Barchester Healthcare Homes Limited

Gorseway Care Community

Inspection report

354 Seafront
Hayling Island
Hampshire
PO11 0BA

Tel: 02392466411
Website: www.barchester.com

Date of inspection visit:
08 January 2018
09 January 2018
12 January 2018

Date of publication:
27 April 2018

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**

Summary of findings

Overall summary

This unannounced inspection took place on 8, 9 and 12 January 2018. The inspection was bought forward due to information of concern we had received about the safety and management of the home, and the care provided to people.

After this inspection CQC was made aware of a person's death at this location which has been brought to the attention of the police and local authority.

Gorseway Care Community is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Gorseway Care Community can accommodate up to 88 people, some of whom live with dementia. This can be provided across two houses, one of which can accommodate up to 28 people and the second can accommodate up to 60 people. The provider was not using the house which could accommodate up to 28 people. The regional manager told us they would only provide support to up to 50 people in the building currently in use. Accommodation in this building was provided over two floors one of which was for people living with dementia and called 'Memory Lane'. At the time of this inspection there were 42 people living in the home.

At the time of our inspection visit there was not a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed and has submitted an application to CQC to become the registered manager. Throughout the report we refer to this person as the manager.

The last inspection of the service was on the 7 and 8 March 2016 and we rated this service as overall "Good". At this inspection we found the overall rating showed improvements were required and the extent to which people were being kept safe by the service had deteriorated and was now rated as inadequate.

The information available to guide all staff, including new and temporary staff on how to support people safely and minimise risks to people were not always accurate, sufficiently detailed and consistent. Actions identified in risk management plans were not always followed by staff which placed people at risk of not receiving safe care and treatment.

The provider had used a dependency assessment tool to calculate the staffing levels in the home. Whilst this showed sufficient staff were available to meet people's needs, we found this was not always the case in practice. During the inspection the provider told us about the recent staffing changes they had made and were confident these would achieve improvements for people. However, following the inspection we

received information from the provider in response to concerns raised which showed these changes had not been made.

Care plans were not in place to guide staff as to how people should be supported with their medicines. Risk assessments were not in place for medicines which pose an increased risk to people such as those to thin their blood and we found errors had occurred. When errors had been identified the actions taken to address the error was not always recorded to show how this had been addressed for people's safety.

Systems were in place to support learning and improvements when things went wrong. There was evidence to show when these were used improvements had taken place. However, this was not always consistent and incidents were not always identified and followed up to ensure the cause was established to enable learning to take place.

People told us they felt safe living at the home. Staff understood their responsibilities to protect people from abuse and referrals had been made to the local authority when incidents or allegations occurred.

Equipment used to support people's needs such as hoists and bed rails was checked and maintained to ensure it was safe for people. The premises were safely managed by maintenance staff including protective equipment such as fire safety equipment and there were arrangements for the safe evacuation of people in an emergency.

Improvements had been made in the stock management of people's medicines to ensure they were always available as required. Actions had been taken to address medicine errors made by agency nursing staff. Supervisions and daily audits had been implemented to improve the management of people's medicines in the home.

The home was clean and free from malodours. People and their relatives told us they were satisfied with the environment and the standard of cleanliness.

People's needs were assessed on admission to the home. We found people's mental capacity to consent to their care and treatment was not always assessed and decisions were not always recorded in line with the Mental Capacity Act 2005 (MCA). Deprivation of Liberty Safeguards (DoLS) applications had been made to the appropriate authority. However, people's care plans did not include information to guide staff as to how they should support people appropriately in line with their authorised DoLS. This meant there was a risk people were not supported to have maximum choice and control of their lives. We have made a recommendation about this.

People spoke positively about the staff in the home and told us they were "Well trained". Staff training and evidence based practices enabled staff to develop the knowledge and skills to support people effectively. Processes such as supervision, competency assessments and appraisal were in place to support staff in their role and check they remained competent.

People's dietary needs were met including when people were at risk of choking or malnutrition and dehydration. Some improvements were required in the monitoring records of what people had eaten and the level of prompting people received from staff when they required this, to support them to eat and drink sufficiently.

People had access to healthcare professionals as required. People's health was monitored by nurses on site and people's needs were communicated to staff through handover and a diary to book health

appointments and follow up as required.

People and their relatives told us most staff provided kind and compassionate care. One person thought some staff could be more attentive and another person said agency staff did not know them as well as permanent staff. We observed staff to be mostly kind and caring in their interactions with people. However, staff did not always have sufficient time to spend with people and information about people's safety needs was not always available to guide staff and promote a caring approach.

Meetings were held to enable people and their relatives to give their views about the care and treatment provided in the home. In addition a weekly 'open surgery' was available for people's relatives to meet with the manager to discuss their views and concerns.

People told us they were treated respectfully by staff and were able to have privacy as required. The provider promoted the principles of equality, inclusion and diversity through policy, procedures and staff training. Peoples' cultural, spiritual and inclusion needs were assessed and staff we spoke with demonstrated their commitment to challenging discrimination in practice.

People's care plans lacked person centred information and how the person and their representatives had been involved in the decisions made about their care. We received mixed feedback from people about their involvement in care planning and review. The provider had identified the improvements required in people's care plans and this was being addressed at the time of our inspection.

Activities were provided for people by activity staff. These included a programme of events and entertainment as well as activities with people on a small group or individual basis.

People and their relatives told us they would know how to raise a concern or complaint. Most people we spoke with who had raised a concern told us this had been dealt with to their satisfaction. Staff spoke positively about the manager and deputy manager and said they felt confident any concerns they raised would be addressed. The managers told us they were committed to making improvements and ensure staff acted to provide care in line with the provider's values.

A quality assurance system was in place and information from audits was used to inform a central action plan to drive continuous improvements. We found some improvement was needed to ensure all incidents occurring in the home were identified by staff, recorded and reviewed to ensure the system was effective in addressing risks and driving learning and improvement.

There had been recent management changes in the home and as a result most people and their relatives did not feel able to comment on the management of the service. Although some people told us the manager was 'approachable and visible'.

People, their relatives and staff were asked for their views on the service through annual surveys. The results of these were not available at our inspection. A programme of resident and relatives meetings, staff meetings and a management surgery for people's relatives was in place to enable people, their relatives and staff to give their views and receive a response from management.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

The information available to guide all staff on how to support people safely was not sufficiently detailed or consistent. Actions identified in risk management plans were not always followed by staff. This placed people at risk of not receiving safe care and treatment.

There were not always sufficient, suitably experienced and competent staff available to meet people's needs at all times.

Records associated with the safe management of people's medicines were not always available or completed to guide staff and support safe administration.

Some systems were in place to identify learning and improvements when things went wrong. However not all incidents were identified or acted on to enable this system to be fully effective.

Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective

People's needs were assessed and the provider used evidence based practice to inform their policies, procedures and staff training.

Staff completed on-going training to develop their knowledge and skills to support people effectively with their needs.

People's records did not always evidence their consent or decisions made in line with the principles of the Mental Capacity Act (2005). Deprivation of Liberty Safeguards (DoLS) information was not available in people's care plans to guide staff on the appropriate support for people with a DoLS in place. There was a risk people's legal rights would not be upheld.

People were provided with good quality food. Some people may benefit from more prompting to eat and drink sufficiently.

People were supported with their healthcare needs.

Is the service caring?

Requires Improvement

The service was not always caring

People told us they were treated respectfully by kind and caring staff.

Staff did not always have sufficient time to spend with people and information was not always available about people's safety needs to promote a caring approach.

People received support with personal care in privacy.

The provider promoted the principles of equality, inclusion and diversity through policy, procedures and staff training. Staff showed an awareness of people's diverse needs and a commitment to challenge discrimination.

Opportunities were available for people and their supporters to express their views about the care and treatment provided in the home .

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care plans did not always reflect their personalised information or show how people and their representatives had been involved in decisions made about their care. Work was in progress to update care plans with this information.

Activities, events and entertainment were provided for people. This included small group and one to one activities.

A complaints procedure was in place and available to people and their relatives. People's complaints were responded to in line with the procedure and action was taken to address concerns raised.
The service was not always responsive

Is the service well-led?

Requires Improvement

The service was not always well-led

A quality assurance system was in place and information from audits was used to inform a central action plan to drive continuous improvements.

The clinical governance system was not always effective because incidents were not always identified by staff or reviewed by the manager to show the actions taken to manage risks and drive continuous improvements.

There was new management team in place and feedback from staff and people was mostly positive about the leadership of the home. Some time was needed for the team to develop and embed the changes and improvements they had planned.

Although quality assurance survey results were not available at the time of our inspection. People, their relatives and staff were engaged through meetings to give their views on the service which were responded to by the provider.

Gorseway Care Community

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.

The inspection was prompted in part by concerns we had received about the care and safety of people and the management of the service. This inspection took place on 8, 9 and 12 January 2018 and was unannounced.

The inspection team consisted of two inspectors 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 the inspection we reviewed information we held about the service. We looked at notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. This information helped us to identify and address potential areas of concern. The provider was not asked to complete a Provider Information Return prior to this inspection This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with 15 people and 5 visitors. We observed care and support being delivered in communal areas of the home. We spoke with the manager, deputy manager, the regional manager and clinical development nurse. We also spoke with the regional operational trainer, the maintenance manager and 9 staff including, ancillary staff, care staff and nursing staff. We spent time observing interactions between staff and people in communal areas. We looked at the care records for 10 people and the medicine records for 26 people.

We reviewed staff recruitment, supervision and appraisal records for 3 staff. Staff training records as well as management records such as complaints, safeguarding, incident and accident records, staffing rotas for the period 11 December 2017 – 8 January 2018, policies and procedures and governance records.

Inadequate

Is the service safe?

Our findings

At our previous inspection on 7 and 8 March 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service safe?' We found at this inspection that the extent to which people were being kept safe by the service had deteriorated.

Feedback from people told us they felt safe and comfortable living at the home. Three said "We all feel safe here" and "We have buzzers, we can call for help" and "I use the buzzer to order another drink, saves me getting up." A fourth person told us "Yes, I'm safe. It's nice here" and a fifth said "Yes, I feel absolutely safe". Most relatives confirmed their loved ones were safe. One told us "Yes, generally [relative] is safe" and "[Relative] has an air mattress and a falls mat". A second and third said "I've not seen any abuse or ill-treatment" and "Nothing has gone missing in [relative] room.

People's risk assessments and care plans were not always up to date and reflective of risks associated with people's needs. The knowledge of permanent staff was good and they were able to talk about risks associated with people's needs and how these were managed. However, due to staff vacancies there was a high use of agency staff in the home and new staff who had been recently recruited. The failure to ensure accurate and up to date risk assessments were available to all staff meant people may not always be appropriately supported to stay safe.

On the first day of our inspection, one person was being supported by a newer member of staff. This person had a fall while being supported. The handover sheet and mobility/moving and handling care plan identified that this person required the support of two members of staff while mobilising, however the staff member confirmed they did not know this and did not have a copy of the handover sheet. Whilst the person did not come to harm as a result of this fall, the lack of information shared with the new staff member supporting them posed a risk for the person. We discussed this with a member of the management team who told us they did not know why the staff member had not been given a handover sheet. There was a risk to this person of suffering a serious injury when they were not appropriately supported with their mobility needs.

For a second person we found that their mobility care plan did not reflect what staff told us about their support needs. A member of staff told us this person was very stiff and no longer mobilising. The manager confirmed this. The staff member told us they needed to use the hoist to support this person to mobilise. However, we found the handover sheet did not reflect this and said the person could transfer with the support of two staff. The person's mobility care plan started by saying the person was independently mobile before stating on the second page that they were tending not to mobilise. This person had previously fallen and suffered an injury. There was a risk that new and temporary staff would not have accurate and up to date information available to them so they were aware of the person's support needs to prevent a further injury.

For a third person their assessment and care plan identified they were at high risk of falls. During the inspection visit they had two falls and their records showed they had fallen seven times in four and a half

weeks. The falls risk assessment had not been reviewed monthly as required. There was a gap between July 2017 and November 2017 when the person had fallen seven times and no reviews were recorded. There was no evidence that each incidence of falling was reviewed in line with the provider's policy. The person's mobility care plan identified that a sensor mat was in place. However, this does not prevent falls or the risk of injury as a result of falls, it is a system that is used to alert staff to a person's movements. We observed on the first day of our inspection that this person was left for long periods of time with no staff supervision and the noise that the sensor mat made was no different to that of the general call bells, so staff would not always know immediately that a person who was a risk of falls had moved. As such they would not immediately identify a risk. We found no action plan in place which would aim to reduce the risk of falls for this person. An entry in their care records suggested they were to attend a falls clinic appointment in July 2017, but there was no recorded information about the outcome of this. A member of the management team told us this appointment had not been attended due to ill health. We found no records to suggest this had been followed up. Due to the high number of falls this person had experienced and the risk of them sustaining further injuries through falling, the lack of information and a robust management plan available to all staff to mitigate the risk of falling could place them at risk of injury.

The provider required that on admission to the home assessments of the risks for falls, malnutrition, skin integrity and choking were to be completed within 24 hours. A member of staff confirmed this. However, for one person who had been living in the home for five days, on the first day of our inspection these assessments had not all been completed. The pre admission assessment identified this person had reduced mobility but no mobility care plan, which would guide staff to the support they needed to provide, had been developed. In addition, this person also had a health condition that could present risks to them, which had not been assessed and plans implemented to ensure that these risks were known by all staff and managed and kept to a minimum.

We found other examples where information related to risks associated with health conditions was not available or lacked detail about action staff should take.

The lack of effective risk assessment and management plans placed people at risk of not receiving safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other areas which posed risks to people were well understood by staff and risk assessments and plans were in place which would aid the reduction of the risk. For example, the use of bed rails had been assessed. Where these were suitable to use they were in place and checked on a regular basis. Where it had been assessed as not appropriate to use them, alternative measures had been implemented including the use of high-low beds (these lower to the floor) and crash mats (a mat placed next to the bed to prevent injury should the person fall or roll out of bed).

Equipment was managed in a way that supported people to stay safe. Regular maintenance checks took place of equipment, such as hoists. Window restrictors were in place where these were required. A maintenance worker was present in the home on a daily basis to attend to any repairs that were required and to carry out safety checks, including fire and water. Records showed regular checks were carried out in the premises to ensure they were safely managed. Where it had been assessed that a person required the use of bed rails, staff ensured that protective bumpers were also in place to prevent any injuries. The bed rails were checked regularly by staff to ensure they were safe and working correctly.

The provider used a dependency assessment tool to calculate staffing levels based on people's assessed needs. This tool showed the actual staffing level was higher than the tool recommended. Of the five relatives

we spoke with, four told us they did not think there were enough staff available at all times. Nine of the 14 people we spoke with told us there were not always enough staff available. One person said "Mostly, I think there are enough staff". Other people's comments included "There are less staff than there should be" and "It takes time for them to respond to a call for help" and "There is a shortage of staff" and "The response to my calls can vary". People's relatives comments included "There are not enough staff, they need a floater in the lounge at all times" and "Staff numbers are not good".

On day one of our inspection we observed call bells were sounding constantly throughout the day. We observed staff were not always available to people in the lounge/dining room on Memory Lane. During the morning of our first day of inspection two people in this lounge were at risk of falls and they were left for significant periods of time with no staff available to them. Between the times of 10am to 12.48 pm we observed one 40 minute period and one 20 minute period when no staff entered the lounge. When staff were in the lounge they were occupied with other tasks and were not observed to spend time with people. The lack of staff checking on people in the lounge meant these people could have been at risk of a fall and may not have received prompt help and support. During day two of our inspection we observed one person did fall in the lounge. Although a staff member was present they were occupied with a group activity and did not witness the person's fall. We were asked on several occasions by people in their rooms for help, including support to go to the toilet, support with pain relief and support to be moved into a more comfortable position.

On days two and three of our inspection there was an additional member of staff on duty on Memory Lane. We observed call bells were less frequent and answered faster. Two falls were witnessed on day two in the dining room on Memory Lane. Both incidents were quickly responded to and the handling of residents was carried out correctly and sensitively. We spoke to the regional director and manager about this. They told us the improvement was mostly due to the experience of staff on duty and the effective leadership and deployment of these staff, rather than the increase in staff numbers from the first day of our visit. On the first day of our visit we observed it took 20 minutes for staff to allocate the support people needed. The regional director and manager said they had identified improvements were needed in staffing allocations and shift management to make the most effective use of staffing resources. Staff we spoke with agreed that the numbers of experienced and permanent staff on shift improved the running of the shift and competency in meeting people's needs. We were told by the regional manager they had recently recruited to all staff vacancies which meant less agency staff were to be used. The regional manager and manager told us they were confident this would achieve improvements in staff consistency for people.

Call bell audits carried out during the 27.12.18 and 7.1.2018 showed seven instances of response times in excess of 20 minutes and other instances between five to 20 minutes. The manager was taking action to address response times and was carrying out a daily audit to investigate incidences of delayed response. We saw response times had improved during the audits carried out in the week of our inspection.

In response to concerns raised the manager had advised Social Services on 28 December 2017 that two nurses would be on duty at night but this had not occurred. The manager told us they had planned to have a care practitioner working alongside the nurse on duty at nights to administer medication and provide additional healthcare support. Although they had recruited to this post the person's start date had been delayed. At the time of our inspection the care practitioner was completing their induction and would be working at night from 22 January 2018. The manager told us that a second nurse would work on the nights the care practitioner did not work.

Following the inspection we received further concerns about staffing levels and requested information from the manager. The information they provided showed a second nurse had not been implemented. In

addition the rotas did not reflect the staffing levels the manager and regional manager told us should be in place. We requested clarification from the manager and regional manager about this. We informed the local authority responsible for safeguarding.

The failure to ensure sufficient numbers of suitably competent and experienced staff were deployed to meet people's needs at all times was a breach of Regulation 18 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we had been told about concerns that the stock of medicines was not managed well, meaning people ran out of their medicines. During the inspection most people said they received their medicines when they needed them, although one said "When agency staff are on at night, we get our medication very late" and "They are very good with pain killers, if you need them" and "They give me my tablets when I need and expect them". The regional clinical nurse and deputy manager told us they were aware that there had been issues in the past with the ordering of medicines to ensure there was always sufficient stock. To avoid this, they had introduced a clear plan which was displayed and guided staff to the ordering process and timescales. Staff were now required to keep a daily running total on medicines stock when they administered the medicines. This was something they had recently introduced so needed time to be embedded.

The deputy manager confirmed that medicine care plans were not in place to guide staff about how a person should be supported to take their medicines. They also confirmed that, for those people who were taking medicines that would thin their blood and as such pose a risk to them, there were no risk assessments or clear guidance for staff to follow. Whether a person was on this medicine was recorded on the handover sheet and nursing staff knew what to look for. For one person who was taking a medicine that would thin their blood and needed regular monitoring, the records indicated they had been given an incorrect dose on two occasions. Whilst the information on the correct dose was available in the records, the administration records did not clearly identify the current dose which could lead to errors. The errors we found had not been identified until we pointed them out.

The manager and deputy manager told us of several medicines errors they had identified on their arrival to the home, hence the changes they had made. However, they had not recorded any action taken in relation to the individual medicines errors that had been found. For example, three medicines error documents recorded that the count indicated a missed dose of medicine but there was no recorded action and it was therefore not clear what action had been taken to ensure these people had received their prescribed medicine.

During the inspection we found one person's medicines had been administered at the wrong time. The deputy manager said they would look into this. The manager and deputy manager told us that in future all actions taken would be clearly recorded and the manager intended to keep a log which would aid them in analysing any patterns that may occur.

Action was being taken to make improvements to the management of medicines in the home. The manager had taken action when the errors related to agency nurses. In addition we were provided records which showed that individual supervisions with nurses, including agency nurses had taken place to ensure they were aware of the process in relation to medicines management. The deputy manager was overseeing the medicines management process and daily audits had been implemented.

Although the management of medicines was improving, the lack of accurate records could pose a risk for people and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Storage of medicines was safe and secure. The temperature of medicine storage was monitored and staff knew what to do if this was outside range. Medicines disposal was safe. People's records included a protocol for nurses so they were able to see when 'as required' (PRN) medicines were most appropriate, and the dosage that could be given. However, these protocols did not always contain enough detail to ensure nurses had all the appropriate information. For example, the behaviours people may exhibit when they were in pain and may be unable to tell staff about this, or what else should be attempted before administering medication for agitation or anxiety. Following our inspection the provider confirmed all PRN protocols had been updated to ensure there was detailed information available to guide staff in their administration.

People were protected against abuse. Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Staff said they were confident to do so and felt that the nurses and manager would take prompt action to address any concerns related to people. Records were held when referrals had been made to the local authority and incidents were investigated and appropriate action was taken.

People and their relatives told us the home and their rooms were clean. People's comments included, "It's a nice environment, always clean" and "The room is extremely clean and they do it well every day." We observed the environment was clean and free from malodours. Staff completed Infection Prevention and Control (IPC) training and most staff we observed were using Personal Protective Equipment (PPE) such as gloves and aprons. The deputy manager had carried out an (IPC) audit on 9.1.2018. They had identified a number of actions for improvements that were planned to be followed up by the manager.

There were some systems in place to encourage learning and improvements when things went wrong. For example, staff had undertaken a 'root cause analysis', which is a method used to identify the root causes of problems, to establish why a person had developed a pressure sore. These systems were not consistently used and the manager told us they intended to address this to ensure learning was used to make improvements for people.

After this inspection CQC was made aware of a person's death at this location which has been brought to the attention of the police and local authority.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 7 and 8 March 2017 we rated the provider as 'good' under the key question of 'Is the service effective?' We found at this inspection improvement was required.

Most people and their relatives told us they thought the staff were well trained, knew people's needs and did a good job. One person said "The staff seem to know what I need" and "Staff have given me all the help I need". A second told us "I do believe the staff give me the care I need" and a third person said "The staff make me feel good when they deal with me".

One person told us "I think the staff seem well trained". The induction for new staff included a period shadowing where they worked alongside more experienced care staff to gain the skills and competencies that they required to work within the home. Most staff felt this was satisfactory although one told us they felt the shadowing period could be longer. They were all required to complete an induction workbook which was based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. They told us they underwent a period of training before starting in the home. This included mandatory training such as moving and handling, safeguarding and the Mental Capacity Act.

Records showed that most staff had completed the training which the provider deemed as being mandatory. Records showed 47% of staff had not yet completed dementia awareness training. The trainer told us they were currently working on ensuring all staff completed this.

Staff spoken with told us they received support through supervision, team meetings and training. They felt training was suitable to help them understand their role and keep up to date.

Nurses were supported to maintain their clinical skills and registration with the Nursing and Midwifery Council (NMC). The deputy manager and manager described how, with the involvement of the providers clinical development nurses, they were working with nurses to develop their leadership skills. As the manager had only recently commenced their role at the time of our inspection, they told us how they intended to meet with all staff to undertake supervision and see how staff wanted to progress the service.

Prior to people moving into the home, needs assessments were undertaken to ensure the home and staff could meet the person's needs. The preadmission assessment process identified the areas of support people needed in relation to their health, their social needs and their personal needs. People, and where appropriate their relatives, were involved in this process.

Following admission to the home, care plans were developed. Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. Married and unmarried couples were supported to remain living together in shared rooms if they chose to. People's religious needs were documented and staff told us how these were supported through religious ceremonies held at the home.

Staff were aware of evidence based practice. For example, those who wished to self-administer medicines had risk assessments in place and staff were required to undertake annual competency assessments in line with NICE guidance.

The regional director told us the provider planned to link with a local hospice to access additional end of life care training, including the 'six steps programme.' This is a programme that aims to enable services to deliver high level end of life care to people based on local and national policy and best practice. The regional director told us they intended to roll this out once the new management team had stabilised.

People mostly described the food positively and told us they were given choice about the meals. Three people said "The meals are lovely but last week the meal was quite salty" and "They come round with a menu with two choices" and "You can have something different" and "We get enough to drink and they get it for us".

Staff were knowledgeable about people's differing dietary requirements. They were aware of any risks associated with their nutrition or hydration and the support people needed. Food and fluid monitoring was in place but this could be improved to ensure it clearly reflected how much a person has eaten. Although staff told us and we did see on some occasions, people were prompted and supported to eat and drink, this was inconsistent. For example, on day one of the inspection we observed one person with three drinks in front of them for almost two and a half hours. In this time one member of staff had provided one verbal prompt that the person did not respond to.

The care plans we looked at reflected any risks associated with people's nutritional needs and gave staff guidance as to how this was managed. For example, for those who were at risk of choking, where required meals were provided in a way that would reduce this risk, such as fork mashable or pureed. For those people whose weight was a concern, meals were fortified, high calorie snacks were provided and their weight was monitored. Snack plates had been introduced to provide people with food between meals and encourage good nutritional intake. If needed requests for supplements were made to the GP. The service was monitoring people's weights and had noticed that for a number of people who were losing weight, this had started to increase.

Staff felt they worked well as a team to ensure everyone was aware of any changes in a person's support needs but said communication was sometimes difficult due to the high level of agency staff that the service had been using. One member of staff told us they were hopeful this would improve when the service had fully recruited the nursing team. Internally, the service used a verbal handover system between shifts. The handover had changed and was now done room by room as a 'walk and talk'. In addition to the verbal handover, a written document was also available however, on day one of our visit not all staff had received a copy of this, meaning they didn't always have the information they needed about people. A diary was used each day to share messages and ensure that where a person needed something, such as a health professional appointment, this was booked and staff were aware of when they were visiting so they could ensure staff availability.

People told us they had access to healthcare most of the time. One person told us "The chiropodist visits six weekly" and "The doctor will be called if needed". A second person said "I've seen a dentist" and "Without question, they would call a doctor if needed". However, a third person told us they had requested a visit from a dentist three months before our inspection but had not yet had a response.

Records demonstrated that people were supported daily by registered nurses and were also supported to access appropriate healthcare services. People's records confirmed they had regular appointments with

health professionals, such as chiropodists, GPs, mental health nurses, dieticians and others as needed.

The regional director told us how the provider had introduced a dementia themed programme. This consisted of auditing the environment and training staff. The regional director told us the audit had been completed but they had put the programme on hold until the management and staff team had stabilised.

Throughout the inspection we saw and heard staff asking for people's permission. For example, we saw a member of staff ask a person "Shall I cut that up for you?" The person said "No" and this was respected. One person told us "They do ask if they can come and attend to me".

We found records containing photos of people and for most of these the photo had been taken with the person's consent. However, for one person whose records contained a photo, the records stated that consent could not be obtained. If a person is unable to consent the Mental Capacity Act 2005 needs to be applied.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For this person there was no record that their capacity to consent to the photo was assessed and no clear reason why this was in their best interest. The use of the photo was to enable unfamiliar staff and agency workers to recognise the person, however this was not recorded.

For another person we found a note in their records which stated that a family member had been contacted for their consent to the person having the flu vaccine. Consent can only be provided by someone other than the person if they have the legal authority to do so. There was no information to show that the person who staff attempted to ask had this legal authority. The deputy manager told us that this person had received their flu vaccine, although there were no records of this. When asked, they said the person had provided verbal consent but there were no records of this.

For one person their care records stated that the GP had given permission for the person to be administered their medicines covertly (given without the person's knowledge). However, the process required to give medicines covertly had not been followed. The deputy manager confirmed no one was taking medicines covertly but this record could present a risk that they would be given their medicines without their knowledge. The deputy manager said they planned to ensure full medicine care plans were implemented which included this information but had yet to commence this piece of work.

Failure to ensure that clear records were maintained in relation to people's ability to make decisions and provide consent was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were able to tell us about the principles of the MCA and how they applied these in their work with people. For example, a staff member said "It's whether they (people) have the capacity to decide for themselves. If not you try and make a choice to the best of your ability."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person

of their liberty were being met. Applications had been made to the supervisory bodies at the time of the inspection, following a mental capacity assessment. The manager held a list of those application submitted that were awaiting approval. No conditions were attached to any approved DoLS and although some of these were kept in people's care plan folder they were not all held in these. The approved DoLS had not been incorporated into care plans which would tell staff what the DoLS related to and the action they could legally take which may deprive a person. Due to the recent high use of agency staff and recruitment of new staff, this lack of clear information about this could put people at risk of having the liberty deprived unlawfully.

We recommend the manager review the systems used to ensure all staff are aware of approved DoLS and the action they can legally take.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection on 7 and 8 March 2017 we rated the provider as 'good' under the key question of 'Is the service caring?' We found at this inspection improvement was required.

Most people and their relatives told us staff were kind and caring. People's comments included "The staff are very caring" and "All the care staff are brilliant, on the whole" and "They give you the feeling that they care very much for you". A relative said "Most staff are lovely with Mum". Other people commented "Some staff are lovely, others just pass by" and another said "The agency staff don't know you".

Generally the interactions when seen were kind and caring. Staff spoke cheerfully and kindly with people and mostly demonstrated respect towards them. However, we did observe on one occasion two members of staff talking about their work for the morning in the room of a person. This was done in a manner that did not engage the person and was not about the person.

As described elsewhere in this report people and their relatives told us there were not always enough staff available. Staff did not always feel they had enough time to spend with people; a staff member said "I would like more one to one time I would like to be able to sit down with people and relatives." Another staff member said "We don't always have the time to chat and communicate I find". Some of our observations were that staff were not always available to people, for example in the lounge where a person was left without contact or encouragement to drink for a long period of time. Whist experienced staff knew people well including their likes and dislikes, the risks associated with people's needs were not always assessed with plans developed to reduce these risks which meant people were not always safe. A caring service would ensure that important information about people's safety needs would be available and known by all staff.

When staff were aware of people's calls for support they mostly responded positively. For example, we observed one person who was quite distressed. The member of staff made sure when they were talking to them they did so discreetly and were at their eye level. They recognised this person was uncomfortable and discreetly took them to their room to make them more comfortable. On another occasion, a person said they were in pain and were reassured and comforted by a member of staff who called the nurse to see the person. The staff member was knowledgeable about this person and knew how to support them when they became distressed. One person was described as a private person who preferred their own company and did not like to eat in communal areas with others. We observed this person being supported in their room in the way they preferred.

Each person who lived at the home had a single room, except those who had chosen to live with their partner. They were able to personalise their rooms according to their tastes and preferences. Some people had bought their own furniture with them. People were able to see personal and professional visitors in their own rooms, communal areas or privately in small lounges. People told us their families were welcomed into the home and we saw the activities worker was planning to decorate a lounge for a person's birthday celebration with their family.

Residents and relatives meetings were held to enable people and their supporters to express their views about the care and treatment provided to them. We reviewed the minutes of these meetings held on 15 November 2017, 1 August 2017 and 11 July 2017. Records showed people had been informed about developments at the service and their views had been sought on a range of topics such as; food, care, activities and maintenance. Explanations had been given in response to people's questions and feedback. The manager had invited people's relatives to attend a weekly 'open surgery' over the next three months to encourage and enable people to share their views and concerns with her. Meeting dates for relatives and residents had been planned for 2018.

The provider had an Equality, Diversity and Inclusion policy in place. This outlined the provider's commitment as to how people would be treated equally and without discrimination in relation to the protected characteristics under the Equality Act 2010, including age, disability, gender, marital status, race, religion and sexual orientation. Staff showed an awareness of how to support people with their diverse needs including how people who are LGBT may experience discrimination and a commitment to address this. The manager said "It's vital that we identify people's needs and then these are passed to staff; we accept people with differences, it's a matter of educating staff as well – no prejudice". People's needs assessment included gathering information on their cultural, spiritual and social values and the support they required to meet identified needs. The regional training manager told us equality and diversity principles were incorporated into staff training courses including customer service and safeguarding training. We saw examples of how people's diverse needs were being met, such as access to religious services, spiritual support and their preferences to be supported by female staff only when requested.

Where people had chosen not to be disturbed during the night by night staff, signs were on their door. In addition, there was clear information to ensure that unfamiliar people did not enter one person's room without the support of an experienced staff member, at the person's request. One person said "I do feel I'm given the privacy I like" and another said "The night staff are very discreet". During our inspection, we saw staff supported people's privacy and dignity. When people required support with personal care tasks this was done discreetly, behind closed doors, to ensure people's dignity was maintained. People confirmed staff treated them respectfully.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection on 7 and 8 March 2017 we rated the provider as 'good' under the key question of 'Is the service responsive?' We found at this inspection improvement was required.

People's relatives reported that the home communicated with them on matters regarding their relation. However, it was difficult to see how people were involved in making decisions about their care and treatment as their records lacked information to show this. We received a mixed response from people about their involvement in their care planning. A relative said "Her (person) care plan has been revised once and I was party to it". People's comments included "We are aware of our care plans but we don't get to see them" "My care plan is reviewed regularly" and "I am involved in the review" and "I'm not involved in my care plan". One person's records had recently been reviewed by a member of staff but the care review documentation did not contain any information which suggested the person had been involved or contributed to this. A care review for another person had taken place with their health and social care professional team but again this document did not contain any information which suggested the person had been involved or contributed to this review.

The regional director and manager were not aware of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the regional director, the manager and staff about how people's communication needs were met. The regional director told us that if a person required equipment to assist with communication this would be put in place, but this was not required at present. Staff we spoke with were knowledgeable about people's communication needs and we saw examples of care plans that described the communication needs of people living with a sensory loss and how these should be met by staff. However, some of these care plans required more detailed information to guide staff about how to meet the person's communication needs. For example; the communication care plan for a person who was registered blind did not provide detail about their visual communication needs although a staff member we spoke with told us they had some sight. This is important to ensure staff are able to support effective communication based upon people's specific needs.

The management team told us since starting their roles they had identified the need to ensure that care plans were more person centred and that people were more involved in these. The deputy manager told us of their plan to ensure they would systematically work through these and engage staff in this process. The provider's action plan showed they had identified shortfalls in people's care plans and had planned to make improvements.
Staff were responsive to people's changing needs. For example, people's weight was being monitored and where they had lost weight, other professional's involvement had been requested and supplements provided. Records showed that most people's weight was now increasing. For one person the staff had worked with other professionals to make changes to a prescribed medicine. This had enabled the person to receive the required medicine whilst also managing a phobia that they had.

During the inspection, two people became unwell and staff responded promptly and appropriately to this, ensuring that health professionals were called. For another person, we saw that their care in relation to their positioning had been reviewed and changes had been made as a result. Although we saw the changes had been made, the person's records had not been updated.

Activities were provided and people were able to choose if they participated in these. A relative told us that they felt their loved one "Gets benefit from the activities and does get out of [their] room". Three people told us "We have a girl who does the entertainment" and "They do quizzes, musical entertainers, arts and crafts, skittles and dominoes". Whilst others told us they chose not to join in the activities.

An activities coordinator was responsible for activities supported by another member of staff. They told us they planned activities on a weekly basis following consultation with people. They said they also used a booklet called "Getting to know you" when planning events. Cultural and religious needs were considered and special events were held. On the days of the inspection we observed one to one support being provided, pampering and hairdressing, a brain quiz and baking taking place. There were a variety of resources available, e.g. puzzles, board games and reading material, although we did not see people were always encouraged to use these.

A system was in place to enable people and their relatives to raise complaints. Most people we spoke with told us they would raise a concern if required and when they had complained they had received a satisfactory response. People's comments included "If needed, I will report a problem and definitely will raise a concern" and "I've got no grumbles but I had a grumble when I first came, but they've sorted it out and I'm fine now". One relative spoke to us about a complaint they had made and said "Concerns and complaints seem to fall between the cracks". Although we could see their concerns had been responded to in writing by the provider, this had not been to their satisfaction. The provider had offered to meet with the person and provided details of how to take their complaints further. In the responses to complaints we reviewed, we saw the provider had given explanations and identified remedial actions to address the issues raised.

During our inspection we found staff and managers' acted on people's concerns when raised. For example, one person told us they were distressed by the constant sound of the call bells which sounded directly outside their room. They described having 'a nervous breakdown' due to this. We spoke to the manager about this who said, they had been made aware of this by the person at the weekend and had offered the person a move to another room. The person had refused this, so during the inspection the manager arranged for the volume on this bell to be lowered so this did not disturb the person. On the second day of our inspection the person said "It's been so much better today, the buzzer is much quieter and not going off all day" and "I feel so much better". Another person told us they were being supported to bed later than they preferred. We checked their needs assessment and although this included information about preferred bed times this had not been completed. We told a staff member about this who spoke to the person, made other staff aware and updated their care plan to make sure their preferences were known.

At the time of our inspection, the deputy manager and manager told us no one was receiving end of life care. Advance care plans were in place but the manager recognised that these would benefit from more detail about the specific wishes of people. They did include information about where the person would prefer to spend their last days, who they would want involved and any religious support they may want. One nurse told us that once a person reached the end stages of their life, they would implement a care plan and ensure other professionals were involved in order to support the person to have a pain free and dignified death.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 7 and 8 March 2017 we rated the provider as 'good' under the key question of 'Is the service well-led?' We found at this inspection improvement was required.

A registered manager was not in post. The regional director told us that the last registered manager had not worked in the home since September 2017. The provider had recruited to this post and the new manager had been in post since 11 December 2017 and had applied for registration with CQC.

There were a number of systems in place to aid the monitoring and evaluation of the service to identify and drive continuous improvements. For example; the provider employed a clinical development nurse who reviewed and analysed all information that the service inputted into the clinical governance system. Following their review of this information, they looked at patterns or trends and provided action for the service to take to ensure that the risks were understood and could be minimised. However, this was not a consistent approach.

We identified concerns around staff recognising and reporting incidents that required follow up. One person's records contained two body maps dated 8/12/17 and 15/11/17 which recorded a small black area to foot. However, there was no recorded follow up and senior staff were not aware of this until we pointed this out. It was checked at the time of inspection and there was no black area but it had not been investigated on either 15/11/17 or 8/12/17. In addition the entry dated 8/12/17 recorded a bruise to the persons left foot. Staff reported this person was no longer mobilising. There was no accident/incident sheet completed and nothing to show this had been investigated. A second person also had a body map dated 19/11/17 which recorded bruising to their hand with no explanation and nothing further found to show this had been looked into and the possible cause investigated. The deputy manager was unable to find any records about these and was unaware of these incidents. Whilst a system was in place to identify, review and investigate incidents, this system was not always operated effectively to ensure incidents were followed up and the cause established to make improvements and encourage learning.

We also found not all incidents that had been recorded by staff had been reviewed by the manager prior to being inputted onto the system. For example, in the records we reviewed we saw incidents had not been consistently reviewed between the 21 and 28 November 2017. There was no information to assess whether the appropriate actions had been taken following the incident. We checked some of these incidents against the daily records of people to check whether the appropriate actions were taken. We found one incident where a person had an unexplained bruise to their arm and there was no information recorded in their daily notes to show action had been taken. The manager confirmed they would have expected to see an investigation report into this. This meant the system to review and evaluate incidents may not always be effective for learning and driving continuous improvements.

Failure to ensure that risks to the health, safety and welfare of people were identified, assessed and acted on to reduce or remove risks and drive continuous improvement was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us how they intended to make changes to some documentation in order to make this process easier and ensure its effectiveness. They stated they intended to work with staff to ensure root cause analysis was undertaken to enable them and staff to understand what went wrong and make changes to prevent future occurrence. In addition, they planned to implement a key worker system for nurses to take lead responsibility for certain care records. The regional director told us how they intended to implement champion roles in the near future, to not only aid staff development but to ensure that best practice was maintained. They said they had not yet had time to implement the changes they wanted to.

Due to the recent change in management, comments from people and their relatives included "The new management needs to settle in" and "The management isn't settled enough to have a view". Other people commented "She (manager) is a very approachable person" and "She is visible in the corridors." One person's relative said "All the bad issues have been before the new manager came" and "You can see improvements on a daily basis since the new manager arrived." Some people said they hoped to see the new manager out and about in the home more.

The manager told us they felt supported by the provider. The regional director told us they were "were "working closely" with the manager and would continue to provide a high level of support at the home visiting at least weekly.

Staff spoken with talked about feeling supported although some did express that they were tired with all the management changes. They spoke highly of the deputy manager, describing her as approachable, supportive and easy to talk to. All felt comfortable to talk to the manager and were confident that any concerns they raised with her would be addressed. Two staff told us about the changes the manager was making and spoke positively about these changes but felt that they may be happening too fast. They felt more time was needed to ensure a full and permanent staff team were inducted and settled before making too many changes. One staff member said "It's nice to have another manager and a deputy again once we get in the new routines I'm looking forward to seeing what happens."

The provider had a set of values that included, respect, integrity, responsibility, passion and empowerment. The regional director told us that two divisional conferences were held each year for managers which cover the values and key messages from the provider. These were then shared by the managers with staff. Due to the recent change in the management of the home this was not evident, however the manager told us they planned to implement a 'values based' approach with staff and said "It's not for everyone; it's a special job and should make them feel proud, I take my inductees through how to give dignified personal care and the practical skills of doing that, this helps (to reinforce values)". We observed the manager and deputy manager worked alongside staff at times which enabled them to observe staff interactions with people. A staff member said "She (manager) looks at what we are doing, I feel monitored".

A range of audits were completed by the manager and the provider. The results from these were used to inform the central action plan. These included audits from the provider's support services such as, hospitality, property, learning and development and dementia care specialists.

It was evident that the new management team knew what the concerns in the service were and were keen to drive improvements and make the changes needed. They were aware of the need to make improvements to the records, communication and accountability of nurses. Clinical meetings took place with nurses on duty but the deputy manager told us that once the nursing team was fully inducted, they would commence monthly clinical meetings to ensure nurses were fully aware of their responsibilities. We reviewed the central action plan and saw the actions identified for improvement included care records, diabetes care plans, decision specific MCA assessments, risk assessment and medication audits consistent with our findings.

Although we found a number of issues with care records not being up to date, accurate or fully reflective of people's support, the manager, deputy manager and clinical development nurse were aware of this. They had plans to make changes to ensure all care records were more person centred and that clear and comprehensive instruction for staff was included. The deputy manager told us they and the manager had not had an opportunity to undertake a full audit of all care plans but hoped to do so within the near future. However, the clinical development nurse had completed an audit of 10% of people's records during our inspection. This audit identified the need to make changes and set actions to take these forward. They told us the actions would be incorporated into the central action plan, monitored by the manager, regional manager and CEO.

The provider involved people, their supporters and staff in assessing the quality of the service provided through surveys. The results of these surveys were not available at the time of our inspection and the regional director told us they were carried out in October and November 2017 and would be available later in January 2018. The previous staff survey results had not been shared at the service and the regional director told us there would be a "fresh start" with this. We were therefore unable to assess how information gathered from surveys was used to develop and improve the service. People we spoke with who were able to express their views spoke positively about the quality of the service and people's comments included "I definitely feel this is home" and "The best thing about here is I don't need to worry about anything, it's all done for you" and "I feel very comfortable, I like it here". One person's relative said "If anything can be improved, we'd say; staff numbers could be better."

Staff feedback was mostly positive and their comments included "I'm always being asked if I am OK and if I need help" (new staff member). "I feel valued and supported I know I can talk to the deputy manager and the manager and tell them what I think and they would listen - I am confident to approach them".

Residents and relatives meetings were held and minutes showed people participated and gave their views which were responded to by the provider. Future meetings were planned with advertised dates and the manager was also holding surgeries for people's relatives to discuss their views and concerns over the next three months. A staff meeting was planned for the week of our inspection which would be the first meeting held with the new manager. Minutes from the previous staff meeting held on 3 October 2017 showed staffing changes and arrangements had been discussed along with training and development.

Daily meetings were held with the heads of departments such as, care, nursing, housekeeping, maintenance and catering. These served to ensure information was shared across the home about occupancy, clinical issues and incidents.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a lack of effective risk assessments and risk management plans this placed people at risk of not receiving safe care and treatment. Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records associated with the safe management of people's medicines were not always available, accurate or completed to guide staff and support the safe administration of people's medicines. Accurate records were not always maintained in relation to people's ability to make decisions and provide consent. Regulation 17(2)(c) Failure to ensure that risks to the health, safety and welfare of people were identified, assessed and acted on to reduce or remove risks and drive continuous improvement. Regulation 17 (2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably competent and experienced staff were not always deployed to meet people's needs at all times. Regulation 18(1).