

Barchester Healthcare Homes Limited

Lancaster Grange

Inspection report

Cross lane
Fernwood
Newark
Nottinghamshire
NG24 3NH

Tel: 01636 594300

Website: www.lancaster.grange@barchester.com

Date of inspection visit: 18, 19 and 23 March 2015

Date of publication: 18/06/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We performed the unannounced inspection on 18, 19 and 23 March 2015. Lancaster Grange is situated on the outskirts of the town of Newark in Nottinghamshire. The home is registered to accommodate up to 60 people in four separate units. The home has two floors with a passenger lift for people to access the upper floor. On the day of our inspection 41 people were using the service.

The service had a registered manager in place at the time of our inspection although they were not on duty throughout our inspection. 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 and associated Regulations about how the service is run.

Staff were aware of their roles and responsibilities to protect people from the risk of abuse but did not feel confident in initiating the organisations whistleblowing procedures without fear of recrimination.

Summary of findings

People could not be assured that incidents would be responded to appropriately. We found that there were adverse incidents had occurred in the service these had not always been reported to the Care Quality Commission (CQC) which is a legal obligation placed on providers.

People had not received their medicines as prescribed and the management of medicines was not always safe.

Staffing levels were not always maintained at sufficient levels to support people with their individual needs.

Whilst people were encouraged to be involved in planning their care, people's records did not always provide staff with the required information to respond to their holistic needs.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best

interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

Specialist diets were provided when required and referrals were made to health care professionals when guidance was needed.

People were treated with dignity and respect. Staff were proactive in promoting people's choice and incorporated a kind and caring when attitude when supporting people.

People enjoyed the activities and social stimulation they were offered. People were encouraged to be involved in decisions about the service and felt they could report any concerns to the management team.

Whilst systems were in place to monitor the quality of service provision they had not always been utilised effectively to ensure people's care plans and medicines were managed effectively.

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 consistently safe.

There was not always sufficient staff to respond to people's needs.

Adverse incidents had not always been reported to the Care Quality Commission.

People did not always receive their medicines as prescribed and medicines were not managed safely.

People felt safe and staff had received training in how to recognise and respond to allegations of abuse.

Requires improvement



Is the service effective?

The service was effective.

Staff had received the required training to ensure they could perform their roles and responsibilities.

Staff attended supervision sessions to ensure they could support people with their assessed needs.

People were supported to make independent decisions. Procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected. People were treated in a kind and caring manner and were encouraged to make individual choices.

People were supported to maintain their privacy and dignity and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The service was not always responsive.

Whilst people were encouraged to be involved in planning their care, people's records did not always provide staff with the required information to respond to their holistic needs.

People felt comfortable in highlighting any concerns or complaints to the management team.

People were supported to pursue a varied range of social activities.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led.

People felt the management team were not always approachable and their opinions had not been taken into consideration.

Staff felt they had not always received a good level of support and felt their contributions to the running of the service had not always been valued.

Whilst there were systems in place to monitor the quality of the service they had not been utilised effectively to highlight shortfalls in the quality of service provision.

Requires improvement



Lancaster Grange

Detailed findings

Background to this inspection

We carried out this unannounced 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 unannounced inspection took place on 18, 19 and 23 March 2015. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We liaised with commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with five people who were living at the service and one person who was visiting their relation. We spoke with seven members of staff and members of the management team. We also spoke with external health care professionals who were visiting the service and asked them for their views on the quality of service provision.

We looked at the care records of three people who used the service, three staff files, and a range of records relating to the running of the service. These included audits carried out by the registered manager. We also observed interactions between staff and people who used the service.

Is the service safe?

Our findings

Staffing levels and competencies were not always sufficient to keep people safe. Whilst people felt staffing levels were usually maintained at a sufficient level to meet their individual needs they also stated that, on occasions, they felt staff had limited time to provide care beyond people's needs. One person told us, "It can get busy at times, but they (staff) are always there for us. Sometimes we have to wait a little while but on the whole I love it here. They (staff) will do anything for us and that really makes a difference."

A visitor to the home expressed concerns about the staff, not about the staffing numbers but rather the deployment of staff. They told us, "On the whole all the staff are very good. Over the past few weeks we have noticed a change, staff are spending more time sitting and chatting amongst themselves. I feel they need a little more direction, they (staff) are always very polite but they do tend to just sit around."

Staff told us they found it difficult to consistently provide a good quality of care with the staff provided. Comments included, "It's a challenge at times to balance the time and provide a satisfactory service," and, "The staffing levels do worry me at times as it could compromise people's safety. My feelings are they (management team) say we have enough staff on paper but when you look at the needs of residents we don't always have enough. We have a lot of people who need two care staff to mobilise which leaves us short staffed on occasions."

A registered nurse also told us they felt the staffing levels should be increased as on occasions they had not been able to achieve their professional roles and responsibilities within the home. One nurse told us, "There is definitely room for improvement here. Due to the staffing levels we (registered nurses) sometimes do not have the time to fill in people records properly and sometimes baseline observations have been missed." They also told us that on occasions they did not finish the morning medication round until 1130hrs due to inadequate staffing levels. This meant that there was a potential risk to people because correct dosing intervals as prescribed by their General Practitioner (GP) were not being adhered to.

Systems were in place to amend and adjust staffing levels to meet the needs of people. Whilst the system was being utilised, a member of the management team told us they

felt the number of staff employed needed to be increased as a matter of priority so they could draw on additional staff when needed to cover staff sickness and absenteeism. They told us, "I think the staffing numbers are reflective of the needs of our residents (without sickness) but I think the sickness here has never been addressed properly. Staff take a day off sick when they want one, it's not been properly managed. We are currently in the process of recruiting more carers and three qualified nurses which will help."

Our observation on a unit dedicated to people with impaired cognitive abilities highlighted that people were not always monitored whilst mobilising in the corridor as staff were not allocated to perform the task. Whilst we did not see any detrimental effect on people at the time of our inspection, the lack of appropriate supervision could have compromised people's safety. We discussed our concerns with a member of the management team. Whilst they told us that the requirement for constant monitoring of people was not documented in people's care plans they told us they would expect that people would be monitored more closely. They also confirmed that the lack of monitoring, if left unaddressed, could compromise people's safety.

We found there were insufficient staff employed with the necessary skills and knowledge to support people with complex needs. For example, a qualified nurse with experience in male catheterisation was not available. The deputy manager told us, "We have two catheterised males, one person is here on a residential basis and the District Nurses manage their catheter. We also have a nursing client but we do not have anyone with the skills to re-catheterise them when needed. I need someone to mentor me in this area. It was planned that I would attend the urology clinic to gain experience in all aspect of male catheterisation but due to the work load I have not been able to attend. We did have a nurse who could do the catheterisation but they are not available now." This presented a potential risk to the person as staff did not have the skills and knowledge to recognise and react appropriately should complications be experienced.

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

Throughout our inspection we observed people moving freely about the service without restrictions on their freedom, choice and control. People were undertaking activities of their choice and were able to retire to their bedrooms or move to alternative communal areas within

Is the service safe?

the service when they wished. This showed staff were proactive in promoting people's choice and appreciated that people should be encouraged to take risks and be actively encouraged to increase their independence.

People could not be assured that risks to maintaining their health and wellbeing were being identified and addressed in a timely manner. Whilst systems were in place to identify potential risk to people health such as maintaining their skin integrity, strategies had not always been put in place respond to and minimise the risk and the delay in responding to the assessed risk could have compromise people's safety.

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

Although people did not express any concerns in relation to the quality of medicines management we could not be assured that people were receiving their medicines as prescribed.

We looked at the competency of staff whilst administering medicines. Whilst we found staff were administering people's medicine in a safe manner on the day of our inspection we had been made aware of issues of concerns from the local authority. The concerns were highlighted following a safeguarding investigation. Part of the safeguarding issue related to the management of medicines and this was assessed by a specialist in this area. The specialist told us that following their assessment they were not confident that medicines were administered in a safe and competent way.

They found medicines had been unavailable to some people for several days due to issues relating to the ordering of their medicines. They also found people's Medication Administration Records (MAR) charts were not always signed by the person who administered the medicine and could not be confident they had been given.

They told us that members of the nursing staff were required to document the temperature readings within people's medications safe which was located in people's bedrooms. The specialist told us the procedure had not always been undertaken as one safe did not contain a thermometer or a temperature recording sheet. If medicines are not stored at the correct temperature there is a risk that the effectiveness of medicines may be compromised.

They also told us the medicines trolleys were attached to the wall in the medicines room. One trolley was disorganised and had additional stock medicines in it which was a mixture of both internal and external medicines, this meant there was a potential risk of people receiving medicine via an incorrect route. There were a number of creams that had no labels on them or had ripped labels. There was also a box of inhalers which did not have their caps on, therefore not stored in a hygienic manner. They also found an additional medication cupboard which contained nutritional supplements and a number of these had exceeded their expiry date. Therefore there was potential risk of people receiving contaminated or degraded medicines.

The management team recognised that medicines were not managed effectively and in line with the organisations policies and procedures. As a result of the shortfall they initiated a full review of medicines by their internal regulation team.

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

People could not be assured that incidents would be responded to appropriately. We found that there were adverse incidents had occurred in the service these had not always been reported to the Care Quality Commission (CQC) which is a legal obligation placed on providers.

This was a breach in The Care Quality Commission (Registration) Regulations 2009 (Part 4)

Nevertheless people felt safe and confirmed they were aware of information about what actions they could take if they felt unsafe. One person told us, "I feel very well looked after and very safe, there has not been a sad moment since I came here," Another person said, "We are looked after very well, I would hate to leave here, it's very safe."

Staff told us, and records showed that staff had received training in protecting people from abuse and were able to provide a good account of the different types of abuse that could be experienced in a care home setting. They knew how to report any safeguarding concerns about people's safety to the management team or the local authority if needed. One member of staff told us, "We have done our safeguarding adults training within the last year. If I was to

Is the service safe?

see anything that concerned me I would report it to the manager but I have not seen anything, which is a relief. I am very aware of what needs to be watched and what should be reported as a safeguarding issue.”

People could be assured that staff employed at the service were suitable to perform their roles and responsibilities at the home as systems were in place to ensure that staff had been assessed as fit to work with vulnerable adults and

people. We found records relating to the staff recruitment process were well organised and well presented. They showed people were only supported by staff who had been safely recruited and had undergone thorough pre-employment screening which included a criminal record check to make sure they were suitable before starting work.

Is the service effective?

Our findings

People had a high regard for the staff and felt they had the necessary skills and knowledge to meet their needs. One person told us, “The staff are all very good. They have really made a difference to me and they will do anything for us,” whilst another person said, “On the whole the staff are extremely good.” A visiting professional also expressed satisfaction with the quality of the service and felt people’s needs were being met and appropriate referrals were made to them by the management team.

On commencing employment at the service staff were required to undertake an induction process which included reading the organisations policies and procedures. Shadowing opportunities were also made available so staff could benefit from the input from more experienced staff. They were made available until staff felt confident and competent in undertaking their roles and responsibilities independently. Staff felt their induction process was effective and comments included, “I had a three week induction process and looked at the policies and procedures. We had training in safeguarding adults and dementia. We also had fire and health and safety training. It was effective as I had not worked in the care industry before and it gave me a good grounding for the job.”

We found care staff benefited from an annual training programme to ensure they could build on their existing skills and knowledge and felt the ongoing training programme addressed their needs. In addition to the in house training opportunities staff had training opportunities provided by health care specialists such as a tissue viability nurse.

People could be assured that they could be cared for by staff who were given supervision to ensure their practice was being monitored and addressed. We found staff had received a programme of supervisions and annual appraisals to discuss their individual training and development needs. One member of staff told us, “I have been having supervisions with the manager every other month. We discuss our feelings and any areas of improvement. We can also discuss our training needs as well.”

People felt they were supported to make decisions about their care and felt consent to care and treatment was sought by staff. One person told us, “My family and I have

monthly meetings with the manager. I am very involved in making decisions and I can do exactly what I want to do.” Another person said, “Staff always act in accordance with my wishes.”

Staff told us they were aware of the importance of obtaining consent before any interactions were undertaken. Our observations supported this information. We saw staff were explaining the interactions they proposed to do, such as assisting with mobilisation or the provision of activities. They ensured consent was obtained before proceeding. We also found that staff respected people’s decisions if they did not want to participate in planned activities as one person told us, “I have been asked on several occasion if I would like to go out on trips into the community. I am not bothered with all the noise and fuss and the staff respected my decision.”

Staff had received training in relation to the Mental Capacity Act 2005. The act is in place to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff were aware of the act and could describe how the act protected people. Furthermore the deputy manager was also aware that when it was suspected that people lacked capacity to make an informed decision an assessment process was to be followed. This was to ensure that decisions were only made in people’s best interest. At the time of our inspection we found that mental capacity assessments had been undertaken when required. Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People had access to food and drinks throughout the day and people felt the meals provided were of a very good quality. Comments included, “The food is very good indeed. We have plenty of choices, about four different things each day, even if I don’t fancy anything on the menu I am offered another option,” and, “The food is lovely, I hate cooking anyway but here we get such a variety of food, its lovely.”

Staff told us that on admission to the home people were involved in an assessment process which provided them with the opportunity to identify their dietary likes and dislikes. We also saw the assessment provided the

Is the service effective?

opportunity to identify specialist diets and where specialist diets were required due to pre-existing medical conditions, this was provided to them. Meals for people who chose to adopt a meat free diet such as vegetarians and vegans could also be catered for.

We saw people were offered a choice of meals which appeared to be very appetising and nutritionally balanced. We saw drinks were made available throughout the day and people could access a café area where they, and their relatives and friends had access to a variety of drinks and snacks.

People told us they had regular contact with visiting health care professionals for advice and treatment. One person told us, "If I am not feeling particularly well, which is not

very often, they (staff) have always called for my GP." People also told us they attended appointments with health care professionals such as chiropodists, dentists and opticians and felt their health care needs were being addressed. This information was confirmed by a member of staff who told us, "I feel we are all proactive in making referrals when needed."

We received feedback from health care professionals who were visiting the service to provide medical interventions for people who were funded for residential care. They told us staff made referrals to them in a timely manner if they had any concerns relating to people's health needs. They also said staff followed their advice and felt people's health care needs were being met.

Is the service caring?

Our findings

People were very complimentary about the attitude of staff and their ability to provide a caring environment. One person told us, “They (staff) are always there for us, they are excellent and treat us very well.” Another person said, “On the whole the staff are extremely good and very caring.”

Throughout our inspection we saw that staff spoke to people in a relaxed, manner and responded to people’s requests for assistance in a timely way. We saw that staff asked people about their choices and respected people’s responses and decisions in relation to how they spend their time at the service. One person told us they could plan their days to suit themselves and said it was their preference to spend a lot of their time in the café area and they enjoyed the interactions between with the staff and fellow residents. Another person told us they preferred to spend their time in their bedroom as they were not particularly keen on interacting with others and said the staff had always respected their wishes.

We saw that staff interacted with people in friendly and caring manner. For example when one person who had impaired cognitive abilities asked a member of staff to dance with them the member of staff responded immediately. The person looked like they enjoyed this and they were smiling and laughing Throughout our inspection we saw people laughing and chatting freely with the staff and visitors to the home. This was particularly evident when the school children visited the home to talk to people about their life and experiences and one person told us, “It created a buzz of excitement.”

We observed people having their lunch in the communal dining room. The dining room tables were very well presented with table cloths and flowers. We saw there was a good rapport between staff and people. We noted the atmosphere was relaxed and people told us they were enjoying the experience.

People felt that staff were proactive in promoting their independence. They told us they could spend the days as they pleased and said that staff had always appreciated the importance of promoting their independence. Our observations supported this information as we saw people

moving freely about the service without restriction. We saw people undertaking a range of activities but were also able to retire to the bedrooms, or move to alternative communal areas within the service when they wished.

We found systems were in place to monitor staff to ensure they provided a caring and respectful service to people. The deputy manager told us they undertook observations to ensure staff were providing interventions in a caring manner. They told us, “I do a ‘lived experience audit’ where I sit and observe all interactions over a two hour period. This is done on a monthly basis. I have only done it upstairs at the moment but I intend to roll it out to both floors. If I observe poor practice I would challenge it straight away. It would be discussed at staff supervision but if really serious issues are identified I would contact my line manager to discuss actions especially if it put someone at risk of harm.”

People felt their privacy and dignity was maintained and felt the design and layout of the building provided them with access to private areas which they could use if they wished. We observed people going to and from their bedroom and sitting in different areas throughout the home such as a café area, which people said they particularly enjoyed. One person told us, “I feel the staff are all very good at promoting my privacy, I can tell them (staff) anything that concerns me and they (staff) don’t tittle tattle which is important.”

A member of staff felt people’s privacy was maintained. One member of staff told us, “Maintaining people’s privacy is very important. We always ensure people’s bedroom doors and curtains are closed when we are providing assistance of a personal nature. It’s also important to provide people with the time they need so we can respect their privacy.”

Throughout our inspection we saw staff assisted people in a caring, respectful and patient way and staff had an understanding of people’s individual communications needs. This was particularly evident in an area designated for people who lived with a dementia related illness. We saw staff interaction in this area was enhanced as staff had a very good knowledge and understanding of people’s needs, preferences and life histories.

People told us their relations and friends were able to visit them at any time and visits were not restricted. One person told us, “My relatives pop in all the time and are always

Is the service caring?

made very welcome.” This information was also confirmed by a visitor who told us they visited the home on a regular basis and had always been made very welcome by the staff who they felt were polite and courteous.

Is the service responsive?

Our findings

People's complex needs were not always responded to effectively due to insufficient information within care plans.

We looked at the care records of two people who had developed a pressure ulcer; one of which was very serious and had resulted in a hospital admission. Both people had been assessed as having a high risk in maintaining their tissue viability. However one care plan was not in sufficient detail to fully inform staff of the required preventative strategies to be able to respond to these concerns effectively. The other person's care plan was not developed in a timely manner and was only put into place once a pressure ulcer had occurred. This meant that people were at risk of not receiving appropriate care and they had not been adequately protected against the risk of pressure ulcers developing.

This was a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition to this we also found catheter management care plans were not sufficiently detailed to inform staff on how to respond effectively if the catheter was blocked with the risk of causing discomfort to the person. Furthermore the documentation did not record why the catheter was in place, the type of catheter to be used or when the catheter was due to be changed. We also noted that documentation did not record the make and type of urinary bag to be used. This presented a potential risk as the nursing staff would not have had the required information to respond to concerns effectively.

We found documentation relating to the management of a person's pain stated that the person could experience pain due to a recent fracture. Whilst staff were aware of this issue the information had not been cross referenced into the person's mobility care plan, ensuring that all staff would be aware that pain could be experienced when assisting the person with their mobilisation. As bank nurses were on occasion employed at the home, these staff as others would rely on this information to inform their practice. The lack of information within care plans therefore placed people at risk of not receiving appropriate care in accordance to their assessed needs.

We found supplementary records provided the nursing staff with a formula which prompted them to calculate people's ideal fluid intake. This was so they could monitor this area

and respond to any concerns associated with dehydration. We found that on occasions the supplementary records had not been used effectively. The shortfall inhibited the ability of staff to monitor people's fluid intake which could impact on them being able to respond to concerns relating to dehydration in a timely manner.

We asked a variety of staff if they felt people's care plans contained sufficient information to deliver a service which was responsive to people's individual needs. Staff told us that whilst they believed the plans were an integral part of the care provision they felt they could be improved upon. One member of staff told us, "More could be done to ensure the care plans are up to date such as the monitoring of people's fluid intake. There is room for improvement as we (staff) do not always have the time to fill them out completely, it's not always possible." Another member of staff said, "I feel the care plans are quite poor and lack the information we need."

We discussed our concerns with members of the management team who agreed that the content of some care plans were weak and would have benefited from additional detail to ensure staff could respond to people's individual needs. They told us, "Some care plans are wholly inadequate. I am going to go through all the care plans and take them back to the basics. We need to consider people's physical and psychological needs and ensure each care plan is linked to reflect how each plan impacts on the other."

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

Nevertheless people felt their individual needs and preferences were known by staff. They felt they were encouraged to make independent decisions and staff would be responsive to their wishes and preferences. We saw a member of staff being responsive to a person's needs when the person asked to have their breakfast in their own bedroom rather than in the dining room. The member of staff told us it was the person's usual preference to be to have their meals in the dining room but on occasions they preferred to have their breakfast in their bedroom. We saw the member of staff responded to the person's individual requests and respect their wishes.

Communication systems were in place such as daily handovers to provide staff with a forum to discuss people's needs. We attended a handover session and it was evident

Is the service responsive?

the process had provided members of the management team with the opportunity to discuss the planned changes to operational procedures to improve the quality of service provision.

People felt they were provided with opportunity to get out and about and pursue their interests and hobbies. One person told us, "I often go out on trips shopping to Newark which I have always enjoyed. We also have entertainers come in. In fact we are having a ukulele band visiting tomorrow which I am really looking forward to. I am very happy with the activities provided."

We found that the activities programme was facilitated by a designated activities coordinator and they told us they arranged other activities such as art and crafts sessions and interactive entertainment such as bingo and dominoes. They told us they were in the process of updating people's files and assessing what additional activities people wanted to do on a daily, weekly and monthly basis. The coordinator said they had experienced difficulty in providing a varied programme of social activities throughout the home, especially within the areas designated to people with impaired cognitive abilities. They told us that following a meeting with the management team their duties had been amended to provide them with more time to address their responsibilities.

People felt they were able to highlight any issues of concern or complaints to people in authority and felt their concerns would be respected and acted upon. One person told us, "I don't have any concerns but if I did I would speak to any of the staff and they would sort things out for me". Another person said, "I definitely feel any concerns would be listened too but I am very happy here, I really enjoy it."

Systems were in place to ensure people residing at the service, and their visitors, to highlight concerns and complaints if anything was not to their liking. A complaints procedure was displayed in prominent position in the foyer of the home for people to access. Furthermore the contact details of the service were available via a web site which provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have. We also noted that a comments and suggestion box was available in the foyer of the service which people could use to provide feedback on the quality of service provision.

Organisational policies and procedures were in place to ensure concerns would be listened to and addressed effectively. The deputy manager told us, and records showed that four complaints had been received and we saw they had been recorded in the complaints log and appropriately responded to.

Is the service well-led?

Our findings

Whilst staff told us they enjoyed working at the service, when we asked if they felt the home was well led, we received concerning information.

Staff expressed concerns as they felt more could have been done in the past to develop an open culture where their contributions to the running of the service would be valued. One member of staff told us, “I have highlighted some concerns such as inadequate staffing levels and the high workload which I don’t believe have been taken on board.” Another member of staff told us that when they had felt stressed they had not been particularly supported by the management team at that time. Another member of staff said that when they had highlighted concerns to the management team they felt they were listened to but nothing had changed.

Staff told us the culture that had been allowed to develop within the home did not provide them with the confidence to initiate the organisations whistle blowing policies without fear of recrimination. One member of staff told us, “I really don’t feel comfortable in whistleblowing as I am sure my anonymity would not be respected. If it was really dangerous practice I would contact the local Safeguarding team.” Another member of staff said, “No, not at all as my anonymity would not be guaranteed.”

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

The service had a registered manager in place at the time of our inspection although they were not on duty throughout our inspection.

We found there was a lack of an effective governance framework within the home. This had resulted in us finding multiple breaches in regulation and negative outcomes for people who used the service. Whilst we found there were systems in place to monitor the quality of the service provided such as audits of medicines and people’s care planning records. It was evident that given the number of failings identified throughout our inspection process these systems had not been effective in identifying and addressing the shortfalls.

Our records showed we had been notified of some allegations of possible abuse which had been referred to external agencies for investigation. At the time of our

inspection these investigations had not been finalised. We found that there were additional incidents which had occurred in the service which should have been shared with the local authority and the Care Quality Commission (CQC) but had not been. Furthermore we could not determine if an analysis of incidents had happened to ensure these had been responded to appropriately.

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

There was a newly appointed deputy manager in post. Staff told us that they felt the quality of service provision had improved under their direction as they were committed to improving the quality of the service. They also told us that due to the revised staffing arrangements they felt significant improvements to the running of the home had recently been achieved. One member of staff told us, “Things have improved, I can approach the management team at any time and I am and able to deal with stress much better.” Another member of staff told us, “The management team are very good and passionate about what they do, approachable and firm but fair, which is what we need.”

All the people we spoke with felt they could discuss their care package with members of the management team and felt the service was well led. One person told us, I often see the managers and I would feel happy in approaching them if needed.” A visitor to the home said, “I see the manager on a regular basis and they don’t just hide in the office.”

We observed members of the management team interacting with people residing at the service, and their visitors. All interactions were undertaken in a professional and competent manner and it was evident that the management team were undertaking an active role in identifying where improvements were required to ensure the improvements could be firmly embedded to ensure the recent improvements could be sustained.

People also felt they could contribute to developments within the service and confirmed they could attend resident meetings to comment on the quality of service provision. One person told us, “I have attended in the past, but I have not bothered recently. We discuss activities and what food we would like. It’s more of a social event which is nice.” People were also encouraged to participate in annual satisfaction surveys, with the last survey being undertaken in September and October 2014. The purpose of the survey

Is the service well-led?

was to gather important information which would be analysed to ensure people's views and experiences formed part of the organisation's future business development plans.

Staff were encouraged to attend staff meetings on a monthly basis. These were facilitated by representatives from the management team. The meetings were

undertaken to ensure staff were fully aware of their roles and responsibilities and what was expected of them. They also told us the meetings would be used to communicate where improvements to service provision would be required and ensure staff would feel included in any developments in the home.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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

How the regulation was not being met:

There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the requirement of people.

Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

How the regulation was not being met:

Procedure must be established which assess monitor and mitigate the risks relating to the health, safety and welfare of service users.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

Procedures were not adhered to ensure people received their medicines as prescribed.

Regulation 12 (2) (g)

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4)

How the regulation was not being met:

The registered person must notify the Commission without delay of adverse incidents.

Regulation 18 (1) (a) (ii)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

Procedures must be in place to ensure the care and treatment of service users is appropriate and meets their needs.

Regulation 9 (1) (a) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

How the regulation was not being met:

There had been a failure to maintain a record of the care and treatment provided to service users and of decisions taken in relation to the care and treatment provided to service users.

Regulation 17 (2) (c)

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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

How the regulation was not being met:

The registered provider must ensure that the all staff receive appropriate support and feel confident in developing an open inclusive culture where the contributions of staff would be valued and they feel confident in initiating the organisations whistle blowing procedures.

Regulation 18 (2) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

How the regulation was not being met:

The registered provider must ensure that systems and processes are operated effectively to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity.