

Amore Elderly Care Limited

Atkinson Court Care Home

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 3 & 8 November 2016. Our last inspection took place on 20 January 2016 when we gave an overall rating of the service as 'Requires Improvement'. We found three breaches of the legal requirements in relation to the safe management of medicines, staffing levels and governance.

Atkinson Court is a purpose built care home for older people requiring general or specialist dementia nursing care. The home is conveniently located in the residential area of Leeds and is easily accessible. Atkinson Court provides a modern environment with 75 single en-suite bedrooms with shower facilities arranged over three floors. The home has 19 intermediate care beds for people discharged from hospital who need more support before returning home.

At the time of our inspection 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staffing levels were not sufficient to meet the needs of people using this service. Rotas showed there were occasions when shifts were not fully staffed. People told us there were delays in staff responding to their needs. We found a high turnover of staff and consistent use of agency staff.

Staff inductions were not always completed within identified timescales and supervisions were not carried out in line with the registered provider's supervision policy. Staff had received an annual appraisal. Training records showed staff received appropriate training to safely meet people's needs. Recruitment practices were found to be safe as appropriate checks had been carried out.

Activities were not well documented and clearer information was required to ensure people had the opportunity to become involved. Care plans were sufficiently detailed to enable staff to provide effective care. People were not involved in their monthly reviews, although they participated in their annual review.

People were supported by staff to have access to healthcare professionals when needed. The administration and management of medicines was found to be safe. People had a positive mealtime experience. People felt safe and risks were appropriately managed and reviewed.

Staff received training in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. People were given choices about the care they received, although formal records of their agreement had not been signed.

People were complimentary about regular staff who provided their care, although they expressed concerns about agency staff who did not know their needs. Privacy and dignity was respected by staff and people

confirmed this happened.

Complaints were recorded and responded to appropriately. A programme of audits was in place which was found to be effective. Regular staff and relative meetings took place. People were given an opportunity to feedback about the service through surveys.

Notifications were not submitted to the CQC as required under the terms of the registered provider's registration. We dealt with this outside the inspection process.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

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

Staffing levels were not sufficient to meet the needs of people using this service. Appropriate recruitment checks had been carried out.

The management of medicines was found to be safe. Staff we spoke with understood how to protect people from harm, although only half the staff had received this training.

The building was well maintained and appropriate fire safety arrangements were in place. Risks were managed appropriately and they were reviewed.

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff inductions were not always delivered within specified timescales. Supervisions did not take place in line with the registered provider's policy. Ongoing training was provided for staff.

MCA and DoLS were appropriately managed through relevant assessments and staff had sufficient knowledge in these areas.

People had a positive meal time experience. Staff supported people to have access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring

People were complimentary about the staff who provided their care. We saw positive interactions between people and staff throughout our inspection.

Staff knew how to protect people's privacy and dignity and people confirmed this happened.

Is the service responsive?

Requires Improvement ●

The service was not always effective

People were not part of the monthly care reviews, although they were part of their annual review. Care plans contained sufficient information for staff to follow.

The signposting and recording of activities required strengthening.

Complaints were appropriately managed.

Is the service well-led?

The service was not always well-led

Allegations of abuse and incidents involving the police had not been submitted by the registered provider to the Care Quality Commission.

A system of audits was in place which were completed on a regular basis.

Staff told us they could approach the registered manager, although people were unsure who the registered manager was.

Requires Improvement 

Atkinson Court 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 3 & 8 November 2016 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert-by-experience with a background in nursing. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 73 people living in the home. During our visit we spoke with the registered manager, the regional manager, one unit manager and a further 10 members of staff. We also spoke with 15 people and five visitors. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at eight people's care plans.

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At our last inspection we rated this key question as inadequate because there were insufficient numbers of staff. Nurse calls bells were continuously ringing and staff sometimes switched them off without providing assistance to people as they were too busy. People were not protected against the risks associated with the unsafe management of medicines. At this inspection we found the provider had taken appropriate action regarding medicine management, although we still had concerns regarding staffing levels.

The registered provider submitted an action plan which told us improvements would be made regarding staffing levels. For example, they told us six hours of additional staff support would be deployed on the intermediate care floor. At this inspection we found this only happened when this area of the building was fully occupied. The registered manager told us, "We've been monitoring adding in the sixth person."

The registered provider's PIR stated 'Staffing levels are continually evaluated in relation to dependency levels'. The registered provider's action plan also stated staffing levels would be reviewed on a monthly basis using a dependency tool to calculate people's needs. Following our inspection the registered manager provided evidence which showed this had been assessed monthly. We were told by the registered manager that additional staff hours had been negotiated for people living on the first floor, although it was explained these were for people who were funded to receive one-to-one care. This meant those additional staffing hours were not provided for other people who lived on this floor.

We looked at the rotas for weeks commencing 17 and 24 October 2016 for all units and found a number of occasions when staffing levels were not as described by the registered manager.

At this inspection we were told by the registered manager there were issues with the broadband connection which meant call bell response times could not be analysed. We found call bells sounded occasionally and staff responded to these alerts within reasonable timescales. However, people we spoke with told us this did not always happen. Comments included; "I have to wait to go to the toilet. I have to shout then they don't like it and tell me not to shout", "Very slow responding to buzzers", "Staff are run off their feet. Staff are excellent, there just isn't enough of them", "Staff don't always come when I ring the bell. I have to shout a few times", "Nursing staff are lovely, but lots of people to see too and sometimes I have to wait" and "I'm in a wheelchair, but it takes a long time for them to come to take me to the toilet."

One relative who commented regarding staffing levels told us, "There's not enough. It's always agency who don't know the staff."

Staff we spoke with also said there were not enough staff to meet people's needs. Comments included; "We are short of staff", "It could be better if we had more staffing levels" and "I have to persuade people to have a wash rather than a bath due to been short staffed." Staff we spoke with told us they had approached the registered manager with concerns about staffing levels.

We found staff had been moved to other floors to fill staffing gaps. However, this in itself created shortages

elsewhere in the home.

At this inspection we saw there was still a high turnover of staff. A recruitment day had been held in October 2016, although the registered manager estimated between 50 and 60 staff members had left their employment in the previous 12 months. The regional manager said, "We don't always recruit the right people. We've recognised as a company that staff turnover is high."

The registered manager told us, "We've really been struggling with sickness." We found there was still a high rate of agency usage. People comments regarding agency staff included; "There is a lot of different staff and when they are new it takes a while for them to get to know how to do things and for me to get to know them. I don't like that, but I'm here, so I have to put up with it" and "There are some regular staff and lots of agency staff. I don't really care for them. Staff keep changing. I don't like that because I don't know them and they don't know me."

We saw a notice on display which related to a resident and relatives meeting which took place in August 2016. We saw feedback in response to concerns about the consistency of staff. The registered manager had noted on the display 'We have consistency of staff with the nurses. There is ongoing work to have consistency of staff with the carers'.

A staff member told us there was no senior care cover on the first floor when the normal senior care worker wasn't around. We asked the registered manager about this any they told us another staff member was acting up to the role of senior care worker.

On day two a member of staff told us they were reprimanded for leaving people in the lounge unaccompanied and as a result there was an incident between two people.

We concluded this was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe and well looked after by staff. One person said, "I feel safe here, never felt threatened or frightened. Another person said, "I haven't lived here long. It's not the same as home, but I feel a lot safer than when I lived in my flat."

Staff we spoke with had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed abuse. One staff member told us, "I would make sure what I have seen or heard was right. I would discuss with my unit manager who I know would take action." Staff said they would have no hesitation in informing external agencies if they felt matters were not being dealt with properly. One staff member told us they were aware of the whistleblowing policy, although another staff member was not familiar with this. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

The registered provider's PIR dated August 2016 stated one of the improvements they would make in the next 12 months as 'Staff will access training from local authority safeguarding teams, so that they may be assured their approach is both corporately and locally appropriate'.

We looked at the safety of the premises and found the home was clean and odour free. We saw equipment had been regularly tested and all the safety certificates we saw were in date. Staff told us they had a system for reporting where maintenance of the building was required. They were satisfied repairs were carried out within reasonable timescales.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence that PEEPS were based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

We saw fire assessments and records which showed fire safety equipment was tested and fire evacuation procedures were practised. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and records we looked at confirmed this.

At our last inspection we found medicines were not always safely managed as there were some gaps in the recording of medicine administration and the supply of a key medicine for one person was allowed to run out. The registered manager told us they employed a consultant to assist them over a 12 week period following our last inspection. At this inspection we looked at the managements of medicines and found this had improved. The registered manager told us, "We've done lots around medication management."

We saw a medication action plan and saw where actions were needed these had taken place. A medication communication book had been introduced on each floor. The deputy manager and unit managers completed medication audits on a monthly basis. We looked at these and saw they were effective.

Medication checks were completed at the start of every shift, which included all medication administration records (MARs) to ensure these had been signed correctly. MARs contained a picture of the person to help staff identify who medicines were prescribed for; information relating to specific times medicines were to be given, for example, 'before food' and information relating to any allergies the person had. We looked at 15 MARs and saw they were correctly completed with no gaps. Any incidents of non-administration or refusals were noted on the MARs. Some medicines were given 'as and when' needed, and we saw there was clear guidance provided for staff to ensure people received these safely. One person we spoke with told us, "They are always asking if I want any pain killers."

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines were kept securely and records were completed correctly. We checked the stock balance and records of six CDs and found these to be correct.

We inspected the medication rooms and saw temperature records for the refrigerator were recorded daily and showed all temperatures were within limits. Medicines were securely stored in well-maintained dedicated rooms which were clean and kept at an appropriate temperature. Medicines for return to the pharmacy were placed in individual bags for collection. Any remaining medication and clinical waste was collected and signed for by a specialist contractor.

The Leeds Clinical Commissioning Group medicines management team had visited the service in November 2016 and made four recommendations. The registered manager told us these had been addressed. The provider had policies and procedures in place to ensure people's medicines were managed safely.

We saw medication competency assessments were carried out for nursing staff and where necessary recommendations and feedback was given. Medication training had been provided for staff responsible for administering medicines.

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included taking

references and records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We saw the registered provider had a system which ensured staff had an up-to-date DBS on file.

We saw people had assessments and care plans that identified areas of risk associated with their care and support. Risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. However, we saw one person's zimmer frame had a wheel missing. We were told by a relative this had been the case for a few days. We brought this to the attention of the unit manager who ensured the zimmer frame was changed.

One person had a risk assessment relating to sexual behaviour towards other people. We found there were appropriate measures in place to control that risk. For example, there was a psychological wellbeing plan in place and a sleeping plan. Records showed the person should be encouraged to sit with people of the same sex and engage the person in activities. A door alarm was in place to assist in monitoring the person and records of their whereabouts were maintained.

Is the service effective?

Our findings

At our last inspection we saw there was little guidance for agency staff when they arrived to work a shift. At this inspection we saw the registered manager had created an induction checklist which ensured agency staff were given basic information about the service and people's needs.

People we spoke with during our inspection told us they thought staff were capable of carrying out their job.

The registered provider's PIR stated 'Staff receive a full induction when they begin work'. The registered manager told us staff were expected to complete all of their induction training by the time they had their three monthly probationary review, although they said this period could be extended.

One staff member who had been in post for over three months told us they had not received all of their induction training. For example, safeguarding and moving and handling training had not been provided. They also told us they had only recently been shown how the nurse call buzzer system worked.

A staff member who was relatively new in post told us they had been asked by a nurse to oversee an agency worker. The registered manager told us this shouldn't have happened.

The registered manager told us, "We're not brilliant with induction. We need to do the induction differently." They also said, "In reality, shadowing periods don't get given due to sickness pressures." This meant staff were expected to carry out their duties without having received relevant support and training. The registered manager told us staff who did not hold an NVQ qualification were completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered provider's supervision policy stated staff should receive six supervisions and one appraisal each year. The registered manager told us unit managers were responsible for providing staff supervision. We looked at the supervision and appraisal records and saw staff received just over half this amount on average. In response to our last inspection, the registered provider submitted an action plan which stated unit managers would be given six supernumerary hours per week to carry out management tasks, for example carrying out supervision. The registered manager told us this had not happened. We saw staff had received an appraisal in early 2016.

Training records we looked at showed just over 50% of staff had received up-to-date training in safeguarding.

We concluded there was a lack of staff support through induction and supervision. This was a breach of regulation 18 (2), (Staffing); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a rolling programme of training for staff which included; MCA and DoLS, medication, moving and handling, first aid, infection control, food safety and the Equality Act (2010). We reviewed the training matrix

and saw approximately 80% of staff training had been provided.

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)).

Staff training records showed the majority of staff had received up-to-date MCA and DoLS training. We spoke with staff about their understanding of the MCA. One staff member said, "You should assume that the person has capacity to be able to make their own decisions." Staff told us they would respect people's choice if they were unwilling to consent to care. They told us they would return to offer care again and if this was also refused they would report this to the senior care worker or nurse.

People or their representatives had not signed the care plans we looked at which meant they had not consented to their care. Care plans contained appropriate records to show people's capacity to make different decisions had been assessed. We saw capacity assessments showing whether people could consent to living at Atkinson Court had been carried out by external assessors. We saw where needed, 'best interests' decisions were recorded. This meant people were supported to make decisions in an appropriate way.

Two records we looked at showed authorised DoLS had conditions which the registered provider was expected to meet. For example, one condition stated, "[Name of person] should be supported to have walks within the unit and outside as well. [Name of person] should be accompanied by staff off the unit." There was a plan in place to show how this need would be met, and there was record of the condition on the person's DoLS in their care plan.

We saw evidence in care plans that people had access to healthcare services when they needed them. Information on people's medical history and existing medical conditions was present within their care plans to help ensure staff were aware of people's healthcare needs. A person who used the service told us, "If I'm unwell they check me over or get the doctor."

Visits by health and social care professionals were recorded in people's care plans, together with notes relating to advice or instructions given. We saw people had access to a range of visiting professionals including GPs, opticians, psychiatric services, memory teams and dieticians. A full 'ward round' took place with a GP on a weekly basis on ground and first floors. Other health professionals visited people who received intermediate care. Two health professionals we spoke with during the inspection were positive about the experience of working with staff at the home. They told us the service followed their advice well and they worked as a team.

All care plans we looked at indicated people had a level of nutritional risk, and we saw people's weights were regularly recorded as part of assessing the level of risk. For example, one care plan stated the person's intake should be recorded in a food diary. We saw this was being done. Another care plan stated the person should be weighed weekly. Records confirmed this happened. One relative told us, "They have helped my mum improve so much and gain weight by her improving her diet." This meant measures put in place to minimise risks of malnutrition were effective.

People gave us mixed feedback about the quality of the food. One person said, "I don't like the food. My daughter brings me in food." Another person said, "Food is good. No complaints."

We looked at the menus and could see two options were offered at each mealtime. Staff told us people chose what they wanted to eat, but were able to change their mind at any time if they wanted something different. Food was served from a heated trolley. Portions were generous and the food was well presented and looked appetising and hot. One person told us, "They usually ask you whether you like a little or a lot. I like the food." We saw a staff member who offered a napkin to one person asked, "Would you like one of those over your clothes to protect them?" One person had a glass of wine with their meal. We saw another person had a plate guard to assist them whilst eating their meal.

On the first day of our inspection, we saw two members of staff who did not communicate with the people they were assisting at lunchtime. However, all other staff we observed assisting people with their meals were supportive and where this was needed, this was on a one-to-one basis. When one person started to choke on their food, staff were particularly attentive in providing prompt assistance and reassurance until the person was no longer at risk.

A new chef had been appointed a week before our inspection. We saw they came out of the kitchen to check everyone was satisfied with their meal. They told us, "For me, it's important to get feedback and see what people think." We saw records in the kitchen which referred to people's food preferences and special dietary requirements.

Is the service caring?

Our findings

People told us they were happy living at Atkinson Court and felt they were well cared for. Comments included; "Very caring. These lasses have been absolutely wonderful, just being there", "All the staff here are really kind, when I want a bath they arrange it for me", "All the staff are extremely helpful", "I am well cared for", "All I have to do is ask and it happens" and "I couldn't be looked after better."

One relative said, "It was a big decision to move mum here and it's not been easy. She has settled in well and is adjusting. The staff care for her and let her be independent." Another relative commented, "Nursing staff are lovely. Sometimes they have to wait, but I find them very good." One staff member told us, "I really like it. All the residents are lovely."

We observed positive interactions between staff and people in the home. Staff spoke kindly and respectfully to people they supported. For example, we saw one person asked to be taken to the bathroom. A member of staff accompanied them, chatting with them as they left the room.

People looked well presented in a clean, well-cared way with their own personal items which evidenced that personal care had been attended to and individual needs respected. People were dressed with thought for their own individual needs and hair was nicely styled.

Care plans had information relating to aspects of people's lives including their likes, dislikes, hobbies and social networks. This information helped staff form relationships with the people they supported and promoted person-centred care.

During our inspection we found people's privacy and dignity was respected by staff who demonstrated good practice. Staff we spoke with gave examples of how they ensured people's privacy and dignity was respected. One staff member told us they always knocked on the door before entering someone's bedroom. During our inspection we observed staff knocking on people's doors. Another staff member commented, "If you're doing personal care for someone, you make sure they're covered." One person we spoke with told us, "They always draw the curtains when they tend to me. I like that." Staff also told us they understood the need to be discreet and sensitive in communal areas if they were asking people about supporting them to the toilet. We saw care interventions such as assisting people to the toilet were carried out with sensitivity and respect.

We asked the registered manager how they ensured the home would support people's equality and diversity lifestyle needs. They told us they were able to arrange information in different formats based on language or sight impairment needs.

Is the service responsive?

Our findings

At our last inspection we met a dementia coach who told us they would support the writing of care plans personalised to the kind of activities people wanted to join in with. At this inspection we saw one of the activities coordinators had created a form for people to record activities they enjoyed. This was not being used at the time of our inspection. We looked at records of activities which had taken place and found this was limited. We saw this had improved in the weeks leading up to our inspection. We asked a member of staff about these records and they told us, "They probably did more, but it's not documented."

We asked the registered manager about trips to Bridlington and Blackpool which were advertised at our last inspection. We were told these had not gone ahead due to transportation problems.

At this inspection there were two activities coordinators in post. On the first day of our inspection only one activities coordinator was on shift. We found no activities were provided on this day as this staff member had to accompany a person to hospital. They returned late afternoon. On the second day we found activities had taken place.

We saw the activities schedule was displayed on the notice board in the entrance to each floor of the home. There were two activities listed for every day of the week, although it wasn't clear where in the building activities were taking place. The activity coordinator told us they made staff aware on each floor where activities were taking place and relied on them assisting people to the relevant location. However, we found there was a lack of structure in ensuring all people had the chance to join in with activities.

We found some people were aware of activities taking place in the home whilst others were not. People's comments included; "No, I don't think there are any activities", "I just look out of the window" and "We could do with a few more." Another person told us they were being supported to with arts and crafts for a bonfire display and also commented on going to Church for a pie and pea lunch.

We discussed our findings with the registered manager and recommended they review activities to ensure they meet people's needs through provide person-centred activities and implement a structure to ensure people are given information about activities. They told us they would do this following our inspection.

The registered provider's PIR dated August 2016 stated one of the improvements they would make in the next 12 months as 'An analysis of activities over the previous six months will take place, to determine which activities were most successful with residents'.

Care plans contained an assessment of people's care and support needs carried out before they began to use the service. This meant the service had checked to make sure they could meet people's needs. From this assessment risk was assessed, and a series of care plans were written.

Care plans were developed detailing the care and support needs, actions and responsibilities, to ensure personalised care was provided.

We saw care plans were reviewed monthly, with notes to explain what, if anything, had changed or why the care plan should remain unchanged. We did not see evidence of people's involvement in this process. One person told us, "I'm not involved in my care planning." Although an annual review was carried out with people, their families or representatives. This recorded detail of any concerns raised and changes to the care plan made as a result. People were involved in their annual review and signed to say this.

Staff we spoke with told us they used the care plans as working documents. One staff member said, "The care plans are straight forward and easy to understand." However, one staff member told us, "I've never really looked in them. I haven't had a chance to sit and look at them."

People who used the service and their relatives told us they were aware of the complaints procedures and would not hesitate to make a formal complaint if necessary. One person said, "All the staff are very approachable and although I have never had to make a complaint, I am sure they would act appropriately if I had concerns about the care I receive."

The provider had a complaints procedure in place and information on how to complain was on display. We looked at the records of complaints and concerns raised about the service, and saw these were investigated appropriately. We saw records relating to investigations and communication which had taken place and could see actions which had been taken as a result.

We saw the registered provider had received a number of written compliments from people or their relatives. Comments included, 'I cannot thank you enough for the care and compassion shown to [name of person] whilst they were with you' and 'We wanted to thank you and your staff for looking after [name of person] over the last years of their life. You looked after them well and we always felt they were in safe, caring hands.'

Is the service well-led?

Our findings

We found the registered provider had not submitted notifications to the CQC as required under the terms of their registration. Incidents concerning allegations of abuse and matters involving the police had been referred to the local safeguarding authority, but not to the CQC. The registered manager told us they did not consider they needed to notify CQC unless a person had been injured.

We dealt with this breach separately and issued a fixed penalty notice for failure to notify us of notifiable incidents.

At our last inspection we found a breach of the regulations relating to good governance as unit management arrangements were not effective and confidentiality of sensitive information had not been maintained. At this inspection we found some areas of improvement.

At our last inspection the unit managers did not have time to provide management support as they were administering medicines. At this inspection medication rounds were being undertaken by the nursing staff. Unit managers were responsible for ordering medicines, audits, duty rotas and the day to day running of the unit. One staff member told us the unit manager had responded appropriately to concerns they had raised.

The registered manager and provider conducted a series of audits to monitor, measure and improve quality in the service. These covered areas such as care plans, infection control, medicines, catering, premises and dignity and respect. We saw these were completed regularly and where issues had been found actions had been identified to show how improvements should be made. These were used to create an action plan for the registered manager to work from.

Although the registered manager was monitoring some aspects of the service, we found they did not have effective systems to check staffing arrangements and support for staff was appropriate. Also, they had not taken action to address our findings at the last inspection and had not subsequently met their action plan.

Records of accidents and incidents were analysed monthly to show when and where incidents had occurred. We saw this had been used to identify any trends which may indicate further action was required.

We saw staff meetings were held to ensure staff were kept up-to-date with any changes in policies and procedures and any issues that might affect the running of the service or the care people received. We saw records from the staff meeting held in October 2016 which showed discussions covered MCA and best interest, incidents and near misses, health and safety, staff training and an update on outstanding actions. The last managers meeting which took place in September 2016 looked at occupancy levels, care plans, incidents and accidents, sickness levels and the dining experience.

We saw relative and resident meetings had taken place. We looked at meeting minutes for the last meeting in August 2016 and discussions included health and safety, catering, housekeeping, activities for people and staffing. One person we spoke with had attended the meetings and recently completed a satisfaction survey.

They expressed how useful this was as they were able to express their feelings and made a comment about the food being good, although sometimes 'the meat is a bit tough when we have Sunday dinner'. The person also commented that their concerns about the food were taken on board by the registered manager.

We saw the registered provider carried out an annual resident satisfaction survey. The August 2016 survey covered a range of areas and we saw the majority of responses were positive. A staff survey was also carried out in August 2016 to which staff said the registered manager was approachable. They also said they felt listened to and could contribute ideas and felt valued. We saw staff meetings were held on a regular basis which gave staff the opportunity to contribute to the running of the home. We saw the meeting minutes and discussions included staff issues, resident and relatives meetings, training and medication.

Staff said they all worked alongside each other as a team. Comments regarding the registered manager included; "I've never felt like I can't speak to [name of registered manager]", "I like [name of registered manager]. She's a good boss" and "She's lovely is [name of registered manager]."

People and relatives who we spoke with were unable to identify the registered manager. One person told us, "I've no idea who's the boss." Another person said, "I don't know any of the management. Don't know any of them really." The registered manager acknowledged they had not been as visible as they would have liked. They told us they intended to delegate more work to the management team to allow them time to access the floors to meet people and relatives.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in the service.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	

The enforcement action we took:

Warning notice