

## Abbey Care Centre Limited

# Bhakti Shyama Care Centre

### Inspection report

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Date of inspection visit: 21/04/2015 and 24/04/2015  
Date of publication: 18/06/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 21 and 24 April 2015 and was unannounced. At the last inspection on 16 May 2014 we found the service was meeting the regulations we looked at.

The registered manager had left the service in July 2014, however, an application to cancel their registration with the Care Quality Commission (CQC) had still not been submitted at the time of our inspection. The clinical lead for the service had submitted an application to register with the CQC as the registered manager and was awaiting the outcome of this at the time of our inspection. A

registered manager is a person who has registered with the CQC 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.

Bhakti Shyama Care Centre is a care home with nursing, specifically designed to meet the needs of older people from the Asian Community. The majority of the people living there are Gujarati speaking. This is reflected in the staff team at the home, who are all Asian and are able to

# Summary of findings

speaking Gujarati. It can cater for up to 22 people, at the time of our inspection there were 19 people using the service. It is based in Balham, and is located next to The Radha Krishna Temple Shyama Ashram temple.

The home is arranged over four floors and there is a lift available at the home. There is a kitchen, laundry room and staff room located on the lower ground floor. Bedrooms are arranged on the ground, first and second floor. The main lounge is on the ground floor which leads out onto a courtyard. There are smaller lounges on the first and second floors. All bedrooms have an ensuite bathroom.

Although people told us that they felt safe and that staff treated them well, we found that the provider did not follow safeguarding procedures in terms of notifying the local authority of any concerns relating to potential abuse.

We observed staff during the medicines round and saw that people were supported to take their medicines safely, however we found that where people were given their medicines covertly, there were no clear guidelines about the method of administration and how the medicines were to be disguised.

We found that where people did not have the capacity to consent to certain decisions related to their care and treatment, the provider was not following the requirements of the Mental Capacity Act 2005 (MCA). Where people may have been restricted of their liberty, consideration had not been given as to how this may impact on people's lives and applications to lawfully impose restrictions on people in their best interests were not always submitted in a timely manner.

We observed staff speaking to people in a friendly way and speaking to them in a culturally appropriate manner.

Staff attended training that was relevant to the needs of people and were regularly supervised. Staffing levels were stretched at certain times of the day and we saw some instances where staff did not always have enough opportunity to engage with people and attend to their individual needs.

People spent a lot of time sitting in the lounge or in their bedrooms and there was a lack of meaningful activities for people to engage in that met their individual preferences.

Care plans were in place and updated at regular intervals. However, there were gaps in these records that meant staff did not always have the information they required to meet people's individual needs effectively. For example, there was a lack of guidance about how to support people's emotional wellbeing.

The manager of the service had applied to be formally registered with the CQC at the time of our inspection. She had identified areas of improvement and staff that we spoke with felt that she was a good appointment.

The service monitored the quality of service by conducting health and safety checks, audits and feedback surveys from people using the service, relatives and visitors. A quality manager also carried out monitoring visits.

During this inspection we found that the provider was not meeting the requirements of the regulations in relation to safeguarding people, adequate staffing levels, management of medicines, some aspects of hygiene, control and restraint and care planning. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation in relation to caring for people living with the experience of dementia.

# 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. Although people told us they felt safe, the provider did not follow safeguarding procedures to ensure that people were protected from potential abuse.

Staffing levels at the home were inadequate to meet people's individual needs, especially during the morning.

People were supported with their medicines but correct guidance was not always followed when people were given medicines covertly.

Some aspects of hygiene around the home needed more attention.

Risk assessments were carried out and plans put in place to minimise any risk of harm.

Inadequate



### Is the service effective?

The service was not effective in some aspects. The provider was not following the legal framework in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Training that was relevant to the needs of people was delivered to staff.

People's physical healthcare needs were met and the provider begun the process of achieving the Gold Standard Framework (GSF) in end of life care.

People were provided with food that was culturally appropriate.

Requires improvement



### Is the service caring?

The service was caring. People's cultural needs were respected and staff supported people to follow their religion.

We observed staff speaking to people in a caring manner.

People lived in single rooms with ensuite facilities which enabled their privacy to be maintained.

Good



### Is the service responsive?

The service was not responsive in some aspects. Care plans did not always fully reflect people's individual needs and the action staff should take to meet these.

People were not always supported to pursue individual social and leisure interests.

The provider had a system for managing complaints about the service. However, the complaints records were not fully completed so it was difficult to assess if complaints had been satisfactorily resolved.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not always well led. The absence of a registered manager had had an impact on the morale of the staff team and the effectiveness of leadership in the home.

Audits were completed and feedback sought from people using the service, relatives and visiting professionals. However, identified shortfalls were not always addressed to ensure that improvements were made.

**Requires improvement**



# Bhakti Shyama Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 24 April 2015 and was unannounced. The provider knew we would be returning for a second day, but was not told the date of the return visit. The inspection was carried out by an inspector, a specialist advisor with a nursing backing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised.

During the inspection we spoke with eight people using the service, two relatives of people using the service and two visitors to the service. We spoke with nine members of staff, including the manager, kitchen staff, the activities co-ordinator and the administrator. We also spoke with the quality care manager and a visiting social worker who was carrying out a review of the placement for some of the people using the service. We looked at seven care records, three staff files, and other records such as medicine records, audits, incidents and accidents reporting, complaints, policies and staff rotas.

During our inspection we carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed a nurse during the morning medicine round and attended the morning staff handover meeting.

# Is the service safe?

## Our findings

One person using the service told us, “Overall I feel safe as the staff and other persons are of Asian origin.” A visiting relative said, “My [relative]...is safe and...comfortable and happy”. However, we found that the provider did not always take appropriate action to ensure that people were protected from harm.

One care record we looked at noted that staff had observed an unexplained bruise on a person using the service. Staff had completed a body map denoting the location of the bruise and had informed the manager who told us she had contacted the GP who had agreed to visit the day after our inspection to look at the injury. However, safeguarding procedures had not been followed because a safeguarding alert had not been raised with the local authority as required. The manager told us the local authority had not been notified because the incident was still being investigated. After the inspection, the manager told us that after assessing the bruise the GP had advised there was no need to raise an alert. This was not in line with accepted practice as it is the duty of the provider to report any potential safeguarding concerns to the local authority.

In addition, the provider had not followed recommendations from the local authority after a previous safeguarding investigation into an unexplained bruise, where they were advised to notify the local authority on the discovery of signs of injury more quickly.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding training was mandatory for all staff members and their knowledge was kept up to date by refresher courses. Training records showed that staff had attended safeguarding training in the past 18 months which was still current. Staff we spoke with confirmed they had attended training and were able to identify the different types of abuse and told us what steps they would take if they suspected abuse.

We found staffing levels at the home were insufficient at certain times of the day. The bedrooms were arranged over three levels and there were five staff on duty during the day, which included one nurse and four care staff, two allocated to the ground floor and two on the first and second floors.

During the night there were three staff on duty, one nurse and two care workers across all floors. Staffing rotas confirmed that these numbers were consistent in the months leading up to the inspection.

We visited the service early on the first day of inspection and saw that three people were awake and had their personal care needs taken care of by the time we arrived at 06:40. Breakfast was due to be served at 08:00. At 08:20 these three people, who all needed support with eating were in the downstairs lounge, however, staff were still assisting people in their bedrooms with their personal care needs. We also saw that some people were given breakfast before having their personal care needs met. It was apparent that staff were stretched during this busy morning period as the majority of people needed support with their personal care.

There were other indicators that staffing levels were inadequate. We noted that during the day care staff were updating records while in the lounge rather than engaging with people using the service. We witnessed two staff members taking a break in the corridor on the first floor. When we enquired, they said they felt they could not leave because they were worried about leaving the people. We spoke with the manager about this who said there was a break rota in place, and that care staff should be not be taking breaks in the corridors.

We also noted that some cleaning tasks were left unattended for long periods. The floors in two bathrooms were covered in water when we first saw them at 06:40. Staff had still not cleaned the floor when we checked both the bathrooms again at 11:00. Although people whose bathroom they were, were in the lounge during this period, if they had gone into the bathrooms they may have been at risk of slipping.

The provider could not be assured that there were adequate staff to assist in an emergency. For instance, in two out of the seven care records we reviewed, people had evacuation plans which required two staff to assist because these people were immobile. It was difficult to see how people could have been ably supported with the number of staff on duty if an emergency was to occur.

We found that staffing levels were not based on the individual needs of the people using the service and were insufficient to allow staff the time and space to take adequate breaks.

## Is the service safe?

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

Staff files showed that employees were suitably vetted prior to commencing employment. Criminal record checks were completed, proof of identity and eligibility to work in the UK, and professional references were undertaken. Nursing staff were required to provide details of their Nursing and Midwifery Council (NMC) registration and evidence was seen that confirmation of training completed at previous employers was also requested.

One person was given their medicines covertly, mixed with their drink. Although there was a policy and procedure on medicines which included covert medicines administration, it was not clear if this was being followed correctly by the service. The manager said if a person needed to be given their medicines covertly, they would contact the GP to discuss the concerns who would then sign a 'covert medicines form' and the family would be contacted to discuss this. There were no clear guidelines in the care records in respect of how the covert medicines were to be disguised and in what quantities, staff were not clear in their understanding of how much food or drink medicines were to be dissolved in. There were no guidelines for staff about what to do if the person didn't eat all the food in terms of ensuring that they got their medicines.

We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person using the service told us, "My medication is given by carers and never forgotten." People using the service had individual sealed containers with their own medicines dispensed into them. We observed a nurse (the manager), during the morning medicines round. She spoke to each person respectfully, discussing what the medicine was for and sought consent from the person for permission to administer. She followed good hygiene practices and washed her hands between administrations. Medicine records had a picture of the appropriate medicine accompanying the prescription and all administered medicines were accounted for and signed with no gaps. The medicines fridge was checked daily. However, it was malfunctioning on the day of the inspection and the manager had reported this in order for it to be repaired.

We noted that the manager was interrupted on a quite a few occasions whilst administering medicines, although she coped well with this. It is important that staff are able to concentrate whilst administering medicines to ensure that people receive their medicines safely and to prevent errors. The manager had started to train some care staff in assisted medicines practice.

We saw that the provider promoted independence where people were able to manage their medicines safely. One person was able to self-administer some of their medicines. This was left with them overnight. The nurse undertaking the morning medicines administration checked with them if it had been taken and then signed the chart. This was helpful in enabling the person to maintain some independence.

A pharmacist had carried out a medicines audit in February 2015 and no concerns were identified.

There was an ongoing issue with pests at the home. This in part was due to its location on a busy high street surrounded by restaurants. During the inspection, we witnessed a mouse in one of the empty bedrooms. We noted that staff were eating in the corridor outside this room which they said was normal practice during their breaks. This may have contributed to the problem. We did see evidence that the provider had taken steps to try and manage the mice problem. Pest control had been called out to the service a number of times in the past six months and a new contractor had been sought to deal with the problem.

The provider had not taken appropriate steps to control and prevent the risk of spread of infection. There was a smell of stagnating water or urine in some bathrooms and some toilets had no seal causing urine to seep between the lino. In some rooms, water had seeped from ensuite shower rooms and into bedrooms carpets. The clinical waste bin that was kept in an outside storage area was overfilled and the storage door which was left unbolted and open.

We found this to be a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care records showed that staff completed appropriate risk assessments including a dependency

## Is the service safe?

profile, waterlow (to assess the risk of developing pressure sores), falls risk assessments, nutritional risk and moving and handling risk assessments to help protect people from harm.

Environmental risk assessments had been carried out. Legionella testing, gas safety and equipment tests on the

hoists and passenger lifts had all been carried out within the past year. Other equipment such as the fire alarms, emergency lighting, the nurse call systems and the baths had also undergone recent testing.



# Is the service effective?

## Our findings

There were seven nurses employed by the service, including two registered mental health nurses. There was at least one nurse on duty throughout the day and night. We looked at the staff training matrix which showed the training that had been delivered to staff. Mandatory training for staff included safeguarding, infection control, moving and handling, food safety and drug safety and administration. The training matrix showed that the majority of staff were up to date with their training. Gaps had been identified and training had been booked to provide ongoing training.

We were shown the training schedule for the year 2014-2015 and a training needs analysis for the year 2015-2016. These records showed that staff were given training in areas relevant to the needs of people using the service, including the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), falls prevention, dementia awareness and end of life care.

Staff supervision took place every two months, however annual staff appraisals were not being completed at the time of our inspection. The manager was aware of this and told us that she would be starting the appraisals soon. She also showed us a copy of the new appraisal forms that had been developed to record future staff appraisals.

Although staff had received training in the MCA and DoLS, some were not able to explain the purpose of the act and the impact of it for people using the service. There were some restrictions in place for example, the use of bed rails for some people and key pad entries to go from one floor to another. Staff also told us that some people were not safe to leave the service without a member of staff accompanying them. There was no evidence in the care plans to show that people's capacity to make decisions had been considered before a decision had been made to restrict their liberty. In addition the provider had not applied to the local authority as required for these restrictions to be agreed and authorised in people's best interests.

Only one DoLS application had been submitted at the time of our inspection and this had been done at the request of a local authority following a quality monitoring visit carried out in relation to one person using the service. The report highlighted that there were concerns with the application

of the MCA and DoLS at the service. The reviewing officer had recommended the service submit a DoLS application for this person, the provider had not considered the restrictions being imposed and their responsibilities under the MCA.

Although people's capacity to consent was considered when they first came to use the service, and records had a consent checklist, these were only completed on admission and not reviewed. Some of these forms dated back to 2013 which meant they did not reflect any changes and indicated a generic rather than individual approach. We were unable to find any evidence of a MCA/DoLS assessment for people with dementia in the care records.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person using the service told us, "I can get food at midnight if I want it." One relative said, "My mother was assessed and choice on food from day one is provided and has been consistent." Another relative said, "The Gujarati balanced diet meal is served."

We spoke to the chef of the service and observed both breakfast and lunch being prepared and served. The chef told us that all the food served at the home was vegetarian and that people were aware of this prior to moving into the home. There was a four week rolling menu at the home. Breakfast consisted of cereal/porridge and toast, a mid-morning snack of fruit and tea was served and lunch and dinner was a mixture of rice, vegetable curry and lentils.

People's dietary needs were on display in the kitchen for staff. This included if people required a modified diet for example either a soft or puréed diet, as well as the assistance they required with eating. People's preferences in terms of how they liked their food were also recorded, for example no garlic, chilli or onions.

Daily fridge and freezer temperatures were taken which helped to ensure food was stored at the correct temperature. Kitchen staff also completed a daily food safety record sheet in which they recorded details related to the safety of food in terms of storage, preparation, and cooking. A weekly audit of the kitchen was also completed, which looked at temperatures, stock control, maintenance and personal hygiene.

## Is the service effective?

The kitchen was clean and there had been a food safety and hygiene inspection that had been conducted in April 2015. No major concerns were identified. We saw that recommendations including cleaning ventilation filters, disposing of redundant equipment and cleaning some sticky walls had been completed by the time of our inspection.

People using the service were supported to receive healthcare support from professionals if required. People were registered with a GP who visited the service weekly to carry out routine health checks. People's physical health was monitored and recorded monthly, this included weight, blood pressure, pulse and respiration. People who were diagnosed with diabetes had their blood sugar levels monitored. We saw evidence of input from dietitians and dentists where appropriate. On the second day of our inspection, there was a visiting optometrist on site who was holding consultations with people.

The manager told us there was only one person at risk of pressure sores in the home on the day of our inspection. We saw that this person had been reviewed by a tissue viability nurse who had produced an action plan to minimise the risk of pressure sores developing. There were turning charts in place and appropriate records were kept to ensure the risk of pressure sores was reduced.

The manager told us she had begun the process of achieving the Gold Standard Framework (GSF) in end of life care. The GSF is a systematic, evidence based approach to optimising care for people approaching the end of life. They had invited the GSF coordinator to do a presentation at a recent relatives meeting and part of the process was to ensure all their care records were of the required standard.

# Is the service caring?

## Our findings

People using the service told us, “My room is cleaned daily, clothing washed and never lost anything, and my religious needs are met”, “I got to like here. I get assistance to shave, bath. Otherwise it is consistently good.” A relative said, “The caring is good, is comfortable and happy.” People appeared clean and well-dressed throughout the inspection.

The service was established as a home for people from an Asian background and was associated with a temple next door. People told us they were able to go and visit the temple and were able to participate in the festivities. The home had catered for people who were not able to go to the temple by setting up a video link to view the prayers and ceremonies.

People said they felt comfortable staying at the home because it catered for their cultural and religious needs. When we spoke to relatives and visitors they also highlighted this as a reason why they had chosen the home for their family members. A visitor told us that he had recommended the service to a friend who was considering a home for their family member.

All of the staff at the home spoke Gujarati to some extent, the predominant language of the people using the service.

Many of the people using the service did not speak English as a first language and they commented favourably that they were able to speak with staff in a language that they were comfortable with.

Staff we spoke with told us they treated people like their own family member and cared for them. Although staff appeared to be busy writing care records or in some instances did not always engage with people, we found that when they did speak to them they did this in a calm and kind manner and spoke to them using culturally acceptable terms of endearment. Staff told us that they fully respected and understood people’s cultural and dietary needs. From our observations of interactions between staff and people using the service, we saw staff approaching and speaking to people respectfully.

People’s bedroom doors were generally left open when they were in them. We also saw that many bedroom doors were open when we first visited the service in the early morning. Staff told us that this was people’s choice and that they were “scared” to shut their doors at night, however we did not see these preferences recorded consistently in the care plans. Staff did not always knock before entering people’s room but we did see them calling out to people to alert them to the fact they were entering their rooms.

# Is the service responsive?

## Our findings

People's needs were assessed and care plans developed, however their individual needs were not always fully met. We found that some aspects of the care records were documented well whereas other aspects were not. The sections that were recorded with a good level of detail were those that were orientated more towards physical health. There was little evidence found of psychological care goals and interventions. For example, there were a high proportion of persons with a diagnosis of dementia and there was a lack of detail with regards to behaviour monitoring or interventions. One person had a history of depression linked to dementia for which they had been prescribed an antidepressant. The care plan did not include information about how to support them to manage their diagnosis and did not support staff in the recognition of the symptoms or associated interventions related to their depression. Although some people had dementia which meant that they were not always able to have an input into their care plans, there was little evidence of people's capacity and consent in relation to care plan goals or input from their next of kin.

Some of the records were disjointed and progress notes did not always reflect the care plans. For example, the care plan for one person with a visual impairment stated that it would be helpful for them to wear glasses but did not include information about any limitations caused by this impairment or any aids that may assist them, for example reading material in large print. Some of the care plan goals and progress notes were quite repetitive and so it was difficult to obtain a comprehensive overview of how people were being supported.

We saw one example where a person had been identified at high risk following a waterlow risk assessment (risk of developing pressure sores), however there was no associated care plan for this person. We highlighted this to the manager on the day of our inspection who agreed that a care plan should have been in place to manage the risk.

On occasion we found that care staff were not proactive in highlighting concerns to nurses. One person was at risk of malnutrition and were to be weighed monthly for monitoring. Care records showed that this person had a significant record of weight loss over the last month and had lost 3kg in a one month period. The action for staff as stated in the care plan was to encourage them to eat and

drink and weigh monthly. The nurse or manager had not been aware of this change in weight. We discussed this with the manager who said it was the responsibility of the care staff to inform the nurse in charge of significant changes and that it should have been done in this case. She said that further, appropriate action, would be taken such as referral to the GP and/or dietitian.

Some of the information available to staff around the home was out of date. For example, one of the people using the service had a daily stretching programme that had been devised by the primary care team put up in their bedroom. These were produced in January 2014. We asked the manager if staff still supported the person with these exercises. The manager said that this information was out of date and staff were not doing these exercises anymore as the person was on end of life care. However, the care records did not indicate that these exercises should have been stopped. Some of the exercises related to gentle hand and finger stretches which could still have been continued by staff.

The manager acknowledged that care plans were not always up to date and needed to be more robust. She told us she was in the process of going through all the records to review and update the care plans.

We found the above issues to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The atmosphere at the home throughout the two days of our inspection was quite sedentary. The majority of the people either stayed in their rooms or sat in the lounge, there were very few people walking independently around the home. The television was on throughout the day, a religious programme was being broadcast. There was a lack of meaningful engagement between staff and the people using the service.

We carried out an observation in the main lounge on the ground floor on the first day of our inspection. There were three people in the room at the time and throughout the observation we saw that for the first 15 minutes there was very little interaction between staff and people using the service. When the activities co-coordinator started reading to people, five people were present in the room. Two people stayed asleep or were withdrawn during this activity and staff did not attempt to wake them up and ask if they

## Is the service responsive?

were OK or wanted to go to their rooms to sleep. We witnessed three people sitting in the lounge from 06.40 to 08.45 and they were still sat in the same position at lunchtime.

The other activities that we witnessed throughout the day were either staff singing with people or people playing with toy blocks. Some people who were able to mobilise were supported to go to the temple next door. There was not much stimulation for people who were less mobile. People sitting in the first floor lounge were similarly unstimulated, although care staff were present in the lounge they were pre-occupied with completing paperwork rather than engaging with people, apart from occasionally asking them if they were OK or offering them tea. We spoke with the activities co-ordinator and although she had worked in the home since it had first opened and was therefore on friendly terms with people, she told us she had no formal training in activities specific for dementia patients. The activities timetable that was on display in the lounge indicated that generic activities were provided to people such as prayers, card games, arts and crafts and watching TV rather than activities that reflected the individual interests of people using the service.

The weather was warm and sunny on the first day of our inspection, and the lounge doors leading to a courtyard were kept shut throughout the inspection. We did not observe any people freely walking around or being encouraged to do so or being taken out to the courtyard to experience some fresh air. We were concerned to learn that the provider had planned to restrict the outdoor space even further by extending the living areas into the existing courtyard.

The environment was not always set up in a way that met the needs of people living with dementia. There were very few dedicated quiet areas and spaces or points of interest for people. There was some personalisation around the home, for example the use of pictures outside people's rooms and décor that was culturally sensitive.

The provider had procedures in place to respond appropriately to people's concerns and complaints. People and their relatives told us if they were not happy they would speak to staff. We were shown a record of complaints and saw that the provider had responded to people when concerns were raised.

There was a complaints policy and an associated short summary for the home which gave people and their relatives' details about how to raise any concerns, whether verbally or in writing. The policy stated that the details of the complaints should be recorded in the complaints book and on the complaint record form. We saw that this process was not being followed which the manager acknowledged when we raised this with her during the inspection. We asked to see a record of complaints received at the home and there were some discrepancies in what we found. Some records of complaints were not signed off by a manager or the complainant so it was difficult to ascertain if they had been resolved to the satisfaction of the complainant.

Staff told us that people and their relatives were able to raise concerns either individually or collectively in relatives meetings. We saw that although relatives meetings were held, there were sometimes large gaps between these. There had been a meeting in March 2015 but prior to that the last meeting was in November 2014, a gap of four months. A visiting relative told us, "There have been no meetings recently."

We saw that relatives had raised concerns about the planned expansion of the ground floor lounge which would mean less outdoor space and the impact that this would have on their family members. It was clear from the minutes and from concerns raised with us prior to the inspection that some relatives were still not satisfied with this planned expansion.

**We recommend that the service seeks advice from a reputable source about suitable environments and activities for people living with the experience of dementia.**

# Is the service well-led?

## Our findings

The service had been without a formal registered manager since June 2014 up until the time of the inspection. The acting manager at the time of our inspection had been employed at the service since July 2014 as a clinical lead and had recently been offered the position of the manager of the home and had applied for the appropriate registration with the Care Quality Commission (CQC), although this had not yet been approved at the time of the inspection. They had been managing the service since June 2014 with support from the administrator along with staff from the head office.

We were encouraged by the manager's openness in terms of some of the issues that we highlighted to her during the inspection, and felt that she had a good understanding of where improvements needed to be made. This was backed up by comments from staff and also visiting professionals. Some of the comments from them included, "Things have improved since she came here", "Excellent, she is really good", "I'm glad she is now the manager", "She is approachable, she listens" and "She is very supportive."

Staff told us that some aspects of the service had suffered as a result of not having a registered manager in place. We received mixed feedback from staff about how supported they felt. Although staff praised the manager, they felt that they were not always supported by the provider. Staff were happy that the manager had been successful in her recent promotion from clinical lead and felt that if she was given the necessary support and space to enable her to carry out her role then things would improve. Three of the staff we

spoke with said that the roles were slightly blurred between the manager and the administrator. We raised this with the manager at the end of our inspection who told us that they hoped this situation would resolve itself now that she had applied to become the registered manager.

Staff felt that they were not always listened to by senior staff members. Although staff handovers took place between every shift and staff had the opportunity for individual supervisions, general staff meetings were not held on a regular basis. The last meeting was held in November 2014. Staff felt the service would benefit from having regular staff meetings.

The service monitored the quality of service in various ways. For example, health and safety checks, food safety and hygiene inspection, medicine audits and feedback surveys from people using the service, relatives and visitors. These had all been conducted within the past few months. People were generally satisfied with the service and the service scored well in terms of the friendliness of staff. Some areas identified for improvement included the décor and the atmosphere at mealtimes.

A quality manager also carried out monitoring visits every couple of months. We looked at these visit reports and saw that where issues had been identified, an action plan was put in place but was not always assigned for follow up or looked at during subsequent visits. For example, action required around three automatic doors and gaps identified in training were not assigned to a particular staff member to action and therefore we could not be assured that these improvements would be made.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**Systems and processes were not operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.**

**Regulation 13 (3).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Sufficient numbers of staff were not deployed to meet the needs of people.**

**Regulation 18 (1).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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

**Medicines were not managed safely.**

**Regulation 12 (2) (g).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**Standards of hygiene were not maintained for the premises.**

**Regulation 15 (2).**

### 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Care or treatment for service users must not be provided in a way that includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint.

Regulation 13 (4) (b).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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

Care and treatment was not appropriate and did not always meet service users' needs.

Regulation 9 (1) (a).