

Barchester Healthcare Homes Limited

Ashford House

Inspection report

Long Lane, Stanwell
Middlesex TW19 7AZ
Tel: 01784 425810
Website: www.barchester.com

Date of inspection visit: 23 and 25 July 2014
Date of publication: 19/02/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection that took place over two days; we found concerns on the first day which were discussed with the provider. On the second day we saw that improvements had been made.

Ashford House is owned by Barchester Healthcare Homes and is registered to provide accommodation with nursing care for up to 54 people. At the time of our visit, there were 50 older people living at the home. The majority of the people who live at the home are living with dementia, the service also provides end of life care. The accommodation is provided over two floors that were accessible by stairs and a lift.

Ashford House had a registered manager in post who is responsible for the day to day running of the home. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were at risk because there were inconsistencies in the systems and arrangements to protect people from the spread of infection. Appropriate standards of cleanliness were not being maintained. Infection control policies and procedures were in place; however it was clear staff had not followed these. We raised concerns about the conditions of some of the bathrooms and toilets; mattresses, carpets, chairs and soft furnishings in the home.

We found people were being deprived of their liberty as restrictions had been placed on people who had a tendency to wander and go missing from the building. Restrictions to people's freedom were not implemented in accordance to the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. This meant suitable measures had not been implemented to ensure their safety without comprising their human rights.

We found the staff team was qualified, skilled and experienced to support people's care needs, however the number of staff on duty had an impact on the level of support given as staff were busy attending to other people's needs. There was insufficient domestic staff on duty which had an impact on the standard of cleanliness throughout the home. The home has a high proportion of people who required constant support or more than one member of staff to support and assist with their assessed needs. There were inconsistencies in the level of care people received.

Staff treated people with compassion, kindness, dignity and respect. A relative said, "My mum has a lot of needs and the staff are compassionate. The home has been very kind to me. It is very difficult." Staff were happy, cheerful and genuinely caring towards people. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit. People's privacy and dignity were respected

and promoted. Staff told us they always made sure they respect people's privacy and dignity before personal care tasks are performed. However, there were occasions when people's dignity and respect were not upheld.

People told us if they had any issues they would speak to the nurse or the registered manager; however some people told us that management was not always available or responsive to issues raised. People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service. However it was evident that although people's views were sought, it was difficult to determine if action was taken.

There were quality assurance systems in place, to review and monitor the quality of service provided, however not all of them were monitored or reviewed. This meant that whilst there were arrangements in place to manage standards, people were not fully protected against the risks as there was no systematic approach to managing them.

People told us that they felt safe at Ashford House. People told us, "Yes I feel safe here and they try their best." "I feel that my Mum is cared for and that she is safe." Staff had a good understanding about the signs of abuse and was aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from abuse. Recruitment practices were safe and relevant checks had been completed before staff commenced work. Medicines were managed safely. Any changes to people's medicines were prescribed and verified by the person's doctor.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of people's health. The service worked effectively with health care professionals and referred people for treatment.

Summary of findings

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. We found there were a range of activities available within the home and community.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not safe.

People were at risk because the arrangements in place to prevent and control the spread of infection were not being followed correctly. The level of staff had not been matched to people's support needs. This affected the level of care provided.

People's human rights were not protected because their freedom was restricted and the restrictions were not in accordance with appropriate guidelines.

People were protected from abuse and avoidable harm because of good recruitment procedures and trained staff working within current safeguarding guidance.

People had risk assessments based on their individual care and support needs.

Medicines were administered and stored safely.

Inadequate



Is the service effective?

The service was not consistently effective.

Staff received appropriate training for their role, however there were irregularities regarding the support staff received to ensure their professional development.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who were nutritionally at risk.

Staff provided a standard of care, treatment and support which promoted a good quality of life based on good practice guidance such as moving and handling and supporting people to eat, however there were inconsistencies with the level of care and support provided.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The service worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Requires Improvement



Is the service caring?

The service was not consistently caring.

Requires Improvement



Summary of findings

People's privacy were respected and promoted. Staff told us they always made sure they respect people's privacy and dignity before personal care tasks are performed. However, there were occasions where people's dignity was not upheld.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit.

Is the service responsive?

The service was not consistently responsive.

We found detailed information about the care, treatment and supported people needed and received. However, we found inconsistencies in the time taken to respond to people's care needs.

People were encouraged to voice their concerns or complaints about the service. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service. However not everyone felt that their issues or views were acted upon.

People's needs were assessed when they entered the service and reviewed on regularly basis. Information and records regarding people's treatment, care and support were updated by staff involved in their care.

People were able to pursue their interest and hobbies that were important and relevant to them. The risk to people from social isolation was reduced through systems the service had in place.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

The provider had sought, encouraged and supported people's involvement in the improvement of the service. Action taken had not been recorded so people were unclear if concerns had been, or were being, addressed.

People told us the staff were friendly, supportive, however management were not always visible or approachable.

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager.

The provider had systems in place to regularly assess and monitor the quality of the service provided. However they were not always effective at identifying and correcting poor care practices around the home.

Requires Improvement



Ashford House

Detailed findings

Background to this inspection

We visited the service on 23 July 2014. We returned on the 25 July 2014 to see whether improvements had been made in relation to the concerns raised on 23 July.

We spoke to seven people who use the service, five relatives, 16 staff which consisted of nurses, carers, domestic care and kitchen staff. We observed care and support in communal areas, we looked at 12 bedrooms, reviewed communal areas, we looked at a five care records, risk assessments, four recruitment records, nine supervision records, seven MAR charts, accident and incident records, minutes of meetings, complaints records, policies and procedures and external and internal audits conducted.

The inspection was conducted by two inspectors and an expert by experience that had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR

was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We contacted the local authority and health authority, who had funding responsibility for people using the service. We also contacted three social care professionals who visited the service to obtain their views about the service.

At the last inspection made in April 2013, we found that the service met the standards set out in the regulations.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People were not safe because there were a number of inconsistencies in the systems and arrangements to protect people from the spread of infection. Although the provider had systems to ensure appropriate standards of cleanliness were maintained, not all of these were being followed; this was having an effect on the standard of cleanliness throughout the home. For example, there was a strong smell of urine coming from a number of rooms we visited, some of the carpets, chairs, soft furnishings and bed linen in people's rooms were stained or soiled. We saw that a number of mattresses had an embedded urine smell thus showing that they had not been cleaned or disinfected effectively. We saw that the communal sensory room and some of the ensuite toilets were soiled with bodily matter.

Infection control policies and procedures were in place; however it was clear staff had not followed these. There was a cleaning schedule for the service. For example domestic staff had daily lists of cleaning tasks. These detailed the different activities that needed to be carried out and checked. Staff had signed when tasks had been completed, however there was no monitoring of the work carried out therefore there were no regular checking systems in place. Guidance about how to handle dirty linen were displayed in the laundry room, however, when we talked with staff it became apparent this was not being followed.

We raised concerns about the conditions of some of the bathrooms and toilets. We saw that some of the bathroom sinks and toilets had lime scale deposits. Some toilet basins were cracked and sealants were coming away from the floor or shower unit. This made it difficult to clean effectively as lime scale is a rough surface area and any gaps can harbour bacteria.

Protective equipment such as aprons and gloves were in place, we saw some staff wearing disposable aprons and gloves, however others did not. Antibacterial gel and paper towels were available throughout the home. Most staff was seen to be 'bare below the elbows' but some were wearing rings and watches. Being 'bare below the elbows' would help staff wash their hands more effectively. Staff were not supplied with a uniform so they wore their own clothes. This meant people and staff were not adequately protected from the risk of infection because appropriate guidance and practices had not been followed.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We raised all of our concerns to the registered manager and during our second visit we saw that improvements had been made.

We looked to see if the provider understood their role and responsibilities with regards to the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. DoLS provide a legal framework to prevent unlawful deprivation and restrictions of liberty. They protect vulnerable people in care homes and hospitals who lack capacity to consent to care or treatment and need such restrictions to protect them from harm.

We found there were policies and procedures in relation to MCA and DoLS and staff had received training. However, we found people were being deprived of their liberty and suitable measures had not been implemented to ensure their safety without comprising their human rights. We found posters with photographs of people on display upon entry and exiting the building, informing staff not to let them out of building. The registered manager told us this was to ensure that the people were kept safe as they had a tendency to wander and go missing. The registered manager had not submitted a DoLS application for these people. We requested that DoLS application were made. During our second visit confirmation was received that the DoLS application had been made. We also saw that entry and exit to and from the units is through a coded key pad system, the code was displayed near the pad which was known to people, however this could be a problem for people whose vision or memory was impaired. This meant that people's freedom was being restricted and not acted in accordance to current guidelines. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We noted that although the staff team were qualified, skilled and experienced to meet people's needs, we observed at times people had to wait for their needs to be attended to as staff were busy attending others. The home has a high proportion of people living with dementia and some required a high level of support and assistance with

Is the service safe?

their assessed needs. The staffing rotas were based on the number of people living at the home and not the dependency of individuals. We also noted that the number of staff did not increase once they reached over fifty people. The registered manager told us staffing levels were being reviewed in August. During our observations, we saw examples where care needs had not been met due to absence of staff. One person had to wait for over 10 minutes to be assisted to the toilet. Another example was where staff did not observe when a person used the communal sensory room as a toilet. We had to bring this to the attention of the registered manager, so the room could be cleaned before others used it. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Number 1

People told us, "Yes I feel safe here and they try their best." "I feel that my Mum is cared for and that she is safe." Leaflets about different types of abuse and how to report it were displayed on noticeboards in the home. This meant people were provided guidance about what to do if they suspected abuse was taking place.

The service had a copy of the most recent local authority's safeguarding policy and company policy on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. The provider had also obtained and followed external guidance from Department of Health. Staff told us that they had received safeguarding adults training within the last year. We confirmed this when we looked at the staff training programme. Staff knew what to look for and what to do if they suspected any abuse. A member of staff told us, "I would talk to my manager, who would inform the local authority."

Staff had been provided with information and guidance about how to manage people's risks. Risk assessments provided details about the risk, and what actions to take to minimise the risk. This showed us that people were cared for, and supported, by staff that were knowledgeable about their risks. Staff encouraged people who were in a wheelchair to move around and be independent without too much intervention depending on their capability. We also saw a person assist another person in a wheelchair

whilst staff observed, it was clear that both people enjoyed the experience. Their freedom and dignity had been preserved and the risk had been managed effectively. People who had challenging behaviours to them self or others needs were identified and action plans put in place in accordance to their care and support needs.

We observed information displayed regarding the Fire Evacuation plan. We saw in people's care plan a 'Personal Emergency Evacuation Plans' had been completed, where a need had been identified. This meant that staff had information on how to support people in the event of an evacuation.

People told us the staff were very good and they felt safe with them. A recruitment process was in place, we reviewed staff records which contained information about staff's employment history and qualifications. Staff confirmed what documentation they completed and what checks were carried out during the recruitment process. We saw the provider had completed criminal record checks, obtained information to verify people's identity and references, to make sure people were of good character and did not have a criminal record.

Medicines were managed by staff in a safe way. The storage and administration of controlled drugs were in accordance with National Institute for Health and Care Excellence (NICE) guidelines. We looked at the medicine administration records (MAR) sheets. These documents serve as part of a legal record of drugs administered to a person at the home and a member of staff signs off on the record after the medicine is taken. We noted that MAR records were used appropriately. This meant records of medicine administration were accurate and fit for purpose.

We saw the provider had written individual PRN [medicines to be taken as required] protocols for each medicine that people took. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of. This meant people would receive their PRN medicines in a consistent way.

Is the service effective?

Our findings

We found there were inconsistencies in the support staff received such as supervision and appraisals, some staff told us they had received it and others stated they had not. We reviewed the provider's records which reflected what staff had told us. We noted from the information provided that thirty-two staff had received supervision in 2014, whereas eighteen staff last received supervision in 2013. This meant that although arrangements were in place, not all staff had the opportunity to discuss issues, concerns or identify professional development needs. This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff confirmed they had received appropriate training for their role, Staff told us, "I have a certificate in nutrition, food hygiene, COSHH, Health and Safety, I have also done some training online as well this included whistleblowing and safeguarding policies.", "The training is good here." We reviewed staff's training plan and found that staff had received training within the last 12 months. The training plan showed that all staff had been trained in areas such as fire, food safety, health and safety, infection control, MCA, medication, moving and handling and infection control.

During our observations, we saw two members of staff using equipment to transfer a person, with limited mobility, from a chair to their wheelchair. This was carried out sensitively and skilfully. During the process the person was constantly reassured and told what was happening. Conversations with staff and further observation of transfer techniques, confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively.

People had their health needs assessed and specific care records had been developed in relation to their individual needs. For example, where people needed assistance with eating or had special dietary requirements, such as allergies or had a risk of choking, information and guidelines were recorded to ensure that people's needs were met. People who required products to be added to their food and drink to enable them to swallow without harm, instructions were given to the dosage and consistency required.

People told us, "I enjoy the food here its tasty and I can choose what I have." Another person told us, "That liver was

so tender and tasty, smashing." People were offered a choice of menu for breakfast, lunch and tea. The menu only had written information to describe the meals on offer and lacked pictures which could help some people make a more informed choice. There was a choice of suitable and nutritious food and drink available throughout the day. The portion size varied according to the persons' wishes and seconds were available. Staff confirmed that snacks were available at any time as some people preferred to have a snack rather than eat a large meal. People confirmed that they had sufficient quantities of food and drink.

People were supported to have their nutrition and hydration needs met. Care records contained information about people's food likes and dislikes and preferences such as religious or cultural needs. People's nutritional intake was also assessed and monitored; this information was given to the staff who prepared the meals. We saw information displayed in the kitchen about people who had special dietary requirements such as diabetes, high calories, low salt or gluten free and health conditions that required pureed or soften food.

People were protected from some risks of food poisoning. Temperatures of fridges, freezers and cooked food were recorded in the kitchen to make sure people received food that was stored and cooked at the correct temperature. However we observed that while the food served at breakfast had its temperature checked, by the time it had been served it was cold. The trolleys used did not keep the food at a temperature adequate to keep it hot. This meant people were at risk of food poisoning as food was not kept at the required temperature. The kitchen however, was clean and food was stored and recorded correctly in accordance to guidelines. Non kitchen staff were provided with protective clothing before entering the kitchen.

We saw staff preparing and getting people ready for lunch, at a slow and steady pace, they were not rushed. People who were unable to eat themselves were supported by a member of staff. However, the staff to person ratio meant some people had to wait a significant amount of time before support was given. Throughout the day people were encouraged to take regular drinks. We noted that special precautions such as the increased availability of cold drinks, ice creams and smoothies were in place to deal with the increase in temperature.

Staff told us the local doctor visited weekly or when required and those who wished to see their own doctor

Is the service effective?

was supported to do so. People had access to healthcare professional such as doctors, district nurse, occupational therapist, physiotherapist, and other health and social care professionals. We saw from records that any changes to people's needs, staff had obtained guidance or advice from the person's doctor or other healthcare professionals.

People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in the care records. This showed the management and staff ensured people's health needs were met.

Is the service caring?

Our findings

We found there were inconsistencies in the care that was provided. During our observations, we saw examples of good and poor care; staff were very busy which had an impact on the support provided. A person told us they felt that staff did their best and that they were very caring but he went on to say that they didn't have much time to sit and talk to him. A relative told us, "My mum has a lot of needs and the staff are compassionate. The home has been very kind to me. It is very difficult." Another relative told us, "I think they could help her to move more. When she came in she could walk but now she never seemed to get out of the chair." We observed staff were caring and sensitive to people's needs, for example staff were seen encouraging a person with very limited capacity to colour a picture, and after some gentle persuasion they did it on their own. However, we also noted some people had to wait for support and care; therefore there was a delay for some people to receive the support they required. For example a person had to wait 15 minutes for staff to assist her with eating her lunch.

People told us staff treated them with "kindness and compassion." We saw that overall staff treated people with dignity and respect. Staff called people by their preferred names, and when personal care was given this was done in private. However, during an observation, we saw a female person was not covered and, half naked in bed and the door was open, staff did not observe this until we pointed it out to them. Staff explained to people when they were going to do something with them, such as moving them with a hoist. At each stage they checked the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner and were not afraid to involve people in light hearted and appropriate banter.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests

and the care and support they needed. We saw detailed information in the care records that highlighted people's personal preferences, so that staff would know what people needed from them. Staff knew people's religious, personal and social needs and preferences from reading their care records. We noted that care records were reviewed on a monthly basis.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or choice of meal. Staff did not rush people for a response, nor did they make the choice for the person. Relatives told us that their involvement in their relatives care planning varied, one person told us, "I meet with staff about every 6 months to look at my Mother's care plan. They let me know what treatment my Mother is receiving. They are good at letting me know if things change." Another relative told us, "There was no system for regular monthly discussions."

People's relatives and friends were encouraged to visit and maintain relationships. People confirmed that they were able to practice their religious beliefs, because the provider offered support to attend the local religious centres. We also saw that services were held in the home and these were open to those who wished to attend. This showed us that care and support was provided, with due regard for people's religious persuasion.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in the nurse's office. This ensured that visitors and other people who used the service could not gain access to people's private information without staff being present. A member of staff told us "Staff are not to share information with other people, discuss other residents in front of other residents or leave anything out that pertains to the person."

Is the service responsive?

Our findings

In the majority of the rooms call bells were within easy reach for people, but many people had limited mobility and therefore relied on staff who conducted regular checks to their rooms to check if they needed assistance.

Improvements could be made as there was no monitoring of the system to be able to identify if calls were answered within good time frames or if there were patterns to when call bells were activated.

People told us, “Staff here are very good.” “I like a good cup of tea and I can have one at any time.” “They are busy so they don’t spend a lot of time with me.” We found inconsistencies regarding the care, treatment and support people received. We saw a person who was sitting in an unsuitable position and was not attended to until we pointed it out to staff.

There was detailed information in the care records about the care, treatment and support people needed. For example, people told us they were able to make their own decision about bedtime and they could choose when they get up in the morning.

The provider supported people’s needs by decorating the home in colours that would not alarm, agitate or confuse people. We saw that each corridor had a theme which consisted of photographs and items to help people recall memories. The home also had a sensory room that was equipped with different equipment that created sensations that could assist relaxation, or stimulate people’s senses. People’s rooms were personalised, they had photographs of family, pictures and items of religious sentiment and personal choice.

The service had their own transportation; there were a range of activities on offer together with mini-bus trips to places of interest, the activities reflected people’s interests and hobbies such as helping out in the garden, cooking, arts and crafts and painting. There was a good deal of photographic evidence on the wall to confirm that activities had happened. A person told us “I enjoy the regular trips out.” The activities co-ordinator was on holiday, we noted on the day of our visit there were very little activities being carried out, as staff were busy tending to people’s care needs. Arrangements were in place to reduce the risk from social isolation and loneliness such as attending local

religious centres, weekly visits from the religious community, ‘pat the dog’ a person who owned a dog and visited people who lived at the home and staff encouraged family and friends to visit.

Pre and admission assessments had been completed. These detailed individual’s personal details, mental capacity, details of healthcare professionals such as doctor, care manager, information about any medical history, medicines, allergies, physical and mental health, identified needs and any potential risks. This information was reviewed prior to any care and support given. People and their relatives were involved in their care as people were able to state whether they preferred a female member staff to assist them with their personal care. This meant that staff had the most up to date information that related to the person regarding their health, care and support needs.

People were provided with the necessary equipment and medicines to assist with their care and support needs. Information regarding individual people’s care needs and support were recorded. People and relatives confirmed they were involved in the planning and delivery of their care. We saw that care records were reviewed regularly and that information provided by health and social care professional such as the doctor, community psychiatrist nurse; chiropodist and social worker were noted. Information was also recorded if any changes had happened such as: wound care, falls, medicines, incidents, accidents and dietary needs.

People told us they knew what to do if they needed to make a complaint. One person said, “I would know who to complain to. I have raised a few minor issues but none of them serious. They were sorted by the nurse and care staff.” Information about the complaints procedure was provided in the ‘resident’s’ handbook; it also provided contact details for the local government ombudsman and CQC. Staff told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff we spoke with knew what to do if someone approached them with a concern or complaint. The service maintained a complaints log. We were informed by the manager that the service had received two complaints since the last inspection and these were responded to in a timely manner and to a satisfactory conclusion. However a relative told us of the arrangements put in place following an altercation between her relative and another person. The relative expressed concern to the management that

Is the service responsive?

this was not a good arrangement because of her family member's history. The relative did not think that management had listened or been sufficiently diligent over the issue and had expressed concerns. We were told that a meeting was planned to discuss the matter.

Is the service well-led?

Our findings

People were involved in how the service was run in a number of ways. People told us that they had attended 'residents' meetings, where they discussed the service provided such as food choices on offer, they wanted more mashed potato and ice cream, activities, the garden and any maintenance work that would affect the day to day running of the home. Relatives told us there was 'relatives' meeting where they could discuss suggestions or raise concerns about the service. We noted from minutes of a relatives meeting held in June 2014 they discussed issues regarding the service. For example issues had been raised regarding the refurbishment of the home; staffing levels; care given at night; Deprivation of Liberty Safeguards; spot checks carried out by registered manager; care given to their relatives and bedroom doors being left open. However, it was apparent that even though people's views were sought, it was difficult to determine whether all of the concerns raised were actioned as they were not documented. Relatives we spoke to expressed their concerns that the management was not always available or responsive as they should be when issues are raised. The registered manager told us that some of the concerns were on going issues; however actions carried out were not documented, so people were unable to see what action had been taken so far to address their issues.

There were a number of policies and procedures in place, including guidance from professional bodies such as Department of Health, NHS England and National Institute for Health and Care Excellence (NICE). However, not all of them were followed by staff. For example, the provider did not follow their own policy and procedure regarding documenting the disposal of medicine. We noted that there was no second signature of a member of staff or from the pharmacist as stated in their medication disposal register to verify that the medicines had been disposed of in a safe manner.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. We saw there were various monthly audits carried out such as

health and safety, clinical governance, medicines, facilities, spot checks, care records, and an additional medicines audit conducted by an external agency. However the systems in place to monitor or review the cleaning tasks and cleaning standards were not being implemented. There were no systems in place to monitor or review the call bell system.

This meant the service was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us there were regular staff meetings where they were encouraged to raise their concerns about the service. We saw minutes of the staff meeting that noted items raised and discussed such as activities arrangement for people, instructions regarding infection control, and facilities used whilst performing personal care tasks. We saw notes of head of department meetings that took place on a daily basis, to discuss issues regarding the home and actions agreed.

Staff told us there were guidelines they followed in relation to how to treat people, they treated people with respect, kindness and compassion at all times, ensured that their dignity and privacy was maintained.

The provider had arrangements in place to conduct announced and unannounced visits to the home which is carried out by the registered manager and senior manager. The report carried out by the registered manager highlighted their findings, however where issues were raised and follow up action to be taken, there was no record of the action taken. The senior management visits reported their findings, some findings such as training attendance was improving; however signatures regarding medication were still an on-going issue.

The provider had a system to manage and report incidents, and accidents. Members of staff told us they would report concerns to the nurse in charge on shift or the registered manager. We saw incidents and safeguarding had been raised and dealt with, notifications had been received by CQC in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>The registered person did not ensure service users, staff or others are protected against risk of infection. Effective arrangements were not being followed to assess the risk of and to prevent, detect and control the spread of infection and the maintenance of appropriate standards of cleanliness and hygiene in relation to the premises.</p> <p>Regulation 12(1)(2)(a)(c) (I)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place acting in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. Regulation 18.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>The registered person did not have effective arrangements in place to safeguard the health, safety and welfare of service users, the registered person did not take the appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed. Regulation 22.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered person did not have suitable arrangements in place in order to ensure staff are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, by receiving, professional development, supervision and appraisal. **Regulation 23 (1)(a).**

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The registered person did not have effective arrangements in place to protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by regularly assessing and monitoring the quality of the services provided and by identifying, assessing and managing risks relating to the health, welfare and safety of service users and others who may be at risk. **Regulation 10 (1)(a)(b).**