Applegarth Home Limited

Applegarth Residential Care Home

Inspection report

Brownshill Green Road
Coundon
Coventry
West Midlands
CV6 2EG
Tel: 02476 338708

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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?	Inadequate

Overall summary

This inspection took place on 26 June 2015 and was unannounced.

Applegarth Residential Care Home is registered for a maximum of 25 people and provides accommodation for people who require nursing or personal care. At the time of our inspection there were 14 people living at the home.

There was a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We decided to inspect this service earlier than planned due to a number of concerns we received about how people were supported and the care they received.

Summary of findings

Some staff felt that they could not raise concerns with the registered manager and that they had not always been aware of everything happening in the service in relation to the recent safeguarding concerns.

Concerns had been raised in quality assurance questionnaires, but we were unable to see any responses to these. Complaints received were not always recorded so we were unclear if these were dealt with to people's satisfaction.

Records maintained, including people's personal care records did not always reflect the levels of care people required and were not always available or accurate.

The registered manager told us they understood what they needed to notify us of any incidents so we were able to monitor the service; however we saw they had not notified us of all safeguarding referrals.

Medicines administration was inconsistent and did not guarantee that medicine would be administered in response to people's needs. Records were not always completed correctly and medicines were not always stored and disposed of safely. There was no a clear system in place for medicine to be given at night without the registered manager coming in to administer this.

People told us they felt safe, however staff did not feel able to raise concerns about potential abuse, although they had received safeguarding training and were aware of how to do this. There were enough staff to care for people, but some staff told us they were covering extra duties and they found this demanding.

Risk assessments did not always reflect current risks to people's health needs and how to minimise or prevent these to keep them safe.

Staff received training to support people with their health and social care needs. Staff told us they received some support by the management team, but this could be improved, as one to one and group staff meetings were held frequently.

Where people did not have capacity to make decisions, support was not always sought in line with the Mental Capacity Act 2005. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) however this was not always done in a timely way.

People were offered a choice of meals and drinks that met their health and nutritional needs and systems made sure people received support from appropriate health care professionals when required.

Some staff supported people with kindness but other staff did not. Staff were attentive to people's physical needs but we saw there were missed opportunities to interact with people.

People were encouraged to be independent where possible, and care was provided ensuring dignity and respect. People were given choices about how to spend their time, and their preferences were catered for where possible.

People's care records did not always reflect the level of care and support people required however we saw staff knew people's care needs. Some activities were available for people to enjoy, but people told us they felt their social needs were not always fully met.

Overall people were positive about the registered manager and some staff told us they were approachable. There were systems of checks and audits to ensure the care provided was effective, but these had not identified concerns about care records. Systems to ensure the home environment and equipment was safe were comprehensive and up to date.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe, however staff did not feel able to raise concerns about potential abuse, although they had received safeguarding training and were aware of how to do this. There were enough staff to care for people safely. Risk assessments did not always reflect current risks to people and provide staff with the information they needed to prevent or reduce these. Some people did not always receive their medicines as prescribed and medicines were not always stored and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received appropriate training to support people around their health and social care needs. Staff told us they were supported in their roles by the management team, but this could be improved with more regular one to one meetings. Where people did not have capacity to make decisions, support was not always sought in line with the Mental Capacity Act 2005. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) but this was not always done in timely way. People were offered choices of meals and drinks that met their dietary needs. Staff made sure people received timely support from appropriate health care professionals when required.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us most staff supported them with kindness but some staff could be abrupt at times. Staff were attentive to people's needs but we saw there were missed opportunities to interact with people. People were encouraged to be independent where possible, and care was provided ensuring dignity and respect. People were given some choice and where possible their preferences were catered for.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were reviewed by senior staff but they did not always reflect the levels of care and support people required, which meant staff were not always responsive in meeting people's needs. Activities were available for people to enjoy, but many felt their social needs were not always fully met. Some complaints were dealt with to people's satisfaction, but responses were not always recorded.

Summary of findings

Is the service well-led?

Inadequate 

The service was not well led.

Some staff told us the registered manager was approachable; however staff had not felt able to raise some concerns with them. Systems of checks and audits had not identified concerns around people's care. People had raised concerns in feedback questionnaires however we could not see whether these concerns had been acted on. Checks to ensure the home environment and equipment was safe, were up to date.

Applegarth Residential 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 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 26 June and was unannounced. The inspection was undertaken following some concerns we had received about the service.

The inspection team consisted of three inspectors.

We reviewed the information we held about the service. We looked at information received from relatives, visitors and other agencies involved in people's care. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries. We also spoke with the local authority but they did not share any information with us that we were not already aware of.

We spent time observing people's care and the way staff supported them.

We spoke with six people who lived at the home, three visiting relatives and one friend. We spoke with six staff, including the activities co-ordinator, the cook, the registered manager and a maintenance person. We looked at three people's care records and other documentation related to people's care including quality assurance checks, management of medicines and complaints.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. We saw the medicine administration records (MAR) were not always completed correctly. Handwritten amendments were not always signed or countersigned to identify any errors and ensure they were accurate. We could not be sure records accurately reflected medicine that had been administered.

Medicines were stored in a trolley in a communal area. We saw the medicine trolley was left unlocked and unsupervised, when medicines were being administered. People at the home used this area frequently, some of whom had dementia, and this placed them at risk, as medicines were accessible. We told the registered manager about this and they agreed this should not have been left unlocked.

We asked staff about medicine given 'as required', (PRN). A staff member told us, "I discuss PRN with a senior, if a resident asks me." The provider's medication policy stated that only trained senior staff were allowed to administer medicines, but at night, two care staff worked, without a senior member of staff. This meant that during the night there were no staff on duty to administer medicines. We discussed this with the registered manager who told us that if someone required medicine to be administered during the night, the care staff could ring them and they would come in as they lived close by, however they had never been called in. There was not a clear system in place for medicine to be given by night staff without calling in the registered manager, as no one had been trained to do this. We were aware that several people were prescribed PRN medicine, one person for 'agitation' and we had concerns that people may not receive their medicines in a timely way. One person received a medicine for Parkinson's disease and this was a 'time specific' medicine required at 6.30am. We found staff were allowed to give this medicine, even though they were not senior staff. In this instance, the provider was not following their own policy. Medicines administration was inconsistent and did not guarantee that medicine would be administered in response to people's needs.

We found one medicine in the controlled drug cupboard that staff did not know was there or who it was for. We discussed this with the registered manager and found this had been prescribed in January 2015, and was a PRN medicine, used occasionally for one person. Staff we spoke with did not know who this medicine was prescribed for and in what circumstances it would be given. This meant the person may not get this medicine when it was required. Medicine was not always administered, managed or stored safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff were available at times they needed them. One person told us, "Personally I have no problems here, there is always somebody about." We found there were enough staff to care for people safely. People we spoke with told us that when they pressed their call bells staff came quickly to assist them. One staff member told us, "Yes, there is enough staff," and another staff member explained, "Staffing levels are adjusted according to needs." On the day of our visit, three staff were on duty alongside the registered manager. Staff were covering additional shifts due to unplanned staff absences. These related to recent concerns raised about the way in which some staff members had spoken with people who use the service. One staff member told us about covering the absences, "We do it between us, we support each other." Agency staff were not used and some staff told us that covering the extra shifts was tiring. There were enough staff to meet people's needs and keep them safe.

People told us they felt safe living at the service. One person said, "Yes, definitely, I feel safe," and other relatives we spoke with had no concerns. Prior to staff starting at the service, the provider checked their suitability to work with people who lived there, by contacting their previous employers and the Disclosure and Barring Service. One staff member confirmed they had background checks completed prior to starting work and we saw this documented. Another staff member told us they could not start work until these checks were completed.

Staff we spoke with told us they had received training in how to safeguard people and understood what constituted abuse. They were able to tell us about some possible different types of abuse, such as, "Physical and emotional." However some staff did not feel they could always raise concerns with the manager to keep people safe. One staff member told us, "Some staff had spoken to residents differently to us, loudly and harshly." They told us that they had not felt confident to raise the concerns with the registered manager or report this to anyone else. However,

Requires Improvement

Is the service safe?

another staff member told us, "I would report concerns to [manager] or [provider] or organisations such as CQC." Staff knew what to actions to take, if they had concerns but some did not feel able to do this. We discussed this with the provider. They advised that they had planned a staff meeting during which they would reinforce their whistle-blowing policy in order to reassure staff that they could report any concerns to them.

Although staff spoken with had some understanding of the risks associated with people's care, these were not accurately reflected in their care plans. Risks were assessed when people came into the home. Care staff were responsible for reviewing them monthly or when these risks changed. We saw conflicting information within a person's risk assessment. One assessment stated they were at low risk of potential skin damage but another assessment said the risk was high. This person was at risk as they had pressure relieving equipment in place and had lost 2.5kg in weight over the last four months. There was no risk assessment for weight loss and this person was frail. Another person had a pressure area risk assessment completed in April 2015. This was not reviewed following a deterioration in May and June 2015. This person now had 'dry gangrene' which would increase the risk further, but this was not reflected on their risk assessment or their care plan. Specific guidelines for staff about how to support these people in order to meet their current care needs were not available. We asked staff about these people but they did not have a clear understanding of their increased needs and why risk assessments had not been updated following these changes to their health. This placed people at greater risk of not receiving the care they needed.

Personal emergency evacuation plans (known as PEEPs) were in place. These are used in an emergency and detailed people's care and mobility needs so they could be assisted safely and effectively. However, one person's PEEP was completed in November 2013 and had not been reviewed since then. Therefore this did not reflect their decline in health and the fact they were now cared for in bed. In an emergency, information about the person's current levels of mobility would not be available, and this may delay them being assisted to evacuate the building quickly and safely. We saw other PEEPS had not been reviewed and did not reflect people's current needs. There was a system to inform emergency services about people's personal evacuation needs; however we found some required review. We discussed this with the registered manager and they were unclear of why these had not been updated.

The registered manager and a maintenance contractor undertook checks of the building and environment to ensure people were provided with a safe living environment. For example, they carried out checks such as water temperatures and electrical testing. We found equipment had been serviced regularly such as fire extinguishers. We saw these checks were documented and were up to date. Fire training was planned on the day of our inspection and we saw an up to date fire certificate. Staff told us they were aware of procedures should there be a fire at the service.

Requires Improvement

Is the service effective?

Our findings

Overall, people were positive about the care they received from the staff team. One person told us, "The staff I've met are very good." Staff received some support through one to one meetings with the management team, but not always regularly. One staff member, who had worked at the home a few months, told us, "We're supposed to have one, [a supervision] but not since I have been here." Another staff member told us, "When we have our supervisions, whatever training we want the manager discusses it with us and sees if it is suitable." The registered manager told us that group staff meetings and one to one supervision meetings with staff had lapsed recently as they had been concentrating on other areas of the service. They told us they were now going to prioritise these. Staff had some formal opportunities to meet with the registered manager however these were infrequent. This did not provide staff with consistent support or opportunities to discuss any issues or concerns they may have. This also gave staff limited opportunities to discuss their training and development needs.

A staff member told us when they first started working at the service they were supported to learn the role by observing a more experienced staff and they explained this helped them to get to know people at the service and the systems. One new staff member explained they had recently completed the local authority social care course and did this whilst waiting to start work.

Staff received training suitable to support people with their health and social care needs such as safeguarding and health and safety. One relative told us about staff knowledge, "I think it is very good on the whole, given [person's] challenging physical condition." One staff member had completed equality and diversity training and told us, "Everyone is individual and we learned to be respectful of others differences." Another staff member told us about moving and handling training, "I found it very good, I learnt about moving and positioning people correctly." The registered manager told us, "I encourage staff to get qualifications." Staff received training which was suitable to support them in their roles and the registered manager encouraged them to improve their knowledge and skills.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people's capacity to consent to their care demonstrated an awareness of the MCA and DoLS. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

Staff showed some understanding of the principles of mental capacity. One staff member told us, "It's, can a person make a decision?" However we saw that a mental capacity assessment had not been undertaken for a person who was living with dementia. Staff spoken with told us this person lacked capacity and that they stopped this person doing anything which they felt was of risk such as going into the kitchen, despite this being what the person wanted to do. Staff knowledge around mental capacity was limited and staff were not always working within the mental capacity act principles, where a person is assumed to have capacity, unless proven otherwise. We asked the registered manager about this and they told us they would arrange for an MCA assessment to be completed as soon as possible.

Consent forms were on some people's care records but these were not always completed correctly. We saw one consent form about permission for photographs to be taken, this was dated June 2015, but it was not signed by the person, or their representative. The form was incomplete and did not provide consent.

Some people who lacked capacity, had a DoLS application submitted but none had been authorised by the local authority. We saw one person physically trying to leave the home, banging on the door. We saw this person was experiencing high levels of distress and anxiety. A staff member told us, "We tell [person] they cannot open the door, distract them, try to occupy their mind." Staff said this happened most evenings. Staff were kind when dealing with this person but appeared to be unclear about how to deal with this situation. The registered manager told us they had been advised to wait by the local authority and see how this person settled at the home as they had been there a few weeks, but agreed they required an urgent DoLS assessment now. Further advice had not been sought for this person, despite them wishing to leave the service daily. Following the inspection the registered manager confirmed that a DoLS referral had now been made for this person.

Requires Improvement

Is the service effective?

People told us they liked the food and had a choice of what to eat. One person told us, "I eat very little so all I can say is I have no complaints. I do like a Weetabix for my breakfast and they had to get some in. In the main I don't have any food problems." Other comments made to us were, "I think it is fine," "Smashing." and "Very good." A relative told us, "[Person] is a very fussy eater and if they can offer something else they will." At lunch time people had a choice of what to eat and the cook told us, "If they don't want that they can have a jacket potato, omelette or salad." We saw fresh fruit in the kitchen and we were told people could access this whenever they wanted by asking staff. People had the option to eat wherever they wanted to. During lunch we saw people were offered a choice of drinks and music played in the background which enhanced their dining experience. We saw that people were encouraged to maintain their independence during meal times, as able. People enjoyed the food and had a choice of what to eat.

People told us they usually had enough to drink. One person told us, "Yes, I get enough to drink, I have one in the morning and before my meals." We asked a relative and they told us, "There is always drink here. [Person] has never complained about that." However we looked at some fluid charts for people who required fluid monitoring and these were not being completed accurately. People's total fluid intake was not being recorded; therefore there was no information for staff to determine if they had had enough to drink or whether they needed to start encouraging fluids. We saw one person's fluid chart indicated that on one day they had their last drink at 5.30pm and did not have another drink until 8.30am the following day. We asked the registered manager about this but they did not think this was accurate and was confident that the person would have had an additional drink during this time. Staff we spoke with were unclear if this person had another drink or not. Some people had enough to drink and drinks were available when they required them. However it was unclear if people with higher dependency care needs were supported to receive sufficient amounts of fluids or whether this was due to inaccurate record keeping.

Staff were aware of people's specific dietary needs and allergies. The cook told us, "We sit and have a chat and when they go out to assess them, if there are any dietary requirements the carers tell me." They went on to say that when people came into the service they had a chat with them about their food likes and dislikes. Some people had diabetes and the cook monitored their sugar intake and adjusted this accordingly. Some people were underweight and the cook told us "I fortify the food with cream and butter." People were supported with their nutritional needs by the staff effectively.

We asked one person if staff had the correct skills to meet their needs and they told us, "Yes, and if they haven't they always involve a qualified nurse or doctor if things become more serious." One relative told us, "They fetch the doctor in if necessary." One person said they had been to the doctor's the day before, accompanied by a member of staff. We saw records of visits from the GP, district nurse, optician and chiropodist. A 'nurse prescriber' visited weekly to support people's medical needs and this person could prescribe certain medicines if these were required for people. Referrals were made to health professionals when required to support people's health care needs.

Requires Improvement

Is the service caring?

Our findings

Staff we spoke with told us what caring meant to them, explaining, "You need to listen, be kind as a carer." We saw some good examples of how staff were caring during our visit, however, at lunchtime we observed little interaction between staff and the people they cared for. We saw people sat in silence. There was a member of staff in the dining room but they did not engage with people at all and there were missed opportunities to talk with people. We asked people if staff ever sat and chatted with them. One person told us, "Not directly. I don't think they have a routine of, 'has anybody spoken to [person] recently'." We did not see staff readily engaging with people as part of their caring role. Staff we spoke with told us they enjoyed chatting with people, but we did not see them doing this as they were busy completing tasks.

People had mixed opinions about staff approach towards them. One person told us, "I find them extremely nice, they are very kind," and a visiting friend agreed, explaining, "Some of the girls [staff] are very nice, when I have been here they have been very friendly, they are very good." However, other people had differing views. One person told us, "In the middle of the night they can be a bit abrupt." A relative explained, "My Mum likes some staff and not others. Some are a bit sharp with her." A staff member told us that they felt the current staff team were caring, and told us, "The residents are more contented than they were before."

People's care was not always provided ensuring their privacy. Due to the layout of the building, there was a shower room situated next to the front door. We asked staff how this ensured privacy and they explained people got dressed and undressed in the shower room, so people's dignity was not compromised. We did not see anyone using this shower room during our visit. In a communal area, we saw a mobile phone number of a person's relative displayed on a notice board. We asked the registered manager about this and they told us this should not be there and this had been put up for staff convenience, if they needed to speak with this relative. Privacy and confidentiality were not always provided by staff or the environment of the service.

At this inspection, people told us that staff treated them with respect. One person told us, "I would say the staff try hard and are respectful towards the residents." Staff we spoke with told us, "We treat everyone with respect," and explained they made sure they knocked on doors before entering a room, and closed doors when assisting with care. One staff member told us, "If you do a wash, cover someone with a towel, close the door, we always ask them first and talk to them."

People had some choice about how they spent their day. One person told us, "Yes I have a choice, about 8pm I normally like to go to bed." They confirmed that staff supported them to do this. Another person told us, "You can do almost anything you want." A person told us they had not liked their previous room so had the choice of another and had changed this now. They told us, "I have got a nice view out there. The bed is comfortable. It is a nice room." The registered manager told us people were offered choices about the care they received, for example, gender of care staff, and we saw where possible people's choices were accommodated.

Some people were supported to be independent. For example, one person had sight loss but liked to eat their meals independently and we saw staff encouraged this. We saw one person liked to go out on a mobility scooter to the library and staff described them as 'fiercely independent'. Staff told us this person had capacity to make decisions and had their own routine, and staff told us they supported them to keep this.

People told us that there were no restrictions on visiting times, relatives and friends could visit when they wanted to. One staff member told us, "It's very family oriented, relatives are always welcome, we encourage them." The registered manager told us families were welcome to come and eat at the home if they wished to and there was no charge for this. Relatives and friends were supported by staff to visit the service when they wished to.

Requires Improvement

Is the service responsive?

Our findings

Overall people had positive views about the care they received. One person told us, "I think it's very good," and another person said, "I'm just happy with everything." However, there were mixed views about the level of activities available at the service. Some people felt there were enough activities for people to do, but other people did not.

One person told us, "At my age, yes, because I am quite happy now to read." Another person explained "I just sit and watch television all day or sit in the bedroom and listen to the radio. Somebody comes in every week and does exercises." One staff member commented, "Yes, [activities person] is very good, they are here five days out of seven, they do board games, scrabble, all different things." The activities co-ordinator told us, "I encourage residents to join in". They explained they arranged themed activities at different times of the year and some people went for days out.

We did not observe any activities offered to people during our visit and none were planned that day. One person told us, "I think there should be someone on the staff whose special job it is to try and get people to integrate and talk together." There was an activities co-ordinator employed, but this person did not realise this. Another person told us, "I would like somebody to do more to integrate the residents. We are all left very much to ourselves in our rooms, but there could be an encouragement to get together and talk." We saw there was no activity planner however the registered manager explained, "People are asked what they wanted to do." We saw there were some activities for people to enjoy however other people felt activities could be co-ordinated better for people to join in together.

Some people were cared for in bed, and staff provided some support with their social needs. One staff member told us, "[Person] likes to listen to the radio; we go in as often as we can." Another staff member told us, "You do get time to chat with people." We saw staff tried to support people on a one to one basis, however did not always have time to sit with people regularly in their rooms.

Staff had some awareness of people's histories, likes and dislikes. The activity co-ordinator told us, "I find out about history by talking to relatives and clients." We saw a 'This is me' document had been compiled for every person at the service. We asked one staff member about someone they cared for and they told us, "We do know about people's past histories," and were able to give us some information about this person, for example where they were from and about their family. Staff had some knowledge of people's backgrounds and preferences to assist them in providing personalised support to them however we did not always see this being put into practice.

We saw one person who was living with dementia and repeatedly tried to go into the kitchen to cook, as this was part of their culture and way of life. Staff did not understand this in relation to supporting the person with dementia and stopped them doing this. A staff member told us, "It is unsafe with the cooker and lifting the pans", and that this person did not understand the risks. Staff did not consider the person's history and that cooking and this familiarity, may have supported them in living with dementia. This person told us that they loved cooking and staff would not let them go into the kitchen to help. We asked the cook about this and they told us, "[Person] keeps coming into the kitchen all the time so we try and distract them." They had not considered whether the person could be supported to do some basic food preparation. Staff told us the activities co-ordinator was 'looking into this' however this had not been arranged yet. Some people told us that they felt frustrated that they were not allowed to do what interested them and staff considered this as a risk.

The registered manager told us they were developing the service to be more 'dementia friendly'. They told us they had purchased some signage using pictures to aid people to orientate themselves at the service. We saw some of these were displayed on toilet doors. They told us they hoped to purchase some 'memory boxes' for people also. 'Memory boxes' were placed outside people's rooms to help them locate these and usually held personalised items in them such as photos, to remind people of their past and this provided some support to them.

At each shift change a staff handover meeting took place. We asked staff about the handover meeting and they told us this was an opportunity to pass on relevant information and found this useful. We listened to the handover and found that only limited information was given about people for example, '[Person] is ok'. In addition, a written record of the staff handover meeting was not kept. Staff

Requires Improvement

Is the service responsive?

knew the needs of some people, but this information did not give details of current care requirements or changes. This meant there was a risk that information would not be communicated from one staff team to the next.

Care plans were updated by staff and then checked by senior staff. We asked staff whether they had time to read the care plans and one staff member told us, "I did try when I started, you don't get the chance." They told us they were busy and this was not prioritised above getting other tasks completed. Another staff member told us about the care plans, "They could be better," and explained they were not always updated. Staff knew the importance of reading the care plans but were not always able to do this and they told us they were not always kept up to date.

We looked at three care records for people who used the service. People's care records did not always reflect the levels of care people required and did not include specific guidelines for staff about how to meet people's individual care and support needs. For example, one person needed a hoist to transfer them, but there was no information about what size sling should be used to do this. We asked a staff member about this, but they did not know. This could lead to the wrong size sling being used and unsafe moving and handling practice.

One person had multiple and complex health needs but there was limited information within their care plans about how to support them and some information we found was conflicting. For example, this person was on oxygen due to breathing difficulties. There was no information about when it should be given. One staff member told us that they knew when the person needed oxygen and, "They will ask when they need it", so relied on the person to tell them. This person also had a urinary catheter and the registered manager explained that the person needed additional support in relation to this. There was no written information about this issue or how staff should manage the catheter consistently. For example, how often the bag should be changed or emptied, or whether their urine output should be recorded. As a record was not kept, we could not be sure the bag was being changed or emptied regularly. We asked staff and they were not able to give us any further information. We saw this person required lots of reassurance throughout the day and approached us on several occasions during our visit. We asked staff about this and they were aware that the person required reassurance, however this was not documented anywhere, or how best to provide support to them. Staff did know some care needs of the people they cared for, but were not always knowledgeable about the type of support people required and care records did not show this. This placed them at risk of not receiving the care they needed. We discussed these concerns with the registered manager and the issues we had identified. We asked them how often care plans were checked and they told us, "Not as often as I thought I did."

Relatives we spoke with told us they were kept informed about their family member's health and welfare and where their needs changed. One relative told us, "They give me an overview. My mum's condition has deteriorated and the manager phoned me and briefed me as to how serious my mother's condition is."

Most people told us they had no complaints and that they knew how to raise any concerns they had. One person told us that if they were unhappy with anything, "I would talk to my daughter first. They would have no trouble going to the authorities and saying [person] has a problem." A relative told us, "We have had to speak to [manager] but not in an official way." They confirmed the issue had been resolved and said, "Yes we are quite happy now. If we get any more gripes we will go and ask the manager." One relative had made a complaint about staff smoking outside and told us there was now a secluded area where staff could have their break. They went on to say "It wasn't a complaint, merely an observation." This person confirmed the issue was dealt with quickly. We saw that the provider's complaints procedure was available in each person's room. We saw one complaint dated January 2015 but we could not see a response to this. We asked the registered manager if they would usually followed complaints up with a written response and they told us, "Technically, yes, I would follow up," but shared that they had not on this occasion. Complaints were dealt with to people's satisfaction but the responses to these were not always recorded.

Inadequate

Is the service well-led?

Our findings

We decided to inspect this service earlier than planned due to a number of concerns we received about how people were supported and the care they received.

People had differing views about the management team and the running of the home. One person told us, "Yes on the whole [it's well led]. I think the manager has a lot of responsibility and I would not like to criticise, but I would say yes, it is quite well managed." However, we also received comments that were less positive. Staff had limited opportunities to participate in group and one to one meetings with the management team. Some staff felt that they could not raise concerns with the registered manager and that they had not always been aware of everything happening in the service in relation to the recent safeguarding concerns. Staff told us that they knew about safeguarding procedures but did not feel they could report concerns and did not feel confident that issues would be addressed. Staff were aware that the provider had a whistleblowing policy at the service, however one staff member told us, "It does not work." Some staff members told us that they did not feel supported because they were expected to cover additional care shifts due to unplanned staff absences.

In order to monitor the quality of service provided, the senior management team did not complete unannounced checks at the service, however we saw quality assurance questionnaires were given to people by the management team. From people's feedback in March 2015, in relation to the staff team, one person who was using the service said, '[Person], she's ever so pushy; [other person] can be bossy'. In January 2015 another questionnaire said 'Most of the staff are kind, there's one or two with a vindictive nature' and we saw a third comment of 'I would like more respect from some staff. I want half the staff to leave and the other half to stop'. We asked the registered manager what they had done in response to these concerns. They told us they had spoken with the people and staff named about these issues. However, there had been no formal supervision with staff involved and no written record to demonstrate what actions had been taken.

We found that where people had raised concerns these had not been formally addressed so we were unaware if these had been dealt with to people's satisfaction. The provider did not have effective systems in place to monitor the quality of care provided and as a result concerns raised had not been acted upon to adequately improve the service. Complaints received were not always recorded so we were unclear if these were dealt with to people's satisfaction. The registered manager told us there were monthly 'relative and residents meetings' held, however the minutes for these meetings were not available, so we were unsure if any issues had been identified or whether these had been addressed.

The registered manager did not always have a good understanding of the current care needs of everyone who used the service. They told us no one at the service had any skin damage, however during our visit we found one person had skin damage. We asked the registered manager about this and they told us they had forgotten about this person. The staff handover was not comprehensive, to enable staff to pass on important information relating to people's care needs. Records maintained, including people's personal care records, and associated risk assessments, did not always reflect the levels of care people required and were not always available or accurate. Care plans were reviewed by staff monthly and checked by senior staff. The reviews had not identified any of the concerns we found regarding the accuracy of care records and were not always completed. Personal emergency evacuation plans (PEEPS) were kept for people but were out of date so we could not be sure people would be safe in an emergency. Records regarding the administration of medicines were not accurate and we found that the system for people to receive their medicine as needed at night did not ensure that staff could respond in a timely way.

We were told that accidents and incidents which took place in the home were recorded and analysed. We asked to see these records to see what actions had been taken to minimise risk, but the manager was unable to find them to show us.

The registered manager told us they understood what they needed to notify us about so we were able to monitor the service. For examples significant changes or serious injuries. However we saw an example of when the registered manager had not notified us of a safeguarding referral. We asked the registered manager about this and they told us they did not think they had to notify us in this situation, of a safeguarding referral.

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

Inadequate

Is the service well-led?

Due to our significant concerns about how the service was being managed, we met with the provider and registered manager to discuss our concerns. Assurances were given that these issues were being addressed and that they took the concerns very seriously.

Some improvements had been made over the last few years in relation to the premises and four additional en-suite rooms had been added. The registered manager told us about the provider, "They will spend money on the home." However we asked some people about what the service was like to live at and received differing views. A visiting friend told us, "I'd give it about four out of 10." They went on to say, "It's dingy and old and needs money spent on it.".

We did, however receive a number of positive comments about the management of the service. One relative told us, "I don't think I could be justified making any criticisms. On the whole they try hard." A staff member told us, "It's happy here, it's been a worrying time, [manager] is there to support us and does." Another staff member told us, "Manager is approachable, is fair and firm, there are no negatives." Another person told us, "We think things have changed for the better."

We asked staff about working in the home. One staff member told us, "The best thing is the residents and I would like better access to the garden for residents, the worst thing is the lift can be temperamental." We asked the registered manager what they were proud of at the home and any challenges they faced. They told us there had been only a few safeguarding concerns previously but the recent one had been challenging for them. They said they were proud of maintaining a high standard of staff training. We asked about challenges and the registered manager told us people's care needs were more complex now and this was more challenging to manage as it put further pressure on staff and more people required two care workers to assist them.

Other stakeholders such as the local authority visited the home to check the quality of service people received. There had been a recent visit from the local authority during which they had identified some concerns regarding the frequency of staff supervisions and appraisals. The registered manager told us supervisions should be every three months but this had lapsed recently. The registered manager told us they would now diarise these to ensure they were completed so staff had regular opportunities to meet with them. Staff had not been supported regularly in their roles but the registered manager had listened to this feedback and planned to address this now.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established by the registered provider and operated effectively, to assess, monitor and improve the quality, welfare and safety of services. Regulation 17 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users in relation to the proper and safe management of medicines. Regulation 12 (1) (2) (g)