Care Quality Commission

Stephen Oldale and Susan Leigh

Eboracum House

Inspection report

177 Park Grove
Barnsley
S70 1QY
Tel: : 01226 203903
Website: www.emyvalecarehome.co.uk

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Ratings

Overall rating for this service	Inadequate
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?	Inadequate

Overall summary

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.

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 provide a rating for the service under the Care Act 2014.

Summary of findings

This was an unannounced inspection. During the visit, we spoke with eight people living at the home, four relatives, the provider, the manager, the deputy manager, two care workers, the cook and a domestic worker. We also spoke with two healthcare professionals who attended the home on the day of our inspection. Until May 2014 there had been a registered manager in place at the home. A 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. On the date of our inspection a new manager had been recruited and was due to commence employment later that week. We returned to the home on 17 July 2014 to review further information and speak with the new manager.

Our last inspection at Eboracum house was 6 August 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

Eboracum House provides accommodation for up to 18 older people who have personal care needs and may be living with dementia related conditions. There were 14 people living at the home at the time of our inspection.

People were positive about the care they received although from speaking with people and our observations, we found that sometimes people did not have their preferences met. One person was not offered a choice of where they wanted to eat. We saw two people did not have access to call bells so were unable to call for assistance via this method. We heard these people having to shout for staff attention. This demonstrated that the home was not meeting all requirements for care and welfare of people who use services, as people's safety and welfare was not always ensured.

Due to the layout of the home, and the number of staff on duty, there were long periods where people did not have supervision. We found that appropriate steps had not been taken to ensure there were sufficient numbers of suitably qualified, skilled and experienced staff employed to carry on the regulated activity. As there were only two care staff working, with several people requiring assistance from two staff members for their care needs, this meant there were times where people risked receiving a lack of timely support. It also created a risk of not being able to safely evacuate people in case of an emergency.

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) however they did not express a clear understanding of the legislation and how it applied to their role. We asked about safeguarding and care staff said they would report any abuse to the management. However we were aware of some prior physical incidents had not been referred by the home to the local authority in line with safeguarding procedures. This demonstrated that the requirements relating to safeguarding people were not being met as appropriate referrals were not being made to protect people using the service.

No activities took place on the day of our inspection which meant people did not always have sufficient opportunity for stimulation as staff did not have time to facilitate this or to sit and chat with people.

Everyone we spoke with gave positive comments about the staff. We undertook observations to help us understand the experience of people who could not talk with us due to their health condition. We saw that staff were kind and caring in their interactions with people who in turn responded positively. People told us staff treated them with respect and maintained their privacy. However, the majority of interactions between staff and people at the home were task based and when a specific need was being met.

People were positive about the food and the cook had detailed knowledge of people's likes and dislikes as well as any specific dietary requirements people had. There were measures in place to ensure that people's nutritional needs were monitored and actions taken where required. We saw that people were referred on to other professionals where needed to ensure that a holistic approach was taken in relation to their care provision.

Staff received training necessary for their roles as well as additional relevant training to improve their knowledge and skill set. Staff told us they could undertake further training if they required. This showed that staff had opportunities to improve and develop within their roles. However, staff did not have regular supervisions and appraisals which meant their practice was not formally monitored and areas for improvement may not be identified.Relatives told us that if they had any concerns they would tell the staff or manager and said they felt their issues would be dealt with. Feedback from people at

Summary of findings

the home was sought by way of discussions and resident meetings. Satisfaction surveys were provided to people, relatives, staff and stakeholders so that people's views could be obtained but the findings of these was not fed back to people.

The provider, manager and staff told us they felt they had a good team. Staff said the provider was approachable and communication was good within the home. Team meetings took place where staff could discuss various topics and share good practice. However, the audit system was not clear to follow and ensure actions were completed where identified. A number of policies and procedures had not been reviewed for a significant time which meant there was a risk current practices were not implemented. This meant there was a breach of the requirements to protect people from risk and unsafe care by effectively assessing and monitoring the service being provided.

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?

Inadequate

The service was not safe. There were not enough staff to meet people's needs which put them at risk at not receiving assistance when they needed it.

People expressed no fears or concerns for their safety. Staff had training in safeguarding and said they were aware of the procedures to follow to report abuse. However a number of incidents had not been reported to the local authority in line with safeguarding procedures, nor had they been notified to the CQC as is required.

There was a lack of understanding in relation to the Mental Capacity Act 2005 and code of practice that is followed.

Is the service effective?

Requires Improvement

Some parts of the service were not effective. The layout and décor of the home was not designed in a way that was 'friendly' for people. The building was old and designed in a way which made it difficult for wheelchairs to navigate around in.

People were supported to receive adequate nutrition and hydration and there were clear processes in place to identify where people required referrals to other health professionals.

Staff received training necessary for their roles as well as additional relevant training to improve their knowledge and skill set. However, staff did not have regular supervisions and appraisals which meant their practice was not formally monitored and areas for improvements may not be identified.

Is the service caring?

Requires Improvement

Some aspects of the service were not always caring. People were positive about the care they received and we observed staff assisting people with patience and offering prompting and encouragement where required. We saw that staff respected people's privacy and dignity and knew people's preferences well. However, the majority of interactions between staff and people at the home were task based and when a specific need was being met.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive to people's needs. For example, although care plans were in place that detailed people's needs and preferences, staff were not consistently responsive to people's needs.

There were limited opportunities for people to engage in meaningful activities and people were sat for periods of time with nothing to do. The planning of care did not always correspond with the delivery we saw so that it met people's individual requirements.

Summary of findings

Relatives told us that if they had any concerns they would tell the staff or manager and said they felt their issues would be dealt with. Satisfaction surveys were provided to people, relatives, staff and stakeholders so that people's views could be obtained.

Is the service well-led?

Inadequate 

There were some areas of the service that were not well led. For example, audits were completed, but it was not clear that actions identified for follow up were always evidenced as being completed. A number of the home's policies and procedures had not been reviewed for several years.

A lack of an effective incident reporting system meant incidents were not routinely monitored and acted upon accordingly.

The provider and staff told us they felt they had a good team. Staff said the provider was approachable and communication was good within the home. Team meetings took place where staff could discuss various topics and share good practice.

Eboracum House

Detailed findings

Background to this inspection

The inspection took place on 8 July 2014. The inspection team consisted of an adult social care inspector 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. The expert had experience of dementia care. A second visit by an inspector took place on 17 July 2014 to speak with the new manager who had commenced their employment on 9 July 2014.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views. We asked the provider to complete a Provider Information Return which gave detailed information about the service. This information was reviewed and used to assist with our inspection.

During the visits, we spoke with eight people living at the home, four relatives, the provider, the manager, deputy manager, two care workers, the cook and a domestic worker. We also spoke with two healthcare professionals who attended the home on the day of our inspection. We spent time observing daily life in the home including the care and support being delivered. We spent time looking at records, which included five people's care records, and records relating to the management of the home. We looked round the home and with permission, saw some people's bedrooms, bathrooms, the kitchen and communal areas.

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.

Inadequate

Is the service safe?

Our findings

Although people we spoke with told us they were well looked after and felt safe in the home we found occasions when people were not safe.

The provider told us that there were two care staff on duty, at least one of who was a senior, at all times. During the day of our inspection there was also a housekeeper and a cook on duty until lunch time. All care staff we spoke with said they felt they could meet people's needs. One staff member said the staffing levels were fine as long as 'nothing happened'. They named several people who needed assistance from two staff members for some of their needs. Staff said the housekeeper was trained and could assist with tasks but that this was rarely required. They said they would prioritise tasks where more than one person needed assistance. At 08.30 on arrival we saw the senior staff member was administering medication to people in the home. This left one care worker to attend to the rest of the people at the home during this period. During the day of our inspection we saw the provider was 'hands on' and assisting with tasks such as encouraging people to eat. However we saw instances where people had to wait for, or did not receive assistance.

We saw that people spent time in three communal areas on the ground floor and some people spent time in their rooms. The layout of the building meant that staff were not always present or nearby areas where people spent time. We saw long periods of time when areas were not supervised. For a period of time in the afternoon, both care staff completed notes together in the dining area. We had to alert a staff member when a person started to get up from a chair in the lounge where no staff were present. This person was previously seen to walk with the assistance of another person or another staff member as they were unsteady on their feet. This meant that people's safety was at risk due to lack of adequate supervision.

During our observations we saw and heard one person who was unable to mobilise without assistance from two people, sat in their room shouting for staff several times during the day. This same person had their breakfast in their room at 10:45. When we asked why they told us "because nobody came to get me up this morning". We observed that this person's call bell was not in reach of where they were sitting in their room even though their care plan stated they were 'able to use the call alarm but would need this in hand as unable to mobilise and get this'. This meant that the only way for this person to attract attention was to shout for staff and hope they would hear. We also heard another person shouting from their room behind a closed door when they required assistance from staff.

We saw another person in the home who, by choice, spent the majority of the time on their own in the conservatory. The call alarm cord in this area was tied up and out of reach to the person who was physically unable to retrieve this. When we pointed this out to staff, it was immediately untied. We also heard this person attracting attention by shouting for staff but due to their location they were not in close proximity to where most people and staff were located. This meant there was a risk that staff may not have been aware of when the person required assistance.

One person at the home told us they sometimes had to wait when they used their call alarm in their room. They told us, "Sometimes I'm waiting 10 or 15 minutes, night times mainly and early morning. There's only two staff, I don't think it's enough especially when seeing to people in the morning".

Our inspection findings evidenced a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to some people not having adequate means to summons assistance which meant there was a risk they may not be attended to promptly if they required urgent attention. There was also a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were only two care staff working, with several people requiring assistance from two staff members for their care needs, which meant there were times where people risked receiving a lack of timely support. It also created a risk of being able to safely evacuate people in case of an emergency.

One person we spoke with told us they were awoken by a cat that spent time in the home, early that morning as it had gained access to their room through their open window. We fed this matter back to the provider to advise they look at this situation to establish whether additional security measures needed to be implemented.

Staff we spoke with told us they had received training in safeguarding and they would document and report any suspected or witnessed abuse to the manager. We were aware that within the last few months, concerns had been

Inadequate

Is the service safe?

identified by a social worker who had attended the home. These concerns related to several documented physical incidents between people living at the home that had not been referred to the local authority adult protection team and not notified to the CQC. Some physical incidents had also not been recorded appropriately as formal incidents. Although the most recent of these were subsequently referred to the local authority, notified to the CQC, and appropriate action taken, this demonstrated a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in that abuse had not been appropriately responded to. The provider said they were clear about action to take for any similar or repeat incidents and were aware of local safeguarding procedures. We saw that further safeguarding training had been scheduled for staff over the months following our inspection to ensure that they were aware of what constituted abuse and what procedures should be followed.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation in place for people who are unable to make decisions for themselves. It is designed to ensure any decisions are made in people's best interests and that least restrictive measures are used where someone is deprived of liberty. No one at the home had a DoLS authorisation in place. The provider said staff had received MCA training and a matrix showed this was undertaken in June 2013. Three staff had also completed DoLS training. However when we spoke with staff they were not able to correctly describe what the act entailed and how it was used. Staff's understanding of the MCA code of practice and how it applies in a care home setting is important to ensure decisions are made in the best interests of people and correct procedures are followed. This further demonstrated a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as there was a risk of actions not being taken and implemented in line with required legislation.

We looked at five people's care records. There were risk assessments in place for people using the service in relation to their support and care provision. These were reviewed and amended in response to needs to ensure that risks were minimised, whilst still allowing independence, to ensure people's safety in relation to their care and support.

We asked staff about how they were recruited. Most staff we spoke with had been employed by the home for several years. One care worker had commenced employment that day. All told us they had had to provide reference details and have a DBS (Disclosure and Barring Service) check prior to starting their role. The new staff member confirmed they had to have their references and DBS check returned satisfactorily prior to starting employment. We looked at three personnel files and these confirmed that appropriate recruitment checks had taken place. This ensured that staff employed were suitable and safe to work with people.

Requires Improvement

Is the service effective?

Our findings

One care worker we spoke with had commenced employment at the home on the day of our inspection. They said prior to starting employment, they had completed an induction and shadow shifts at the home. They had previous experience in health and social care and had completed a number of training courses which they had provided evidence of to the provider. From speaking with the provider, staff and looking at records, there was differing information about the frequency of supervisions and appraisals. In the staff files we looked at, the latest appraisals we saw were from 2012. One staff member had no supervisions recorded and another had none documented in 2013. Without regular supervisions and appraisals, there may not be sufficient opportunity to identify staff strengths and weaknesses and put appropriate objectives in place for staff to work towards. Staff told us they could speak to management at any time and would feel comfortable in doing so if they required any support.

Staff told us they undertook regular mandatory training, for example fire safety and moving and handling as well as further training relevant to their role. This included 'end of life' training delivered by Macmillan nurses, pressure care and dementia awareness. They said they were encouraged to undertake further training if they wished to and told us "we're always having training here" and "we do a lot of in-house training". This meant that staff had opportunities to obtain further skills and knowledge to help them perform effectively. However it was not clear that staff knowledge was appropriately tested due to a lack of understanding we found regarding the MCA when speaking with staff who had received training in this.

We asked people for their views on the food at the home and they told us, "The food is delicious", "We get what we want to eat", "The cook's very good, she asked me what I like, I'm diabetic and they know about that", "'If we want a drink, or anything, we just tell them and we can have it" and "Lovely food". We asked two people what would happen if there was something on the menu they didn't like. They said, "Well they [staff] would get us something else".

We sat with people in the dining room and lounge and observed the lunchtime meal. Prior to serving, the cook asked people individually what they would like to eat and they also demonstrated a detailed knowledge of people's likes and dislikes including specialised diets. The cook said they tried to sit down with new people to spend time finding out what they liked and disliked in relation to food and drink and would get feedback about meals by speaking with people. Choices were also displayed on a menu board which we later saw people referring to in order to find out what was on offer was for the tea time meal. However we found that choices were limited and although people said they could have something else if they didn't like what was offered, more variation in the menu would have provided greater choice for people.

Drinks were offered throughout the meal with people being offered a choice of juices. We saw one person who did not eat much of their meal so the provider, who was sat encouraging the person to eat, asked if they wanted sandwiches. These were supplied and the person enjoyed these. We also saw people eating when they wanted and they were given time and were not rushed.

We reviewed five people's care records and saw that eating and drinking care plans were in place. We noted that one person who had come to stay at the home several days previously had not yet had an eating and drinking care plan compiled and a MUST (Malnutrition Universal Screening Tool) assessment completed. MUST helps to identify people who may be at risk of malnutrition so that nutritional requirements can be met. This tool was used by the home and the provider told us they would ensure this information was completed for the person. Our discussions and observations of this person on the day did not lead to us having any concerns about their nutrition. The provider and staff we spoke with told us about actions that would be taken if concerns were identified about a person's weight and/or eating and drinking habits. People were weighed monthly or sooner if required and any significant gains and losses identified would be acted upon. This included referrals to appropriate professionals and changes to diets, for example more snacks and calorific food to counter weight loss.

People were supported to maintain good health and access healthcare services when required. We saw in care records where people had been referred to other professionals. This included referrals to the district nurse, GP and the SALT (speech and language therapy) team. On the day of our visit, a district nurse and a nurse from the memory team attended the home separately to see

Requires Improvement

Is the service effective?

people. People we spoke with told us they got treatment when required. Two people told us, "We have our feet done when we need to". One relative told us a meeting was due to take place with themselves, their family member, the provider and an occupational therapist in relation to their future needs.

The building was an old house with a number of narrow corridors. It was quite 'tired' in places and one relative said "It needs redecorating throughout". Another person said they found it a "bit awkward" in their wheelchair because, "there are lots of doors and the narrow width of corridors." One health professional we spoke with said in their view the layout was not ideal for people with mobility problems, especially those in wheelchairs. People with limited mobility who required equipment to move around risked potentially being restricted to, or having difficulty accessing, certain areas of the home due to the layout.

People did not have identifiable pictures or signs on their doors or around the home as is good practice for people with dementia. This meant potential new people, or existing people whose conditions advanced, could become confused and find it difficult to orientate around the home. The provider told us that their plan for the future was to transform the corridors into themed areas that would be relevant and meaningful to people within the home.

People were also complimentary about the home. One person proudly showed us their room and said "Look at this. Isn't it lovely? And I have a bathroom just next door". They showed us a toilet and a shower in an adjacent room. Other people said of the home, "It's very nice" and "It is lovely here; why, it is just like my own place". Relatives told us, "It is homely here. It's an old fashioned home and although that has some negative aspects it also has compensatory positive aspects". Another said "You can excuse it looking a bit untidy and not well-decorated if your relative has loving care".

Requires Improvement

Is the service caring?

Our findings

During our observations, we saw that staff were kind and caring when they interacted with people, who in turn responded positively to staff. We saw staff knelt or crouched down to talk with

people so they were on the same level. Staff demonstrated familiarity and knowledge of people's preferences and dislikes. When staff assisted people, for example if a person needed help to get up from a chair, they explained clearly what they were doing and offered friendly patient encouragement throughout. This meant people had time to do things at their own pace and they were not rushed. Staff used touch in an appropriate and comforting manner and all verbal and non-verbal communications were caring in their approach. However, the majority of interactions we saw between staff and people were task based, for example helping a person into a chair or taking a person to a toilet. We did not see many opportunities where staff interacted with people on a social level for noticeable periods of time.

We saw people were able to choose where they spent time and walked around the home where they were able to. When we asked people about how staff treated them, all comments were positive. No one had anything negative to say about the care they received. People living at the home told us, "I can't fault them in the way they look after me", "Oh yes, they always treat me well", "Staff are all very nice", "Nothing but kindness (from staff)", "'They are very kind and caring here" and "A new lady [staff member] got me up this morning, she's very nice". People told us their privacy was respected. One person said, "They make sure things are private for me". We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect.

Relatives we spoke with were equally as positive about the care their family members received. Their comments included, "That's what they get here, loving care'', "Good food, good care and I would not hesitate to recommend the home to anyone who needed to have a relative in care", "'My [family member] is treated so well here, in fact she is looked after very, very well. I have visited at many unusual times and everybody has been wonderful" and "'If I knew of anyone who needed care I would bring them here myself".

The two healthcare professionals we spoke with had no concerns with the home and told us they found the staff to be caring. One professional told us, "I can't fault them [staff] they always make you welcome. From what I see they care about the people, I've no negatives about this home".

All staff we spoke with demonstrated good knowledge of people at the home. The new staff member told us they asked people themselves as well as other staff to gain an understanding of people's needs and wants. Other staff told us, "It's 24 hour care; people do what they want when they want. We care well and we're there for the residents" and "We're like a nice little family here. It's only a small home which means we know people really well". All staff were able to give detailed information about people's needs and wants.

The provider showed us minutes of recent resident meetings that took place monthly and had been chaired by the previous manager. We saw that there were discussions around menus, activities, rooms and the service. This meant that people had opportunities to influence what they liked and disliked in relation to their care and support. Staff also told us they sought people's views constantly on a one to one basis to ensure they were actively involved in their own care and support.

Requires Improvement

Is the service responsive?

Our findings

Some aspects of the service were not responsive to people's needs. We spent the majority of the inspection around the home sat in communal areas talking with people and undertaking observations. In the dining room where people were sat in the morning we observed two people for a period of 40 minutes. There were several other people in the room at the time of our observations. There were two occasions during this time when staff came into the room. The first time, a staff member fetched a plate in, spoke with one person and left. The second time another staff member came into the room glanced around and then left. These contacts were brief and staff did not interact with the people we were observing who were unable to communicate as effectively as some other people in the home. This meant there was no opportunity to identify whether these people had any needs at that time and therefore respond appropriately.

In addition, our observations evidenced that there were significant periods of time when people were sat in one area. For example, we arrived at the home at 08:30 and observed one person in a chair in the lounge. At 12:15 we saw this person being assisted out of the room by the two care staff and the person had been incontinent. This person's care plan said they were 'fully continent with prompting and supervision'. It was not evident from our observations that this person had been assisted to, or offered the opportunity to use, the toilet prior to this time.

We observed that one person who had lunch was not offered a choice of going to the dining room to sit with other people. This person was not able to mobilise without assistance of two staff. When we looked at their care plan it stated '[name] likes to have meals in dining room'. It also stated that the person was 'sociable and likes activities' but they spent all of their time in their room during our inspection. We did see staff put some music on that the person liked to listen to and provide two magazines for them to look at but we did not observe that they were offered the opportunity to interact with other people at the home. This showed that people's individual preferences were not always responded to and met. Improvements were required in order to facilitate people's preferences in relation to having opportunities for social stimulation and interaction. This evidenced a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as people were not provided with care to meet their individual needs.

When we spoke with the person who spent time in the conservatory, and their relative, both felt this person's mobility was limited by them no longer having access to their electric wheelchair. The person was able to mobilise by way of their manual wheelchair, however preferred to use their electric one. The provider had made us aware of this situation and said that due to previous risk issues to other people in the home and to maintain safety they no longer allowed the person use of their electric wheelchair. This person had previously been assessed by a social worker as having capacity to understand and make their own decisions. A meeting had been arranged between the person, the home and relevant professionals to discuss this matter although the relative said they had no date yet for this meeting. We subsequently confirmed with the provider that the meeting was scheduled for the following week. The person and relative were otherwise positive about the home, the care they received and the staff.

We looked at the records of five people and we found that although they had been regularly reviewed information was not always clear and easy to find. We were told a new system was going to be introduced and we saw one care record that had been transferred onto this and information was easier to locate. The provider said they hoped to have these in place for all people within the next few months of the inspection. We also saw care plans required improvement as there were no 'life histories' in place for the people we looked at although this document was part of the care records. Even though it was evident long term staff knew people well, this information is important to provide a holistic view of people and find out who they are and what matters to them. One person's record said they did not wish to discuss their life history but it was not clear that any attempts had been made to obtain this from other people involved with the person. We did see that people's likes and preferences had been accounted for throughout their care pans. For example what foods people liked to eat and whether people liked to socialise or preferred time alone. The provider told us the new manager would be looking to ensure life histories were included, where information was available, when they reviewed the care plans.

Requires Improvement

Is the service responsive?

One person we spoke with told us **"**I was consulted about my likes and dislikes and my preferences and this was written down**".** One relative told us "My [family member] can be challenging at times, but the staff are always calm and professional in their dealings with them". We saw this person had a care plan in place around their behaviour clearly detailing what staff should do in certain circumstances so there was consistency in their approach to manage this behaviour.

The home did not employ activities co-ordinators. The provider and staff said that activities took place which were undertaken by staff. These included games, dominoes, singing and exercises. We were told that activities took place most days. The 'residents meeting minutes' we saw referred to activities and often stated 'people continue to enjoy activities, dancing, singing etc'. In the entrance area was a board listing various activities that took place each day. On the day of our inspection two people visited the hairdresser that afternoon. We saw one person for a short period playing a game. We saw no other activities take place and some people were sat in areas for long periods with little or no stimulation. One person told us, "Nothing much happens, we've done some singing before, but they're long days here". We observed staff did not have time to sit and chat which meant people lacked opportunities for social and mental stimulation.

We saw that residents meetings had taken place so people were able to give their views. Relatives told us they were kept involved about any changes or updates to their family member's care.

The provider told us there had been no formal complaints within the last 12 months. They said there had been one issue raised by a relative that had been dealt with informally and related to miscommunication. They told us the relative had been happy with the response and did not require any investigation or further action. All relatives we spoke with said they would feel comfortable in raising any concerns if they had any. One relative told us, "If there is anything to bring up with the staff or the manager then I feel comfortable that something would be done". Staff told us they had a good relationship with families. A senior staff member said, "We don't really have complaints, families can come and talk to us and we'll sort things out there and then if we can". The home's complaints procedure was on display in the entrance area so that people had information about how to make a complaint and who to. There was a suggestions box and the provider also had a website where people could submit enquiries and feedback via this method also.

Inadequate

Is the service well-led?

Our findings

Up until two months prior to our inspection there was a Registered Manager at the home. Staff, relatives and visiting professionals spoke highly of the previous manager. One professional told us, "I was very impressed with [previous manager name], she went out of her way for people". We saw cards from relatives of people where they had praised the previous manager.

Since this time, the main partner who was the provider and owner of the home, had been managing the home. A new manager had been identified and was due to commence employment later that week. We returned to the home on 17 July 2014 to speak with the new manager.

We saw evidence of audits that had taken place and evidence that actions had been identified for follow up. However, the system in place required improvement as the records of the audits were not clear to follow and it was not obvious what structure, if any, was being followed. We did see where actions had been identified by the previous manager and the provider although it was not always apparent where they had been completed and signed off on completion. This meant it was not clear that actions were being acted upon in a timely manner to implement improvements to the service. As we found that staffing levels were not sufficient, which put people at risk, this demonstrated that effective quality monitoring in this area was not in place. This demonstrated a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider, manager and staff we talked with spoke positively about the staff team working at the home. The provider told us, "We have a fantastic staff team, very committed and they genuinely want the best for people and they pull together". Staff we spoke with echoed these view points and saw their strengths as team working to provide care for people. Many of the staff had been employed at the home for a number of years. A staff member who had started on the day of the inspection commented how they felt supported by their colleagues and the provider. When we spoke with the manager they told us, "I've got an open door policy and anyone can come to me at any time". During our visits to the home, the provider and manager were present around the home interacting with people living at the home and staff.

The manager told us they had been 'shadowing' different shifts in the home in order to get to know all staff and observe ways of working. They said they would look at ways of how staff could manage time effectively and look at different styles of working which demonstrated a proactive approach to utilising resources at the home.

The manager told us she would continue to complete audits in place as well as any additional ones she felt necessary. She was completing daily environment audits and told us some changes had already been implemented, such as new furniture ordered and new hand washing facilities which demonstrated actions had been acted upon.

The home had a number of procedures and policies in place which covered a range of areas. Although these appeared detailed, improvements were required as some had not been reviewed for several years. For example we saw a staffing policy which had last been reviewed in July 2007. The complaints, comments and suggestions policy was also dated 2007 with no apparent review since this date. This meant there was a risk that changes in current practices may not be reflected in the home's policies.

The provider told us that relatives meetings had taken place in the past but historically had not been well attended and that the home was looking at re-instating these. We spoke with relatives during the day who told us they could always speak to someone if they had any issues. The health professionals we spoke with told us they always had good communication with the home.

We saw team meeting minutes from 2014 which had taken place in January and May. Various issues were discussed which covered roles and responsibilities, training, record keeping and team working. Staff told us they were kept informed about any information within the home. One staff member said, "there's lots of communication between us all". Staff said good practice was shared amongst them.

We saw completed annual satisfaction surveys from 2013. These were provided to people at the home, relatives, staff members and suppliers which meant a wide ranging view of the home could be obtained. We did not see however that this information was analysed and the findings feedback to people so they could see how their information had been used.

Inadequate

Is the service well-led?

As the manager was previously registered with the CQC, they said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: The registered person did not take proper steps to ensure each service user received care that was appropriate and safe. Regulation 9(1)(b)(i)(ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: The registered person did not adequately protect service users from risk as effective quality monitoring systems were not in place. Regulation 10(1)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse How the regulation was not being met: The registered person did not have suitable arrangements to ensure service users were safeguarded against the risk of abuse. Regulation 11(1)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed.