P.A.R. Nursing Homes Limited

Atherton Lodge

Inspection report

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Ratings

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

Overall summary

We carried out an inspection on 16 November 2015 and it was unannounced.

Atherton Lodge is a privately owned two-storey detached property that has been converted and extended into a care home. It is registered with Care Quality Commission (CQC) to provide accommodation for 40 people. At the time of the inspection there were 28 people living at the service. There are two units within the home. One unit supports people who require nursing and/or personal care. The other has nine bedrooms and supports people who are living with dementia.

At the time of our inspection there was no registered manager in place and there had not been one since February 2015. 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. The manager who was present during the last inspection left the service in August 2015 and the regional quality manager has been overseeing the day to day management of the home. She informed us that she will leave this post in the next three weeks.

Summary of findings

At the last inspection on 23 May 2015, we found that a number of improvements were needed in relation to: people's rights in decision making, medication administration, nutrition, dignity and respect, planning care and support, and monitoring systems in place around the quality and safety of the service. After the inspection, we issued requirement actions and warning notices in relation to the breaches of the Health and Social Care Act 2008 identified. We instructed the registered provider to meet all relevant legal requirements by 9 October 2015. At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there was enough improvement to take the provider out of special measures.

During this inspection we saw that improvements had been made within the service in relation to planning people's care needs, seeking consent, staff training and support, the environment, and the management of medicines. In addition, we found that the registered provider had taken action to address the concerns raised within the warning notices. However, there remained concern in regards to meeting nutritional needs, monitoring health conditions and quality assurance. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service told us that they felt safe and were cared for. People received their medication in a way that protected them from harm. Staff supported people in a kind and patient manner and it was evident that relationships between people and the staff that supported them had developed.

People were treated with dignity and respect and records kept about them reflected some personal choices. However, health conditions were not always monitored sufficiently to ensure that care and support provided was appropriate to the person's needs and that remedial action was taken without delay. Records did not always provide an accurate reflection of the care that had been given.

Improvements had been made to how a person's mental capacity to consent to care and treatment had been assessed and documented. This ensured that people's rights were upheld. Where a person was being restricted or deprived of their liberty, applications had been made to the supervisory body under Deprivation of Liberty Safeguards.

People were able to use a number of communal areas in the service and to participate in planned activities. People accessed the dining room for meals if this was their choice. Meals were prepared but there was limited choice that did not take into account the preferences of the people who used the service. The registered provider did not ensure that the food and drink provided met the nutritional needs of the people who used the service.

Some changes had been made to the service is order to better meet the needs of those people living with dementia, however, further improvement were required. We have made a recommendation about staff training on the subject of dementia.

Relatives were mostly satisfied with the care that people received but felt that communication with the management team could be improved. Changes that affected the service had not been discussed with the people who lived there or their relatives.

Systems were in place to monitor the quality and safety of the service but audits had not been carried out on a regular basis. There was not a registered manager at the service and the quality manager was due to leave her post.

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?
The service was not always safe.

Improvements to the way medicines were managed had been made and this meant that people were better protected but sustained improvements were required.

People told us that they felt safe and staff were able to tell us about safeguarding those people that they looked after. The environment was clean and the registered provider had plans in place to further improve the facilities.

People received their care from staff that had been through appropriate recruitment processes to ensure they were suitable to do the job.

Requires improvement

Is the service effective?
The service was not fully effective.

The capacity of people was assessed in line with the requirements of the Mental Capacity Act 2005 (MCA). A number of applications had been made to the supervisory body for consideration under the Deprivation of Liberty Safeguards (DoLS).

People received support with eating and drinking and their dining experience had improved. However, improvements were still required to the choice and nutritional content of the menus.

Some changes had been made to make the care and environment more suitable for people living with dementia but further improvements were required.

Staff received training relevant to their role and supervision and appraisals was on-going.

Requires improvement

Is the service caring?
The service was not always caring.

We observed some positive and caring interactions with staff and people who lived at the home. People's privacy was maintained and records about them were kept securely.

Staff had good relationships with people and spoke to them kindly.

The registered provider had not always taken into account the views of people who used the service before making changes that affected them.

Requires improvement

Is the service responsive?
The service was not fully responsive.

Requires improvement

Summary of findings

Care plans gave a reflection of a person's care needs and wishes .However, staff did not always identify health concerns a timely manner. This meant that care and medication might not be delivered in the way that was required.

There were activities being offered throughout the day and people enjoyed these.

People and relatives knew how to make a complaint and said that they felt it would be resolved. There was a complaints process in place that gave accurate information as to what people should do if they were not happy with the response from the registered provider.

Is the service well-led?

Requires improvement

The service was not well led.

There was no registered manager in place.

There was a quality assurance system in place but regular quality audits had not been documented since the manager had left in August 2015. The registered provider had sought the support of a consultant to help identify areas of improvement.

Regular meetings were not held with people who used the service and relatives to ascertain their views and opinions.

Atherton Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 16 November 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and a pharmacy inspector.

Prior to the inspection we reviewed information that we had received since the last inspection. This included statutory notifications, safeguarding alerts and any other information provided by the service. We also reviewed any feedback that we had received from people who visited the service.

We spoke with the local authority safeguarding team, the commissioners, the inflection prevention and control team and the dietician for their views on the service. The local authority shared with us feedback that they had received from reviews of service users and relatives.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. A visit had recently taken place and their report highlight a number of improvements required.

We spent our time speaking with the people who used the service and their relatives. We spoke with eight people who lived at Atherton Lodge and six relatives. A number of people who used the service were not able to tell us directly about their experience so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in the communal areas, looked at the care records of six people and reviewed the medication administration for 20 people. We also looked at the records that related to how the service was managed and those relating to staff including three recruitment files and training records. We spoke with seven members of staff, the regional quality manager and the registered provider.

Requires improvement

Is the service safe?

Our findings

People who used the service said that they "Liked the staff" and that they felt "Safe and secure". Relatives also commented "My [relative] is safe, the care is ok".

Following our last inspection on 21 May 2015, we told the registered provider to take action to ensure that people received safe care and treatment. Improvements were required to the management of medicines as people were not protected from the risk of avoidable harm.

At previous visits in August 2014 and December 2014 we found serious concerns about the way medicines were handled and managed. We issued a warning notice to the registered provider requiring them to take swift action to improve. We visited again in May 2015 and found the service was still not compliant with Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we looked at medicines; medication administration records (MARs) and other records for 20 people who lived in the home. We spoke with a registered nurse about the safe management of medicines, including creams, within the home. The service had made significant improvements to the way medicines were managed and this meant that people were better protected.

Medicines were stored safely and securely and were dealt with only by registered nurses. Records were generally clear and accurate, and it was easy to see that most medicines had been given as prescribed. However the use of creams, ointments and other external products had not always been recorded and it was not possible to see from the records whether these products had been used correctly.

Three people were given their medicines covertly (i.e. hidden in food/drink without their knowledge or consent). Best practice guidance in line with the Mental Capacity Act had been put into place to ensure that these people's best interests were protected. Care plans were in place for each person, but these lacked personalised details regarding how staff should offer each medication. However, the registered nurse on duty was able to tell us exactly how each person should be given their medicines, and assured us that they would update and review the care plans without delay.

Some people were prescribed medicines such as painkillers, laxatives and creams that were to be used only 'when required'. Details of people's individual signs and symptoms were now recorded to inform staff when these medicines should be used. It is important however that all nurses refer to this information along with other care records before giving medicines, as we saw that one person was still being given laxatives each night, even though care workers had recorded that they had been experiencing loose stools for long periods. New processes had been introduced to assess and manage pain more effectively, especially for those people who were living with dementia. This had had a positive effect in a number of people in that they were more settled and appetites had increased.

The chef was aware of those people who required special meals. Included on the list was an instruction on how to thicken people's drinks to aid swallowing. Each person had their own prescribed medication (thick and easy) and directions on the tins matched the list. We observed staff using this during the morning and afternoon when offering people drinks

People views on staffing levels varied. Some told us "The staff are always here to help"; whilst others felt that they had to wait for assistance. Some relatives were concerned about staff deployment around the service. Staff no longer provided constant support in the unit for those living with dementia and so there was no close monitoring of people who remained in their rooms. Concern was raised that on a number of occasions relatives had found the lounge areas unsupervised especially early evening. We brought this to the attention of the registered provider and requested they review staff deployment in light of the concerns raised and the changes made to the service.

The environment was kept clean and improvements had been made in regards to protecting people from the risk of acquired infection. Window restrictors had been fitted following the last inspection in order to keep people safe on the upper floors. Safety checks had been carried out on utility supplies and equipment. We did, however note, that although a risk assessment was in place for legionella, adequate measures were not in place to control the risks in rooms and bathrooms that were not in use. Subsequent to the inspection, the registered provider confirmed action had been taken to ensure that this took place. We noted that some parts of the home were cold. As we had observed in December 2014, staff had opened windows to

Requires improvement

Is the service safe?

allow fresh air but had not returned to close them. A number of radiators were also only warm to the touch. We brought this to the attention of the registered provider and asked that they ensure that they were functioning to proper capacity.

Risk assessments were in place to support care and treatment. Since our last inspection risk assessments had been updated for those people who used wheelchairs. We saw that people were sat appropriately with foot plates and brakes applied. However, a number of people were on pressure relieving mattresses but there was no documentation to indicate what pressure setting was required and no evidence that they were checked throughout the day to ensure they were working properly. This meant that people could be at further risk of developing skin problems if the settings were incorrect. Although, the manager had put a system for checks in place, it was not evident that these were in use. We brought this to the attention of the registered provider who assured us that this would be rectified with immediate effect.

There was a policy and procedure in place to monitor accidents and incidents. However, since the manager had left in August there had not been a detailed analysis of these in order to identify themes and trends. It is important to review this information in order to highlight any improvements that can be made and to monitor the impact of the changes recently made within the service.

Staff were aware of safeguarding processes and were able to tell us some of the things that they would need to report. There was a policy in place and low level safeguarding concerns were reported to the local authority.

We looked at the recruitment files for three members of staff and saw that the registered provider had followed safe recruitment guidance. This meant that people were supported by staff deemed suitable to work with vulnerable adults. We saw that all files had the required references and disclosure and barring checks taken up prior to commencement of employment. Identity checks had been undertaken where applicable.

Requires improvement

Is the service effective?

Our findings

People who used the service commented "I can make decisions, like when I want to go to bed" and "The care staff help me with the things I struggle with".

At our last inspection ion 21 May 2015, we asked the registered provider to take action to ensure that people's rights were adhered to under the Mental Capacity Act (MCA) 2005, to improve the care for those living with dementia and to consider guidance on meeting the nutritional needs of those who used the service.

In May 2015, we found that the registered provider had failed to protect the rights of people who lacked capacity to make their own decisions. The Mental Capacity Act 2005 was not being implemented and this was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities 2014. We issued a requirement action notice and the registered provider told us they would take action by 9 October 2015. We found on this inspection that some improvements had been made.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered provider had made improvements in meeting the requirements associated with the Deprivation of Liberty Safeguards. Applications had been made to the supervisory body where there was a possible deprivation of liberty. Where DoLS had been authorised, the registered provider was complying with the conditions applied to the authorisation.

Previously, relatives were asked to sign to consent to care and treatment where they had no legal authority such as a lasting power of attorney over health and welfare. Records indicated that this practice had continued following the inspection. We spoke with the deputy manager who was a Registered Mental Health Nurse (RMN) and they were aware that this was not acceptable and assured us that practice was being reviewed as part of the overall review of decision making in the service.

In May 2015, mental capacity assessments were not always accurate. Staff recorded that a decision was made in a person's "best interest" but did not show how or why that decision was made. A new assessment document had been introduced by the RMN that followed the two stage assessment of capacity and indicated how decisions had been reached. They were in the process of introducing these into all care plans but had prioritised completion for high risk situations such as covert medication and bedrails. There was also a documented best interest decision completed for each decision that evidenced consultation with relevant parties.

Not all of the care staff that we spoke with could tell us what the MCA 2005 meant to them in their day to day work but the RMN had awareness and had planned to provide further training and guidance to the staff team.

Previously, people were not supported to take adequate food and drink and were at risk of weight-loss and dehydration. We made a recommendation that the service consider current guidance on meeting the nutritional needs of those living in care homes but this had not been done.

People told us that they "Usually like the food" but that there was "No say in what we get".

The menus and food choices had not been reviewed since the last inspection. We saw the weekly vegetable and fruit order delivered and noted that there were four fresh vegetables so fresh vegetables were not be available a daily basis.

Eight people had significant weight loss over a period of four to six months but this had not been picked up even though care staff had been recording weights regularly. For example: One person had continued to lose weight each month from July to October 2015. They had only been

referred for nutritional advice in October 2015. Once the nursing staff were made aware of this, they had looked at possible causes, taken remedial action and made the required referral for on-going advice.

The chef was aware of this. They said that they enriched their diets with extra full fat milk and cream to increase the calorie intake and offer cakes and extra drinks. However, we noted that there was no cream in the fridge to be able to do this and the chef stated that the delivery was not due for three days. We also saw that margarine was used for all food uses in the kitchen this included general cooking, baking, making sandwiches and on toast.

We discussed the needs of people with the chef. They stated they didn't know people's preferences and no information sheet was available in the kitchen. There was a menu option sheet which staff took to people in the morning and the chef prepared the meals according to this. The options for the main meal were savoury mince or minced beef pasty. We mentioned to the chef that this was the same "meat" for both meals and therefore not suitable for anyone who disliked mince. 16 out of 28 days only had one choice of main course on offer. The second option for meals was often sausage, a sandwich or egg or cheese on toast.

People were offered a choice of orange squash, milk or tea with their meal. People were served randomly around the room rather than table by table, which meant some people had the meal in front of them but didn't start to eat until all the people on the table had been served.

During observations in the morning staff offered a range of drinks to people, the biscuit tin was on the trolley, however, these were not offered to people. During the afternoon round we were told that cake and fresh fruit were added to the trolley. We saw people were offered cake and a biscuit; however, no fruit was available.

The registered provider subsequently informed us that a dietician had visited the service following the inspection and was reviewing the menus in terms of calorific and nutritional value. They were also going to provide training to kitchen and care staff.

This was a breach of Regulation 14 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 as the registered provider did not address the nutritional needs of people who used the service.

In December 2014, people living with dementia were not been cared for in an environment best suited to meet their needs or to promote their independence. In May 2015 some improvements had been made but the registered provider had not completed fully their action plan.

On this inspection we found that further improvements had been made in terms of signage and the means by which rooms could be identified on the unit for those people living with dementia. However, the registered provider had taken the decision to open out the service so that all the people who lived there mixed together in the main lounges and dining area. Therefore, consideration needed to be given to making the whole of the area suitable for those people living with dementia.

There was a number of new staff employed to work at the home since last visit. New employees all received theory induction packs upon commencement of employment and this was followed up with DVD and practical training. We looked at the induction files for two new staff members. One person had up to date training certificates from a previous employer which still needed to be updated on the training matrix. A second employee commenced on the 2 November and had received theory induction and was to be shadowed until they received all their practical training. The registered provider had revised their induction to meet the new care certificate induction standards but this was still to be implemented. This is an identified set of standards for new health and social care workers. It is expected that registered providers should follow the Care Certificate standards to assess the competence of workers.

Training was undertaken in a variety of ways. Courses at the service, use of a training company, DVDs, or staff's knowledge as learning sets. The training matrix showed that staff undertook a range of training relevant to their job roles. This included moving and handling, safeguarding, infection control, fire safety, health and safety, first aid, infection control, food hygiene, personalisation, MCA and DoLS and safe handling of medication. Most care staff had undertaken National Vocational Qualification level 3.

Staff had regular supervision sessions. The appraisals had been undertaken in September and October 2014 and were planned for the forthcoming months. Supervision sessions had been undertaken in August and October 2015. Staff confirmed they had the opportunity to meet with their line manager on a regular basis.

Requires improvement

Is the service caring?

Our findings

People made comments such as "The staffs are nice" and "Staff help me lots."

We found in December 2014 and May 2015 that staff failed to treat people with dignity and respect. This was a breach of Regulation 10 of the Health and Social care act 2008 (Regulated activities) Regulations 2014 and we issued a warning notice telling the registered provider to improve by 9 October 2015. On this inspection we found that people's experience of care had improved.

Staff had undergone a learning session where they had been "resident" for a period of time. Staff were moved in wheelchairs, blindfolded and experienced such care tasks as being assisted with food or personal care. One staff member told us that "This was very powerful" and others confirmed that it had made them re-evaluate how they approach a person's care.

Previously, people had a poor dining experience and it was not a sociable occasion. People were now offered a choice of going to the dining room to eat and were encouraged to do so. We found on this visit that during the lunchtime meal the atmosphere was friendly, unhurried and comfortable. People chatted to each other and there was a relaxed pace to the dining experience. There were plenty of staff available and staff were attentive to people's needs and were friendly in their approach.

The lounge in the unit for those living with dementia was now a quiet room / activities area. People who used the service and relatives told us that they were not consulted about the changes. The change had been met with mixed views. Some felt that is was a positive move and that it encouraged more integration and stimulation. One relative was concerned that people could no longer return to their bedrooms during the day as there were no staff on the unit. Another raised concern that they had observed people who used the service "Being unkind" and "Having no patience" with people who had mental impairment especially at the dining table. We raised this issue to the registered provider who agreed to monitor the impact of the changes on the service.

Whilst improvements had been made to the dining room, consideration had not been given to the choice of table clothes, crockery and place settings. The colour and contrast did not help support someone living with dementia that had difficulties with sight and perception. Staff were not always aware of the importance of ensuring they did all that was practicable possible to meet the needs of those people living with dementia. One person was very upset as they thought that they had slept late when in fact it was only 8.15 am. Their wall clock showed 10 am and was not functioning. On arrival, we noted that the meal planner at the entrance to the dining room gave the date of two days earlier even though the menu had been updated. This meant that people living with dementia were not assisted to be orientated to time and place.

The television was on in all of the lounges all day and the volume was set very loud which meant that people and staff had to shout to be heard. The two connecting lounges had different programmes on and the sounds conflicted with each other throughout the day. People were not offered a choice of what to watch or to listen to. Two people were sat at 8.30 am in the lounge and there was a comedy video playing. One person told us that they did not like the "Racket on the TV so early in the morning "and that it contained "Bad language" and the other person also commented "Its absolute rubbish".

The registered provider had provided a room for relatives to use in one of the bedrooms upstairs. Not all the relatives we spoke with were aware that it could be used and one person told us that their relative would not go in the lift and so they could not access it. We saw that the room was available for use but the kettle had been removed and there were no light bulbs in the light fittings. We brought this to the attention of the registered provider who confirmed the following day that these had been replaced.

A number of people told us that they "Like the staff" but said that "It's sometimes hard to understand them". A number of staff did not have English as their first language and a number of people who used the service and relatives felt this posed a challenge and they had to "Gesture" in order to make themselves understood. Another person said that it was "Unacceptable that they speak in their own language" in front of people. We raised this issue with the registered provider as staff employed should have sufficient proficiency in the English language in order for them to carry out their job effectively.

In the hallway there was a wide range of information about the service and activities provided. This included a copy of the statement of purpose, service user's guide and last

Requires improvement

Is the service caring?

inspection report. There was a file of pictures of meals that are provided, Healthwatch report of 22/9/15, and complaints procedure with details of CQC and local ombudsman.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia: to enable them to perform their duties more confidently and effectively.

Requires improvement

Is the service responsive?

Our findings

A relative told us that "I think they know mum well. Her care needs are being met" and another commented "Staff are prompt when mum needs them".

At last inspection on 21 May 2015, we asked the registered provider to make improvements to the care and treatment of people and to ensure their needs and preferences were met in a safe and effective way.

We asked the registered provider to take action to ensure that people were protected against the risks of receiving inappropriate or unsafe care and treatment because this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities 2014). We issued a warning notice and told the registered provider to make improvements by 9 October 2015. On this inspection we found that improvements had been made.

One person told us "I had a lie in this morning as I was not feeling to good". Care Plans were being updated and personal preferences incorporated such as "I like to be asked what time I go to bed as it can vary" and "I want to be asked if I would like to eat in the dining room". We saw that people were encouraged to make choices and staff tried to meet their preferences.

On each of the previous inspections, there was no evidence of activity and stimulation. On this occasion, people told us that they "Liked making things" and were proud that some art work had been put up onto the walls. A plan of activities for November was on display and showed activities which included massage therapy by design. Other activities included PAT dog, hairdresser, singers, entertainers, board games, bowling, other games, and walks outside, arts, crafts, music and quizzes. Staff interacted with people throughout the day and encouraged them to participate in activities such as arts and crafts.

In May 2015, we found that staff did not always take action where there was an identified health concern and this placed people at risk of avoidable harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) and we issued a warning notice. On this inspection we found that some improvements had been made but there were still some areas of concern.

Previously people were at risk from developing pressure areas as they were not assisted to change position during the day. On this occasion people were observed accessing the toilet, the dining room and moving between lounge areas. We found that pressure relieving records had been completed to reflect the care given.

In the morning we responded to the shouts of a person who used the service as they were trying to summons a staff member. We found that their call bell was trapped under the bed. When we returned later in the day, the bedroom had been cleaned but the cord had not been repositioned. On further examination we found that cord was not long enough for it to reach to the top of the bed in order to be accessed. This could place the person at risk as they could not summon help when they needed it.

We found that there had been delay in recognising deteriorating health issues for a number of people such as weight and elimination. We saw that care staff were recording bowel movements but did not understand the significance of the patterns that may emerge. For example, one person had repeated periods of loose bowels but was still administered laxatives as nursing staff were not aware of this. Another person had periods of constipation but no remedial action had been taken and nursing staff unaware of the concern.

Records for care offered and delivered were not always accurate or sufficient enough to ensure that safe care and treatment was planned. Care plans were not detailed in regards to monitoring weight loss or demonstrated that actions were being followed through. For example we saw that the dietician had recommended that a person have 4-6 small meals a day due to abnormal weight loss but there was nothing in their care plan to demonstrate that this was taking place. Food charts mainly recorded what was served rather than what had been consumed. We observed that two people did not eat their main meals and one person refused their dessert. However, on reviewing the record of the person who refused their dessert it stated "[name] had eaten half their main meal and ice-cream" and the other person who didn't eat their meal "[name] had eaten mince, mash, peas and carrots". This meant that records did not accurately reflect what people had eaten and consequently the right level of care, treatment and support might not be delivered.

Daily care charts were not always completed and so did not reflect care given. One person liked to have a bath twice a week but their records did not indicate that this has taken place even though staff assured us that this had.

Requires improvement

Is the service responsive?

These were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) because an accurate, complete and contemporaneous record was not kept in respect of each service user. Systems were not in place to identify and assess risks to health and welfare.

The registered provider had not recorded any complaints since the last inspection and the manager was not aware of any on-going complaints. People we spoke to and their relatives told us that they would go directly to a senior member of staff if they had a concern and they were aware that there was a complaints procedure.

Requires improvement

Is the service well-led?

Our findings

People who used the service and relatives told us that "Communication [with management] was poor" and "Could be improved". Another person commented that "Improvements had been made over the last six months since the previous manager and deputy had left".

At the last inspection we told the provider that they needed to demonstrate improvements in the way that they assessed the quality and safety of the service. They also needed to be open and transparent with those people who lived at or visited the service about the concerns that the CQC had raised.

The registered provider had been issued in May 2015 with a requirement notice as they had failed to display their CQC rating and this was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated activities) 2014. On this inspection, we saw that the registered provider had taken steps to ensure that the last CQC inspection report and rating was available for those who used the service and it was clearly visible in the entrance hall to the home. The latest Healthwatch report was also on the notice board for people's attention.

At this inspection, there was not a manager in post who was registered with the Care Quality Commission. The registered manager left the service in February 2015. The manager who was present during the last inspection had not registered with the CQC and left the service in August 2015. The regional quality manager had been providing day to day support but told us that they were working their notice period. The registered provider told us that they had recruited a new manager and that they would take up this post on 7 December 2015.

In May 2015, the registered provider lacked quality assurance systems that were effective in highlighting issues of concern and the views of those using the service had not been sought. We issued a warning notice for a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were ineffective systems in place to assess, monitor and improve the service. We issued a warning notice and told the registered provider to make improvement by 9 October 2015. We found that whilst some improvements had been made, some actions were still required.

Some of the people and relatives we spoke to told us that they had not formally been made aware that the manager had left. They felt that there was a lack of communication in regards to changes and plans. Relatives said there had been a meeting following the last inspection and that they had found this useful but there has been no further meeting dates set as promised. They would "Welcome the opportunity to discuss things". Following the inspection, a relative told us that they had "Heard on the grapevine" that the regional quality manager was leaving and that this had not been communicated formally to anyone. People who used the service and relatives were also concerned that the changes to the unit for those people living with dementia were also not communicated and a "Proper consultation" did not take place to obtain their views. The registered provider needs to ensure that changes to the service are communicated to all those who live at or visit the service.

Since manager had left, the quality manager had not completed formal auditing of the quality and safety of the service. This meant that, even though the quality manager was on site, the overall quality and safety of the care was not formally assessed to demonstrate improvements and sustainability. Regular checks were carried out to determine how well medicines were managed within the home, but this process did not cover all aspects of medicines management. It is important to have a robust audit system in place in order to identify concerns and address them The registered provider told us that they had employed an consultant in order to monitor the quality and effectiveness of the service and that they had been completing an audit on a month basis.

Previously, the CQC had not been notified consistently about matters relating to people who lived at the home. On this inspection, we found that the CQC had been notified about key matters such as deaths, DoLS applications and serious incidents.

At the previous inspection we brought it to the attention of the registered provider that the statement of purpose and service user guide required updating and did not give accurate information. This had now been updated and contained accurate information such as how and to whom to direct their unresolved complaints to.

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 Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs The registered provider did not fully address the nutritional needs of people who used the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance An accurate, complete and contemporaneous record was not kept in respect of each service user. Systems were not in place to identify and assess risks to health and welfare.