

Merstone Hall Limited

Merstone Hall

Inspection report

20-22 Florence Road
Boscombe
Dorset
BH5 1HF
Tel: 01202 309813
Website: www.merstonehall.org

Date of inspection visit: 16 and 17 November 2015
Date of publication: 17/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced comprehensive inspection carried out on 16 and 17 November 2015. Merstone Hall provides both residential and nursing care for up to 45 people, some of who may be living with dementia. There were 31 people living in the home during our inspection.

We previously inspected the service on 20, 21 and 23 January 2015 and the service was found not to be meeting several Regulations of the HSCA 2008 (Regulated Activities) Regulations 2010.

At the time of this inspection the home did not have a registered manager. A registered manager is a person

who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was in the process of registering with the Care Quality Commission.

Although people's needs were being assessed, care was not always delivered to meet people's needs. Some care plans lacked detail about the support some people

Summary of findings

should receive. The information in people's care records was not always up to date and some people's plans did not reflect their current needs. This meant people were at risk of receiving unsafe care.

The home was not always appropriately maintained. There was an unpleasant odour in the lounge of the home. This was a repeated breach of the regulations.

Medicine was dispensed and administered in a safe manner. The staff member responsible for administering medicines dealt with one person at a time to minimise risks associated with this process. We discussed training and found staff responsible for administering medicines had received formal training to ensure they were confident and competent to give medicine to people.

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

Records showed that staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse.

Feedback received from staff was whilst the home was adequately staffed, there was a lack of staff overall which meant staff had to work long shifts. There was a reliance on agency staff.

Complaints had been responded to appropriately and any lessons learnt were implemented. People and relatives told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

People received a choice of suitable healthy food and drink ensuring their nutritional needs were met. At meal times appropriate assistance was provided.

People's physical health was monitored and appropriate referrals to health professionals were made. The provider worked effectively with health professionals and made sure people received good support when they moved between different services.

Most staff were aware and knew how to respect people's privacy and dignity.

Activities were provided in the home; however we identified shortfalls in activities for people who were cared for in their bedrooms. This was a repeated breach of the regulations. People were encouraged to maintain contact with friends and family.

Robust systems were not in place to assess and monitor the quality of the service provided. The provider was not ensuring that people were protected against the risks of inappropriate or unsafe care and treatment as effective analysis of accidents and incidents and audits had not been carried out to monitor the quality of the service. Records were not always accurate or kept up to date. This was a repeated breach of the regulations.

We found multiple 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 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?

Improvements were required to ensure the service was safe.

Risks to people were not always assessed and staff did not always act in a way to keep people safe.

People and others were not protected against the risks of unsafe premises.

Arrangements were in place to ensure that medicines were managed safely.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

Requires improvement



Is the service effective?

Improvements were required to ensure the service was effective.

There was basic signage in the home, but this could have been improved.

People were not always supported to eat in a dignified manner.

Staff received training and support for their roles and were competent to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People had access to healthcare professionals such as doctors.

Requires improvement



Is the service caring?

Improvements were required to ensure the service was always caring.

People told us they liked the staff who had got to know them and understood their needs. They said staff respected their privacy and dignity. Staff interacted with people in a polite and friendly way. However people were not always treated with dignity.

Visitors told us that they were always made to feel welcome when they visited their relative in the home.

Requires improvement



Is the service responsive?

Improvements were required to ensure that the service was responsive.

Care plans did not always include sufficient information about people's care and support needs. This meant staff did not have up to date information to tell them about people's individual needs and how to provide personalised care.

People's need to be kept occupied and stimulated was not consistently met.

Requires improvement



Summary of findings

People and their relatives knew how to complain or raise a concern at the home.

Is the service well-led?

Improvements were required to ensure that the service was well led.

The quality assurance system was not effective because it had not identified the areas of concern found during our inspection and there were no plans in place to address them. Records were not always kept up to date.

The provider was not effectively acting on comments to improve the service.

We received positive comments about the changes in management by both people living in the home and visitors.

Requires improvement



Merstone Hall

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 checked whether the provider was 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 16 and 17 November 2015 and was unannounced. There was one inspector and one specialist advisor in the inspection team. We spoke with and met ten people living in the home and six relatives. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI).

SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the manager, registered provider, and four care staff and three ancillary staff.

We looked at six people's care and support records, an additional two people's care monitoring records, two people's medicine administration records and documents about how the service was managed. These included staff training files, staff recruitment files, audits, meeting minutes, training records, maintenance records and quality assurance records.

Before our inspection, we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also contacted two commissioners to obtain their views.

Is the service safe?

Our findings

Most people's risks had been assessed. However, this was not consistent. One person had a diagnosis of epilepsy and was prescribed medicine to help manage this. There was no plan in place to instruct staff how this person's epilepsy was managed, what to do if the person experienced a seizure and when they should call paramedics. This meant that the person may be at risk of not receiving the support they require should they have a seizure. We discussed this with the manager who told us that they would update this person's care plan and risk assessment.

Some people needed to use a hoist to move. People's hoist slings were not managed in a safe way. We looked at the care plan for one person and saw that they had been assessed as requiring a large sling. However in other parts of the care plan it stated that the person required a medium sling. This meant there was a risk staff may use the incorrect sling to support this person safely.

We saw that many of the slings used in the home were disposable slings. We looked at the sling in one person's bedroom and saw that it was soiled and had a tear in it which meant that it was not safe to use. There was no date on the sling to indicate when it was first used. We raised this with the manager who immediately removed the sling. Health and Safety Executive guidance states, 'A competent person must determine the scope of the thorough examination. In respect of thorough examination of accessories, such as slings, the person should have sufficient understanding and ability to identify any wear, deterioration or damage to such equipment'.

Staff completed accident and incident forms. A monthly analysis was undertaken by the manager who provided each member of staff with a copy each month. The overall number of incidents was relatively low. However, while the collated number of incidents were fed back to the staff there was no over analysis and/or record of learning from them in order to try to prevent reoccurrence.

This was a breach of Regulation 12 (1) (2) (a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not assessed the risks to the health and safety of one person and had not ensured that the equipment used by the service was safe.

At our last inspection in January 2015 we found that the service did not have robust systems to prevent the potential spread of infections. At this inspection we found that improvements had been made.

People's bedrooms were visibly clean and tidy. Some bedrooms had been painted and new hard flooring and carpets installed. The kitchen was clean and well organised. The kitchen had been awarded a five star hygiene rating by Bournemouth Borough Council in 2015. The laundry room was tidy and uncluttered. The room was separated into a "clean" and "dirty" area to reduce the potential spread of infection. There were sufficient supplies of protective equipment for staff to wear, such as gloves and aprons. These were worn by staff at appropriate times.

We spoke with a member of the domestic staff who explained their responsibilities in terms of infection management clearly. They described a routine and systematic way of working and they told us they had received training in infection prevention and control. We saw that generally, the home was visibly clean. The provider's cleaning records were complete and up to date with the exception of October 2015 which had not been completed. We spoke with the manager about this who told us they thought it was a recording error but that the cleaning had been done as usual. There was a strong malodour radiating around the lounge, reception area and first floor landing which appeared to come from beneath the carpet. The provider who told us that they had the carpet cleaned but the smell had remained. They told us that they were exploring removing and replacing the carpet.

Equipment had been checked regularly. Wheelchairs had been checked and serviced in April 2015. Portable Appliance Testing had taken place in May 2015. Fire extinguishers had been checked in October 2015. Emergency lighting, fire doors and gas safety were all periodically tested. We found that fire door checks had taken place and some of these doors required adjusting to prevent smoke passing through in an event of a fire. However records showed that only some of these had been adjusted.

The home was clear from trip hazards. Some rooms were in the process of being refurbished and some parts of the home had new carpets. The home had a secure garden for people to access should they wish. At our last inspection we found that the garden was unsafe. On this inspection

Is the service safe?

we found improvements had been made, however we saw that the gate to the garden was hanging off its hinges which made it difficult for people to access. There was also a dismantled bed and some loose fence panels in the garden area which posed a risk to people in the home.

This was a repeated breach of the regulations relating to keeping the premises properly. The property had also not been kept free from unpleasant odours. These shortfalls were a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Legionella testing had been taken place in April 2015. Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. We saw that the provider was completing various tasks such as flushing infrequently used taps and recording water temperatures.

At our last inspection in January 2015 we found that there were not appropriate arrangements in place for the management of medicines. At this inspection we found that overall improvements had been made for the management of medicines.

Nursing staff were responsible for the medicines administration round in the home. They approached people in a patient and caring manner and they explained to people what their medicine was for and they asked for people's agreement before giving them their medicine.

We looked at a sample of Medicines Administration Records (MAR) and found that the MAR included the name of the person receiving the medicine, the type of medicine and dosage, as well as the date and time of administration and the signature of the nurse who administered it. We saw that the MAR had been appropriately completed and were up to date.

Medicine records included very grainy photocopies of people's photographs. These were poor copies which meant it was difficult to know who the photograph related to. Two people did not have a photograph. This form of identification is used to ensure staff administer the

medicines on the MAR to the correct person. We discussed this with the manager and we saw by the end of our visit on the first day that these had been replaced with clear photographs.

When people had been prescribed medicines on an 'as and when necessary' (prn) basis, the provider did not use prn protocols or care plans. Most prn prescriptions were for Paracetamol a mild analgesic but others were for stronger pain control medicines and for sedatives such as Lorazepam. National Institute for Health and Care Excellence (NICE) guidance, The Management of Medicines in Care Homes, (2014) prn protocols and/or care plans are an important part of ensuring people receive the medication they have been prescribed as and when they need it.

The provider used a photocopied version of a pain assessment tool. This was a pictorial and numeric scale in which people identified what their pain feels like based on the chart. However it was not appropriate for people who are living with dementia. The chart had been photocopied so frequently that aspects of it were missing and the remainder difficult to see. We raised this with the manager who said they would investigate alternative approaches.

People we spoke with told us they felt safe. One person said, "I've no reason not to feel safe, the matron is brilliant." Another person told us, "I feel safe, I am looked after". Some people we spoke with were not able to tell us if they felt safe. We saw on several occasions through the interactions with staff that people appeared reassured when they became confused.

Relatives we spoke with said they felt their family member was safe. One relative told us, "It's much safer here than the previous home [person] was in." Another said, "I am very happy with all aspects of care here."

Staff had good knowledge about the meaning of safeguarding to the people living at the home and explained what they would do in the event an alert became necessary. The staff, nurses and carers had knowledge that was appropriate to their level of responsibility of work. All of the staff knew how to whistle blow and they told us they would not hesitate in reporting matters of concern either inside the service/home or externally to the organisation.

Is the service safe?

At our last inspection we found that not all of the relevant safety checks had been completed before staff commenced work. At this inspection we found that the relevant safety checks had been conducted.

There was a safe system of recruitment in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. Personnel files contained application forms that documented a full employment history, a medical questionnaire and a job description. We saw that two references were in place on personnel files we reviewed. The checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who have a criminal conviction or are barred from working with children and vulnerable adults.

At our last inspection in January 2015, we found that there were not enough qualified, skilled and

experienced staff to meet people's needs. At this inspection, whilst we found some improvements, further work was required to ensure provider employed enough staff to effectively cover work patterns without a high dependency on agency staff.

People told us that they felt that there were enough staff to support them. One person said, "I don't need to use my call bell often, but when I do I don't have to wait long". Another person told us, "I think there are enough staff". A visitor told us that they felt the home had enough staff to care for their loved one.

Two members of staff told us there were often staff shortages which meant they were required to work long hours to ensure people's needs were met. They told us the staff were excellent and really caring but it was very difficult to get nursing staff and therefore there were shortages and agency staff had to be used most of the time. They told us, "I work a 60 hour week minimum which is tiring but I do it because I love working here. The owners do listen but I often have to tell them we need more staff which is tiring".

The home had a reliance on agency staff and there were four on duty during our inspection. The manager explained that the home was actively recruiting and the agency staff that had been used had been working at the home for several months.

Is the service effective?

Our findings

All of the people we spoke with provided positive feedback about the skills and knowledge of staff. One person told us, “The staff are all good. The nurses know what they are doing.” Relatives we spoke to all told us that their family members care needs were met. One relative told us, “I think they do a good job here.”

Staff members were knowledgeable about people’s individual needs and preferences and how to meet these. They had received a thorough induction into their roles. Records showed it was mandatory for all new staff to complete an induction, which included shadowing experienced members of staff. Staff had regular opportunities to refresh their existing knowledge and skills. Staff spoke positively about the training they received.

At our last inspection in January 2015, we found that the provider had not ensured that all staff received adequate supervision, appraisal and training to enable them to fulfil their roles effectively. At this inspection we found that improvements had been made.

All staff received regular supervision and an annual appraisal. These processes gave staff formal support from a senior colleague who reviewed their performance. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. One member of staff told us, “These sessions allow me to reflect on what has gone well, when I have done well and sometimes the things I might be able to do a bit better. I find them helpful and supportive”. Another member of staff told us, “I have access to the owners almost every day and they do listen most of the time, the supervisions are useful though because it is my time to stop and think and there is not a lot of that here”. Other staff told us they felt well-supported.

At our last inspection in January 2015 we found that suitable arrangements were not in place for acting in accordance with the Mental Capacity Act 2005. At this inspection we found that improvements had been made.

We saw staff sought people’s consent before they provided care and support. During the medicine round we observed the staff member administering medicines asked a person if they would like to take their medicine. Throughout the inspection we observed staff involving people to make

decisions about their care and respecting their decisions. For example, people were given choices on what they wished to eat and drink, or if they wished to participate in an activity.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had followed the requirements in the DoLS and had submitted applications to the ‘Supervisory Body’ and these had been approved.

Staff spoken with were knowledgeable about the Mental Capacity Act (MCA) 2005 and DoLS and how it worked to ensure any restrictions were lawful and in people’s best interests. One nurse told us, “Residents have the legal right to make their own decisions about things that affect them for as long as they are able and it is our job to help them make these”. One member of staff said, “Mental capacity is all to do with the legal right people have to make their own choices and their cognitive ability to do so. Even if we do not think their decision is wise it is still their decision that counts”. One member of staff told us, “Everyone has capacity unless there is proof that they do not. This means they have the mental capacity to make their own choices for as long as they are able, this is their legal right”. Another member of staff said, “Some people have the ability or capacity as it is called, to make important decisions such as to do with money but may lose it with something like dementia but they are still able to choose what they eat or drink and we have to make sure they can choose for as long as they can”.

Is the service effective?

There was some basic signage in the home however the design and adaptation of the home could have been improved to support people living with dementia. For example, the use of colour coded doors and memory boxes to assist people in orientating themselves.

The homes cook told us about meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. We looked at the kitchen records that confirmed this.

People told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and had plenty to eat. The home worked to a four week menu and people were asked daily about meals and choices available to them for the day. On the day of our inspection visit the choices provided were listed on the whiteboard. One person we spoke with said, "I am having a curry today, I really like it." Snacks and drinks were offered to people between meals including tea, coffee and milky drinks with biscuits. One person was given a fortified drink by a member of staff as they were at risk of malnutrition. Throughout the inspection we saw the staff asking people if they required a drink.

At lunch time we carried out our observations in the dining room. Lunch was a relaxed and social experience. We observed different portion sizes and choice of meals were provided as requested. Most people were able to eat independently and required no assistance with their meal. Some people required assistance to eat their meal and most staff provided support in a dignified manner. Staff did not rush people, allowing them sufficient time to eat and enjoy their meal. However, we noted one member of staff was standing whilst assisting a person to eat which was not dignified. This was an area for improvement. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate.

Two people's care records showed they had been diagnosed with diabetes. There was a good care plan to provide guidance for staff about how they should provide support for the person but their diet was stated as a "Diabetic diet". This did not provide sufficient information on their individual needs and preferences.

Records showed that two people were living with a condition that had affected their safe swallow. They had been assessed by the Speech and Language Team (SALT) that had provided guidance about the most suitable type of food for them, records showed staff had implemented this guidance. Staff knew about the different types of diet that were used to support people whose swallow was impaired. They knew how to support each person with different diets and the amount of thickening their fluids should have.

People's records showed that their food and fluid intake was monitored, but while there were intake targets on the charts, there were no totals. This meant it was difficult for staff to monitor people's intake and take appropriate action should a person not be drinking enough to maintain their health and wellbeing. This was an area for improvement.

People were supported to maintain their health and had access to healthcare professionals when required. We saw records that showed various professionals such as the district nurse, chiropodist and GP visiting people in the home. One member of staff told us that a person was not feeling well and the home had contacted the GP who had seen them that morning. We spoke with a visiting GP who told us that the home was proactive in sending them appropriate referrals. They also told us that the home followed their guidance well. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

Is the service caring?

Our findings

People who lived at the home, those that mattered to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. One person told us, “All the staff are kind and caring”. Another person told us, “It’s alright here, staff are nice, I get on with all of them, you’ve only got to ask”. A visitor told us, “Generally it’s fantastic, the staff are caring and it’s consistent”. Another visitor told us, “I think the way [relative] is treated makes such a difference she’s looking at lot better, brighter and has a much more positive view of life since she’s been here.”

Staff had access to people’s personal histories to support them to provide personalised care and to get to know people’s likes and dislikes. We saw staff chatting with people; they had a good knowledge of people’s personality, their lifestyles and interests. Staff responded promptly to people who were requesting assistance and they did so in an attentive manner. There were also a considerable amount of warm and humorous exchanges between staff and people which were, when people were able, reciprocated in the same way.

People were encouraged to make decisions and that choices were explained to them clearly. Staff told us that they encouraged people to make choices such as meals, drinks, activities and what time to get up and go to bed.

People were addressed using their chosen name. This demonstrated that staff were aware of people’s individual preferences. Similarly staff knew which drinks people preferred. Staff were cheerful and the atmosphere at the home was relaxed and people seemed contented.

Staff told us ways in which they promoted people’s privacy and dignity, such as ensuring doors were shut and curtains closed when assisting people with personal care and using towels to promote people’s dignity. Some staff discussed people’s care requirements with each other across the communal lounge, which meant people and others in the lounge could hear this and did not respect their privacy or dignity. This was an area for improvement.

People chose where to spend their time. One person told us, “I am going across to the church soon. They have a raffle; I really enjoy spending time there”. Another person told us that they enjoyed knitting. A further person told us about the activities that they were involved with in the home which included making Christmas decorations, which we saw were on display in the home.

Is the service responsive?

Our findings

At our last inspection in January 2015, we found that people were not receiving the social

stimulation, care, treatment and support they needed to meet their care, support and emotional well-being needs. This was because their needs had not been fully assessed and care plans had not been put in place or they had not been followed. At this inspection whilst we found some improvements we identified an ongoing breach in relation to the care and treatment provided to people.

People, and or their family members, said that staff met people's care needs. One person told us, "Staff know me I have seen my care plan and have signed it". Another person told us, "Yes, I get terrible pain sometimes and the nurses give me a tablet to keep it under control."

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. Care records were generally detailed and included guidance for staff to follow so they could provide care safely, consistently, and in the way each person preferred.

Some care records were contradictory as parts of the care plans had been updated, however other parts had not been. For example there were discrepancies in people's moving and handling care plans. We saw that where staff were recording people's weights, there were errors and there was no evidence that staff were taking appropriate action should people be recorded as having unexplained weight loss. Examples included one person's who had lost 3.2 kg from May to June 2015, however their record for that month stated, 'weight remains the same'. We saw that the person lost a further 6kg from June to July. Another person's care plan stated that they no longer had a catheter, however when we checked with staff we were told that the person did have a catheter.

We also observed a member of staff who was wheeling a person backwards who was sat on a rollator with their feet dragging on the floor. This put the person at risk from falling from the rollator or damaging their feet. It also put other people at risk as the member of staff was walking backwards.

There were organised activities for people to be involved in. An activities co-ordinator provided a programme of events

for people to join each morning and afternoon. These were advertised and included 'bingo', 'instruments and sing along', 'Friday arts and crafts and 'Sunday church visit'. Other events were linked to the seasons for example, Christmas crafts and a Christmas party. There were occasional evening events such as 'teacher creatures' where different animals were brought into the home for people to enjoy. However, staff told us there were not enough activities staff to enable meaningful activities to be provided for those people who were cared for in bed. Staff said there were originally two activities coordinators, but this had been reduced to one. We were also told by staff that the activities person often had to provide care rather than carrying out their activities role due to staff shortages. During the inspection we found that most of the activities were provided to people in the lounge area of the home.

This was a repeated breach of the regulations relating to the care and treatment provided to people. These shortfalls were a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a complaints procedure which included the contact details for the Local Government Ombudsman (LGO). The Local Government Ombudsman looks at complaints about adult social care providers. One complaint had not been responded to in accordance with the homes policy. This was an area for improvement. People we spoke with about the complaints policy were aware of it and knew the process to follow should they wish to make a complaint. One person who lived at the home said, "I have no complaints and have not had to complain." A visitor told us that they had no complaints about the care provided at the home. We looked at the compliments received. One relative wrote, 'I feel content and relaxed in the knowledge that my wife is looked after by Merstone Hall nursing staff. Thank you so much'.

People's needs were recognised and shared when they moved between services. The provider had documentation in place should a person move between services. For example, there was a hospital transfer sheet in place for each person in the home which gave hospital staff a clear understanding of the way in which they should be cared for.

Is the service well-led?

Our findings

At our last inspection in January 2015, we found that people who use services and others were not protected against the risks associated with unsafe or inappropriate care because the registered person did not have effective systems in place to monitor the quality of the service delivery. We also found people who use services and others were not protected against the risks associated unsafe or inappropriate care because records did not contain up to date and appropriate information. The provider had not taken appropriate steps to address these shortfalls. At this inspection we identified an ongoing breach of these regulations. .

At the time of this inspection the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had submitted a manager's application to the Care Quality Commission.

We were told that the manager shouted at staff when mistakes were made which was demotivating and damaged the culture of the service. Staff comments included "The last report was a shock but it was right, it picked out the things we knew were wrong and these have been fixed which is great". Another member of staff told us, "Things at the home are loads better than they used to be, we all work as a team and we work well together, that makes coming into work a much happier place". A third member of staff explained, "I used to dread the first day of a shift now I look forward to it."

The manager was supported by a lead nurse who was responsible for the overall day to day running of the home. We received positive comments about the lead nurse by both people living in the home and visitors. These included "Things have improved greatly since Matron started working here". "The Matron is really nice", "[Matron] is very approachable, any problems and they are sorted".

There were systems in place for monitoring the quality of the service that was provided. However these were not always effective and did not always identify and address the in shortfalls found within this inspection. For example

the providers sling audit did not identify the risks that we identified as well as the shortfalls in the environment. Care plan audits were not effective. One person's moving and handling risk assessment contained the details of another person's care plan. We saw that in one section of their care plan it stated that the person required hoisting, yet in another part of the care plan it was recorded the person was able to mobilise using a walking aid. Another person's care plan stated that they did not have a catheter, but staff told us that they did. Care plans did not contain an accurate and complete record of the care people required. This put the people at risk of inappropriate care.

Following our last inspection in January 2015, the provider sent us an action plan which detailed how they would address the shortfalls identified. However the action plan that was sent was a safeguarding action plan and did not address all of the shortfalls that we identified in accordance with the Health and Social Care Act. For example, an action plan was not received detailing how the provider would meet the requirements of safe premises.

We looked at a survey that had been used to obtain the views of people living in the home. We saw various responses had been received, but none of these had been analysed and there was no action plan in place to improve lower scoring areas. For example, one person commented that they would like their bedroom redecorated. Other comments included that people would like to go outside of the home more often. This meant that the provider was not effectively acting on comments to improve the service.

This was a repeated breach of the regulations relating to assessing and monitoring the quality of the service, and record keeping. These shortfalls were a breach of regulations 10 and 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations, 2010 which relates to Regulation 17 (1) (2) (a) (b) (c) (e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meetings were held involving staff at different levels of the organisation so that staff could discuss issues relevant to their role. For example, a nurses meeting was held on the October 2015 and included topics such as medicines, slings, Mental Capacity Act 2005 and best interest decisions. A staff meeting was held in August 2015.

Is the service well-led?

Resident/relative's meetings took place. This enabled people to be kept involved in the running of the service. The last meeting took place in March 2015 which included topics such as staffing, books for sale, themed parties and a barbeque.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not assessed the risks to the health and safety of people living in the home.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

How the regulation was not being met:

The provider was not ensuring that people received person centred care. People's social needs were fully met.

The enforcement action we took:

We served a warning notice that the provider must comply with the Regulation by 26 February 2016.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not being met:

The premises and equipment was not always properly maintained.

The enforcement action we took:

We served a warning notice that the provider must comply with the Regulation by 26 February 2016.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider did not have effective systems in place to monitor the quality of service delivery.

The enforcement action we took:

We served a warning notice that the provider must comply with the Regulation by 26 February 2016.