one person's records we found the frequency of their medicine was written on the MARs incorrectly as three times daily although they were receiving their medicine twice daily as prescribed by their doctor. The stock balances for two other people's medicines could not be checked effectively as the amounts had not been carried forward from the previous MARs. Staff had used the code 'W' for withheld on a number of occasions yet they had not given a reason for withholding the medicine on the reverse of the MAR. We found a number of photographs were not in people's files to support correct identification.

We found there was some guidance for staff regarding how or when 'prn' [as needed] medicines should be administered, this was to ensure people received medicines when they required them and in a consistent way. The guidance was not in place for all prn medicine and those in place did not contain all relevant details. For example, one person was prescribed a sedative for their anxiety and the protocol stated the medicine was to be given when 'agitated/ challenging.' Although the deputy manager was able to describe the specific signs this person would display which would indicate the medicine was required, this level of detail was not recorded on the protocol. The lack of detail may result in inconsistencies in the administration of this medicine.

The temperature of the medicines storage room exceeded the manufacturer's guidelines and there were shortfalls with the standards of hygiene in the medicines room.

This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained and these medicines were stored appropriately.

We checked the recruitment records for three newly recruited members of staff and saw employment checks were carried out such as application forms, proof of identity, references and disclosure and barring (DBS). The DBS assists employers in making safer recruitment decisions by checking if prospective members of staff have criminal records or are barred from working with vulnerable people. In one member of staff's file, the application form was not in place and, in the second file we checked, the application form did not contain the member of staff's previous work history. In the third file we looked at, the DBS check was not in place, although during the inspection the member of staff confirmed they had provided this document to the administrator during their recruitment. Following the inspection, we received proof the record had been obtained prior to the person commencing work. We recommend the registered provider review their internal

selection and recruitment arrangements and take steps to improve the maintenance of staff records.

Care files we checked showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. We saw risk assessments covered topics such as falls, behaviour, choking, medication and moving and handling people safely. Where there were concerns about individual's risk management, the service had involved appropriate agencies for advice and support. For example, some people's swallowing ability had been assessed by the speech and language therapist and their records contained guidance to support people safely.

Equipment used in the service was in working order and was checked and serviced regularly. These included a passenger lift, moving and handling equipment, fire safety equipment, gas and electrical appliances, window restrictors and hot water outlets.

There were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff were able to describe the different types of abuse, the signs and symptoms that would alert them and what to do to raise concerns with their line manager and other agencies. We saw staff had followed policies and procedures and contacted the local authority safeguarding team as required.

Is the service effective?

Our findings

Relatives told us they were happy with how the staff supported people's health care needs. They said, "When the GP is required, they do not hesitate in contacting them", "Very good about identifying health issues. We get a phone call at all times with any changes" and "My [name of relation] has suffered from a few water infections whilst they have been here and samples have been sent off."

We asked relatives about the quality of meals and their comments included, "Food is of a satisfactory standard", "More hot drinks at dinner time and a little more choice of menu", "There is a choice at breakfast, less so for other meals but staff will accommodate requests if made", "My [relation] is on a soft diet and staff provide this at all times", "They can say 'No' if they don't like something" and "Meals are nutritious but the menu could be more varied."

The registered manager told us the majority of training courses made available to staff were now provided in-house via on-line courses and these included a knowledge test. The staff were provided with a training room in the basement. The registered manager explained that it had been difficult for staff to find time to complete training in recent months due to work pressures. From discussion with staff and looking at the training record, we found that some staff had not received training in essential areas or their course had expired and they had not completed the refresher training. Records showed 16 staff out of 33 were out of date or had not completed fire safety training; 13 staff had not completed food safety training and they served meals each shift; six staff were out of date or had not completed moving and handling training; 13 staff had not completed health and safety training; four staff had not completed safeguarding training; seven staff had not completed infection control training and 11 staff had not completed dementia training despite the service providing a service to people living with dementia. We found eight staff had not completed training in Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2015 (MCA); some staffs knowledge in interview about the application of MCA and DoLS was limited.

Although we found some staff received a regular programme of structured supervision, linked to the training programme, this was not in place for all staff. Records showed some staff had not received any supervision with their line manager and one member of staff we spoke with confirmed this.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

Some staff had received specialist training in some areas to help meet people's individual needs, for example we saw staff had received training in end of life care, skin integrity and nutrition.

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

possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us one person living at the home was subject to a DoLS. This was in place to ensure the person got the care and treatment they needed and there was no less restrictive way of achieving this. The registered manager also told us applications had been submitted to the supervisory body for the majority of people who used the service.

The care files we checked had some records that evidenced assessments of people's capacity had been completed and decisions were made in the person's best interest when it was decided they lacked capacity. However, we found many of these had been completed for the generic term of 'activities of daily living' rather than specific decisions for areas of care such as, personal care and medicines. In most cases, the second part of the form to demonstrate who had been involved and the outcome of the best interest decision meeting had not been placed in the care file. We also found consent records for photographs had not been completed and care plan agreements were not always in place. We recommend the MCA code of practice is used to inform and guide staff when completing mental capacity assessments and best interest decision-making.

Staff had a clear understanding of how they gained consent from people regarding care and support tasks. One care worker told us, "We always give people explanations about their care and ask them if we can support them. We try and use language they understand and would take note of their facial expressions if they have difficulty communicating. If a person refused we would leave them and go back later. If they still refused we would report this to the senior."

The care files indicated that people who used the service had access to a range of health and social care professionals. These included GPs and consultants, district nurses and community psychiatric nurses, dietitians, social workers, chiropodists and opticians. Records were completed when the professionals visited and what treatment or advice they provided. In discussions, staff described how they recognised the first signs of pressure damage, chest infections and urine infections, and what action they took to ensure health professionals were made aware. A health professional told us the staff were fully aware of recognising and meeting patients' needs and always liaised well with the multi-disciplinary team.

We observed the breakfast, lunch and tea- time service and found people's experiences varied. We found one choice was prepared for the main meal at lunchtime although staff confirmed alternatives could be provided if a person didn't want the meal they were given. The alternative listed on the day of the inspection was soup. During the inspection, we found the menu options for people were limited as they were served sausages for the main meal at lunch time and the evening meal was sausage rolls (a change to the menu). The dessert served at lunch was 'Angel Delight', also a change from the menu; the cook said the supply of milk was limited and they couldn't make the rice pudding originally on the menu.

On the ground floor unit the majority of the people were able to eat their meals independently, although we observed one person struggled to feed themselves effectively with the majority of their meal going down their clothing. We saw the person's care plan evaluation record detailed they were now struggling to use cutlery due to their coordination, although the provision of adapted cutlery, a plate guard or support with hand- over-hand assistance was not considered. We mentioned this to staff to look into. On the first floor unit, more people required support and some needed full assistance. We observed staff found it difficult to provide the support some people needed in a timely way. For example, one person was struggling to manage and had to wait before they were offered assistance.

The cook confirmed special diets, fortified meals and snacks were available for those people who required them. A nutritional risk assessment was completed for people, their weight was monitored in line with this and dietician referrals made when required. The registered manager told us they would review the menu options for people.

We saw the environment was responsive to people's needs. For example, bedroom doors were painted different colours and there was signage for toilets and bathroom doors as an aid for people living with dementia. There were hand rails in corridors and grab rails in toilets and bathrooms. One corridor on the first floor had the appearance of a short street with faux brick wallpaper and plastic flowers in pots. An indoor garden area had been provided with astro-turf to replicate grass and there was a bench, bird table, trellis, flowers and a picnic hamper. Pictures, prints and reproduction solid objects were arranged thoughtfully on corridor walls and were interesting to look at and to touch as well as having some reminiscence value. The first floor dining room had been decorated with attractive wall murals depicting a window and door scene. The maintenance person confirmed the lighting in the service was due to be assessed by external contractors to ensure it better supported people's needs. Areas of the service had recently undergone redecoration and refurbishment such as the lounge and dining room. There were patio/garden areas with flower beds, tubs, seating and walk ways, although these areas were overgrown and in need of attention.

Is the service caring?

Our findings

People who used the service told us they were happy living at the home and liked the staff. One person said, "The staff are very nice to me and help me" and another person told us, "They are all lovely and kind."

People's relatives told us staff were caring and compassionate with their family member and they respected their privacy and dignity. They said, "Staff seem skilled and are very caring and friendly to mum and myself", "The staff are extremely caring", "Staff are very good. They are always kind and caring and communicate well with us", "I find the staff easy to get on with; they are kind and caring towards my mum. They were very supportive when mum's behaviour was challenging", "I feel my [relation] is treated with care and respect. I am very happy with the care provided", "Staff always knock on the door before entering", "They help her choose her clothes and make sure her hair is tidy; the staff are really good with that."

A visiting health care professional said, "Staff are always welcoming, ensuring the patient is fully informed and involved in decisions." Social care professionals we spoke with told us the staff team were very supportive, approachable and worked well with their team, the people they cared for and their families to achieve good results. One professional described the atmosphere as 'vibrant and positive.'

We found the home had a friendly and welcoming atmosphere. We saw when people were visited by their family members that staff greeted them with familiarity and kindness, and they chatted with relatives about how their family members were doing. One person told us, "I visit regularly at different times; the staff are always friendly and nice." Another person said, "The home is great, [name of relative] has really settled here and that's down to the lovely staff and their kind approach."

We observed people's privacy and dignity was generally respected. We observed staff knock on people's doors prior to entering and they were discreet when asking them if they wanted to go to the toilet or required other assistance. People who used the service were generally well-groomed with tidy hair and clean nails, and all were wearing shoes or slippers when they were up and about. We did note that many of the ladies had bare legs when wearing a skirt or dress and it was not clear from their care records if this was their choice. The registered manager provided a task list with 'hair and stockings' listed daily and signed by staff, although the record was a general check and did not specify individuals. However, we observed a care worker providing assistance at meal times to two people at the same time, due to staffing pressures, which did not promote the individuals' dignity. We found the standards of hygiene around the home and mal-odours in three people's bedrooms impacted on the dignity and comfort of some people who used the service.

We observed staff treating people with genuine kindness during the inspection. Staff clearly knew each individual well and were aware of their specific needs and preferences. We saw people and members of staff laughing and joking throughout the inspection, even when staff were clearly busy. We observed it was a team approach to providing support and we saw how positively the cook, maintenance person and the housekeeper all engaged and interacted with people. We also found some people liked to congregate and sit in the staff office which was well supported by the administrator and staff.

In discussions, staff were clear about how they maintained core values such as privacy, dignity, choice, respect and independence. They said, "We explain things and listen to people. We try and be discreet with things like toileting. We would always support personal care in private and keep people covered and help them in stages" and "Keep curtains and doors closed and make sure people are covered up and comfortable during personal care." Dignity champions had been appointed to act as role models and promote good practice with regard to respect, compassion and dignity within the service.

We saw bedrooms were personalised to varying degrees. People were able to bring in photographs, ornaments and pictures to make their bedroom look homely. The maintenance person told us they consulted with the person and their families about the colours of walls and carpets when they decorated people's bedrooms. We saw many of the rooms were decorated and personalised to a good standard. For example, we saw people had chosen different styles of floral wallpaper and one person had chosen wallpaper patterned with mini cars.

During the inspection, we observed staff supported people to maintain their independence. During mealtimes, we observed some people were offered clothes protectors, although this was not always consistent. We also observed people were supported to walk and mobilise. A member of staff described how they would support people to maintain their independence and told us, "We encourage people to have an input into their care and encourage them to do as much as possible themselves and be independent." One person's relative described how staff supported their family member's independence and said, "He needs some prompting now and then with washing and dressing but staff are good and don't take over, they let him do what he can."

People's care files were kept in a lockable cupboard in the staff office where they were accessible to staff but held securely. Medication administration records were secured in the treatment room. The deputy manager confirmed the computers held personal data and were password protected to aid security.

The registered manager confirmed they would support people where necessary to access independent advocacy services if they needed assistance in making decisions about their life choices. They confirmed an Independent Mental Capacity Advocate (IMCA) had been contacted recently for one person, although the person had declined their support. The registered manager was aware they needed to provide information about advocacy services for people who used the service and visitors.

Is the service responsive?

Our findings

People's relatives told us they felt able to complain and their complaints would be addressed. Comments included, "Yes, I'm able to raise concerns but have not had cause to", "Staff are very approachable. I have raised small concerns about maintenance and they have been dealt with speedily", "Dealt with very well" and "Yes, I feel comfortable and able to mention any concerns."

People who used the service and their relatives told us there were some activities available. One person told us they liked the singers when they came. Relatives told us, "Mum does get involved in activities. She has been taken out on walks and lunches out. She attends dancing once a week", "He is able to access but chooses not to join in", "I think the carers do what they can when they have time" and "They advertise anything that is being put on. I attended a singing event which mum enjoyed and she was dancing."

A visiting health care professional told us the staff ensured patient care was their priority and it was always person-centred. Social care professionals we spoke with had some mixed views about the social support for people. One considered there was a good range of activities when the activity coordinator was in post and another thought the person they were involved with could be supported to access the community more often. A social professional confirmed the positive care and support provided to the people placed at the service; they told us the staff were honest and transparent in the review process to ensure people's needs were met.

People had assessments of their needs completed prior to admission. These contained a range of information, for example, how staff would need to support the person to maintain a safe environment, how the person communicated their needs, eating and drinking, elimination, work and play, end of life, sleeping, expressing sexuality, medication, mobility, continence, sleep pattern and personal hygiene and dressing. We found the quality of the recording in the assessment records was inconsistent, some were detailed and others contained minimal information with some sections not completed. There were also risk assessments to identify specific areas of concern, for example, skin integrity, choking, moving and handling, falls and nutrition and we found in general these were well completed and reviewed regularly.

Care plans were produced from the assessment information. We found the care plans were generic in style and did not contain sufficient personalised information to give staff guidance in how to fully meet people's needs in the way they preferred. For example, the behaviour management plans did not detail the type of triggers for people's behaviour and didn't provide information for staff about what distraction strategies worked well. However, we found the evaluation records contained a lot of detailed and personalised information which needed to be included in the care plans. Staff spoken with knew how to care for people but there was a risk of care being overlooked if not planned for fully. This was mentioned to the registered manager during feedback. We recommend that the service seek advice and guidance from a reputable source, about the formulation of person-centred care plans.

We saw people who required closer monitoring in specific areas had records for staff to complete. This enabled senior staff and the registered manager to check if there were any concerns, for example with food

and fluid intake, pressure relief and any behaviour which may be challenging. We found the completion of monitoring charts was well maintained, however one person with recent weight loss was not having their food intake recorded although we observed staff spent time encouraging and assisting them with their meals.

There was also information in some people's files about their life history, family relationship details, their interests and hobbies, personal preferences and what was important to them. The registered manager confirmed representatives from Age UK had worked with people's families to complete the 'My Life' booklet which provided a comprehensive overview of what was important to the person. This meant staff were able to discuss people's lives with them, understand what their likes and dislikes were and develop meaningful relationships.

The activity coordinator post was vacant which meant the care workers needed to oversee activities alongside their other duties. Activity and engagement was lacking on the day of the inspection. People were disengaged on many occasions. We observed minimal interaction with people; some staff sat in the lounge completing care records and at times there was no member of staff present in the communal areas. We observed when some people became anxious and disorientated; there were delays at times with staff response as they were busy with other duties.

There was no current programme of activities in place and minimal records in people's care files to support recent activity provision; however staff confirmed they supported people with activities such as singing, bingo, the rummage box, nail care and watching musicals when they had time. This was confirmed by relatives we spoke with. A singer was booked to visit the service that week, there was a poster on the door publicising the event. In discussions with the registered manager following the inspection, they explained how they were advertising for a new activity coordinator and how staff maintained people's access to the community with visits to local lunch clubs, shops, parks and cafes.

There was a complaints procedure which was displayed in the service. This described how people could make a complaint and how to escalate this if required. The staff had access to a complaints policy and procedure to guide them to manage complaints. Records showed there had been no formal complaints received in the last 12 months. Following the inspection, we discussed with the registered manager the benefits of recording the concerns raised to them as these may identify any patterns or more significant issues which may need addressing.

Is the service well-led?

Our findings

People's relatives were positive about the management of the service. One person said, "In my opinion, the service is consistently good", "No formal meetings, but I have a good relationship with staff and feel they are approachable and listen to any concerns", "There have been improvements: recently the lounge has been re-decorated and new flooring provided. Mum now has a keyworker who is very nice" and "I was given a small questionnaire asking for any suggestions-a more accessible outdoor area would be nice; they could use the courtyard off the dining room more."

Staff were also positive about the service and were motivated to perform their roles. They told us they were part of a strong team who worked together to ensure people received the care they needed. One member of staff told us, "We have a great team here and staff morale is good. We cover shifts where we can and help each other out." Staff told us they generally felt supported by the registered manager who they said had a very 'hands on' approach and provided support with people's care. Records showed staff had access to team meetings. The registered manager has been managing the service for six years; at the time of the inspection they were on leave and the deputy manager supported the inspection visit.

Whilst people's relatives, and the staff team, were all positive about the leadership of the home, we found that some areas of how the home was managed required improvement. There was a quality monitoring system in place and regular compliance audits had been undertaken but we found aspects of the programme were not effective. For example, the audits of infection prevention and control had failed to identify poor infection control measures in relation to standards of cleaning and hygiene throughout the service, including the unsuitable flooring in the laundry and the lack of liquid soap, paper towels and pedal bins in people's bedrooms. The registered manager confirmed a renewal programme was in place but there were no audits of the environment to pick up issues around worn bedroom furniture and bedding which could impact on the infection control measures and people's comfort and dignity.

A mattress audit was completed and showed worn mattresses were replaced. During our inspection, we found one used as a crash mat to protect a person if they fell out of bed. We found the condition of the mattress poor and this had not been included in the audit. Following the inspection, the registered manager confirmed this mattress had been removed from use.

We spoke with registered manager, about the systems and processes in place for assuring that there were sufficient levels of staff on duty. They confirmed there was no formal tool or audit used to calculate the number of staff required. They said there was a dependency assessment tool in the care records but this did not provide an accurate dependency assessment of people's dementia needs. During our inspection, our observations and discussions with staff and relatives led us to conclude there were not enough staff to ensure people received responsive and appropriate care. The registered provider did not use a tool to calculate the staffing levels required to meet people's needs. This meant, they were unable to demonstrate if the staffing levels available were sufficient or how they adjusted them when people's needs changed.

We found few records to support the regular auditing of care plans and the one audit we saw had been

completed in 2015 and had not identified issues found on inspection. This showed that there were insufficient checks being carried out to ensure people had appropriate information in their care plan.

Audits of the medicines systems were completed regularly, however these had not identified issues we found on inspection and shortfalls in the provision of protocols and quality of recording for 'as required' medicines. Nor had they identified the lack of hand-washing facilities in the medicines room, the standards of hygiene and the damage to the room wall. Numerous audits showed some people did not have a photograph on their medicines records, but this had not been addressed.

The regional manager's report showed they completed checks on a number of personnel records at each visit. However, we found shortfalls in the three records we checked, with gaps in the records obtained or shortfalls in the administration systems. This would indicate a more thorough audit of staff files was required.

During the inspection, we found there were gaps in the staff training programme. We were informed by the registered manager that the training matrix record was not up to date and although a revised record was provided, this still showed there were significant gaps where staff had not received essential or refresher training. A regular audit of staff training would enable the registered manager to monitor staff completion of the course programme to develop their knowledge and skills.

Not having an effective governance system in place was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement procedures.

We found there had been one occasion when the Care Quality Commission (CQC) had not received a safeguarding notification of an incident that had occurred between two people who used the service, although it had been reported to the local authority. The registered manager told us this had been an error and in future the CQC will be notified of all safeguarding incidents when they occur. It is important we receive notifications for these incidents so we can monitor the number and check with the registered manager how they are supporting and protecting people.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations and on this occasion we have written to the registered provider reminding them of their responsibility regarding notifications to CQC.

Accidents and incidents were recorded and collated each month to see if any improvements could be made. We saw action had been taken when people had experienced falls, such as a referral to the falls prevention team and the provision of a sensor alarm to alert staff. We found the prevalence, location and timings of accidents was recorded and considered to identify any patterns or trends. Records to support the monitoring of people's weight loss and risk of sustaining pressure damage were found to be effective.

Meetings were held for residents and relatives in order to gain their input and views of the quality of the service. People who used the service, their relatives, staff and professionals were also involved in completing questionnaires about their experience of the service and any improvements they would like. We found the results of recent surveys were positive about the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider has not made sure people who use services were protected against the risks associated with unsafe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider has not made sure there was enough staff deployed to ensure people's needs were met.</p> <p>The registered provider did not ensure that staff received such appropriate training and supervision as is necessary to enable them to carry out the duties they were employed to perform.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate action was not always being taken to assess, prevent, detect and control the spread of infections.

The enforcement action we took:

Issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risk had not been operated.

The enforcement action we took:

Issued a Warning Notice