

Mr & Mrs J Dunn

Ocean Hill Lodge Residential Care Home






Inspection report

4-6, Trelawney Road,
Newquay,
TR7 2DW
Cornwall
Tel: 01637874595

Date of inspection visit: 17 and 18 February 2015
Date of publication: 27/05/2015

Ratings

Overall rating for this service

Is the service safe?	Requires Improvement	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Inadequate	

Overall summary

Ocean Hill Lodge provides accommodation and personal care for up to 18 predominantly older people. The home has a registered manager in place. 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. We carried out this unannounced inspection of Ocean Hill Lodge on 17 and 18 February 2015.

When we inspected the service in September 2014 we found breaches of legal requirements relating to the following issues. People's care and treatment was not being planned and delivered in a way that was intended to ensure people's safety and welfare. We found people

Summary of findings

who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

At that time we found staff were not fully aware of the multi-disciplinary safeguarding procedures for reporting abuse. This had led to a number of situations where safeguarding notifications, involving people who lived at the home, had not been made to the Local Authority or notified to CQC until highlighted during the inspection.

At this inspection the registered manager told us all incidents meeting the criteria for a safeguarding alert were now appropriately made. Staff were undertaking training in safeguarding adults and were aware of the home's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. We considered a recent incident that had been referred to the local authority to investigate. We saw reporting had been done in line with local authority procedures. The registered manager had introduced a clear procedure for making appropriate alerts regarding people's safety to the local authority when required. We found the service was now meeting the regulations in this area.

At our last inspection we had concerns about the internal and external environment of the home, in particular a strong smell of urine throughout the home and a lack of appropriate storage facilities. We saw during this inspection that these issues had not been addressed.

The last inspection highlighted significant gaps in staff training. At this inspection we found the manager had arranged for staff to receive training in first aid and medication training. However, there remained gaps in training provision. The registered manager did not have a clear plan for staff about what training was required and when it needed to be undertaken. Staff told us, "We do have training here, but it's very hit and miss and a lot of it is e-learning. I think we would benefit from a more organised training plan. Most of the training I have, I brought with me from my last job". Training records showed that not all staff had received relevant training for

their role and refresher training was not up-to-date. The registered manager told us, "Staff tend to come and see me informally and I feed back to them at the time. It doesn't get recorded.

Staff were not consistently supervised, supported and trained to carry out their roles. Records showed that staff had not had an individual supervision meeting or appraisal since November 2014. The registered manager told us, "We haven't done any supervision this year because we've been so busy". All staff told us it had been several months since they last had a supervision meeting and over 12 months since staff appraisals had taken place. One staff member told us "Supervision is not happening. I have never had an appraisal and I don't feel I get adequate supervision to do my job". The registered manager told us, "Maybe it's the culture and it's not ideal but because we are a small home we tend to talk things through". The provider was not providing staff with effective supervision.

People told us they felt safe living at the home. Comments included; "I like it here, it's a home from home", "Very good here, just right" and "Home is very good". A relative told us, "My (relative) is happy here, so that is the main thing".

Staff interacted with people in a friendly and respectful way and people were encouraged and supported to maintain their independence. For example, we saw one person went out on a trip for lunch with relatives. People made choices about their day to day lives which were respected by staff.

Where people did not have the capacity to make certain decisions the home did not consistently act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We observed the support people received during the lunchtime period. People had a choice of eating their meals in the dining room, their bedroom or in the lounge. People told us they enjoyed their meals and they were able to choose what they wanted each day from options provided to them on the menu. Comments included; "Food is very good", "They know what I like" and, "Most food is home cooked and good choice". People received care and support that was responsive to their needs and their privacy was respected. People told us staff treated

Summary of findings

them with care and compassion. Comments included; “They’re nice, if you want anything they [staff] will try to get it”, and “The staff are fine – no complaints.” Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private. People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Parts of the service were neither clean or free from urine odours.

We found people were not always being kept safe due to unsafe medication administration recording procedures.

There were enough staff on duty to meet the needs of people using the service.

Requires Improvement



Is the service effective?

The service was not effective:

The standard of decoration and facilities in the home was poor and did not provide comfortable surroundings for people to live in.

Maintenance and redecoration were not always being carried out, resulting in people living in an unsatisfactory environment.

The service was not providing staff with effective supervision in line with its own organisational policy.

Requires Improvement



Is the service caring?

The service was caring.

Staff were caring and respectful when people needed support, or help with personal care needs.

Staff showed a commitment to respecting and understanding peoples' needs by taking time to listen to people.

Good



Is the service responsive?

The service was responsive.

Concerns and complaints were recorded, however, there were no audits in place to monitor outcomes and trends

People were supported to receive prompt and appropriate healthcare when required.

The service provided a suitable range of activities for people to participate in.

Good



Is the service well-led?

The service was not well led.

There was an unclear management structure at the home.

There was a lack of quality assurance and audit processes.

Inadequate



Summary of findings

<p>The management team did not act to maintain the safety of the service and improve standards.</p>	
---	--

Ocean Hill Lodge Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 February 2015 and was unannounced. The inspection was carried out by one inspector.

We did not receive a Provider Information Record (PIR) from the providers. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at previous inspection reports before the inspection and an action plan provided by the providers following the last inspection. We also reviewed the

information we held about the home and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eleven people who were able to express their views of living in the home, seven relatives and also five external professionals who had experience of the home. We also reviewed an 'Enter and View' report, carried out by Healthwatch in November 2014. We looked around the premises and observed care practices on the day of our visit. We used the Short Observational Framework for Inspection (SOFI) over the lunch time period on the first day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six care staff, the cook, the housekeeper, and the registered manager/provider. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Is the service safe?

Our findings

When we entered the service there was an immediate unpleasant malodour throughout the home. A housekeeper told us, "I clean the carpets as often as they need it but in certain rooms it's just impossible to get rid of the smell. Really the carpet needs lifted and the boards bleached". We spoke with the registered manager about this, particularly as it had been identified in our previous inspection report four months before. The service had stated in their action plan that a commercial carpet cleaner had been purchased and that all the carpets throughout the building had been cleaned. A new carpet cleaner had been purchased. However, areas of the home still smelt of urine. One bedroom in particular had a strong incontinence odour. Staff said, "It's been like that for a long time and the carpet has not been removed". The continuing odour issues in the home demonstrated the service did not have suitable cleaning procedures to ensure the premises were kept clean and adequately free from odour. Although there was a cleaning schedule in place, there was no evidence of checks taking place and no individual was accountable for maintaining the standard of cleanliness in each room.

The Cornwall Council food safety inspection carried out in June 2014, stated that it was unsafe practice to have two freezers kept on a carpeted floor in the conservatory area of the home. The service was required to replace the flooring where the freezers were kept with a non-absorbent floor covering. This was to enable easier cleaning of food spillages that could result in the spread of infection. The service had not carried out this recommendation in the seven months since the food safety inspection. When we asked staff about this they told us, "It hasn't been done".

The registered person was not maintaining appropriate standards of cleanliness and hygiene for people who used the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to protect people from the risk of abuse. During the last inspection it was identified that not all staff had a good understanding of the necessary safeguarding procedures. During this inspection we found that seven staff had received training on safeguarding and there were also plans to supplement this training with

safeguarding workshops run by Cornwall Council. By the time of the inspection two staff members had attended the workshop. There was evidence on staff files that training in this area was taking place and was being recorded. Staff we spoke with had an understanding of how to keep people safe from abuse and reduce the risk of harm to people. One staff member said, "I have had training in this area, I wouldn't hesitate to report any abuse that I saw." The registered manager had introduced a clear procedure for making appropriate alerts regarding people's safety to the local authority if required. We found the service was now meeting the regulations in this area.

Care and support was planned and reviewed. Records showed people's risks were identified. For example, falls risks assessments were completed. However there were no risk assessments in place to manage risks to people from the environment in the care home, such as the action of window openings, environmental factors such as loose wiring connected to pressure mats in communal corridors. Reviews were dated and signed by a senior carer, however there was no evidence of the involvement of the person in their review documentation.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One commented, "I think my (relative) is safe at this home. I know it's a bit tatty but it's very caring". A person who lived at the home said, "I am well looked after here. I like it and I do feel safe".

Most of the staff we spoke with felt there were enough staff to deliver care and support to people living at the home. Two staff told us staffing levels were too low during the evenings after the night staff had come on duty. The staffing rota showed there were two staff each night. One staff was awake and on duty while the other staff member was sleeping-in, but could be woken when required. The registered manager acknowledged that more people were choosing to stay up later in the evening and as a result of this it was decided by the service during the inspection, that the sleeping-in night staff would stay awake and be available to assist people until everyone had gone to bed.

People told us there were enough staff to meet their needs. One person said, "The staff are nice. They take time to talk to me and help me if they can". We observed staff were not rushed, answered call bells promptly and spent time on an individual basis with people. There was a mix of staff skills and experience on each shift. Care staff who had been

Is the service safe?

employed for a number of years worked together with staff who had joined the service more recently. One staff member told us, “Some of us have worked together for years, it’s a tight knit team and we all work well together”.

Staff worked together as a co-ordinated team. There was an overlap of staffing between shifts which allowed a formal ‘staff handover’ to take place. We observed an afternoon handover where staff were informed of any changes in peoples’ needs or about organisational issues. There were enough staff available to meet people’s needs while this took place. One relative of a person who lived at the home told us, “There always seems to be enough staff on”. A person who lived at the home said, “There is always staff around the place if I need anything”. A staff member said, “We work well together and normally we have enough of us around.” There were enough staff with the knowledge and skills to meet the needs of the people living at the service.

We looked at how medicines were administered and recorded. Medicines were given at the time they were directed to be given. This was confirmed by our observation of two staff members administering medicines during the lunchtime period. Only staff who had received training were allowed to administer medicines.

We looked at medication administration records (MAR) for five people who lived at the home. We saw not every person had photographic identification attached to their records. This was routinely used as a safety measure to assist staff to be clear about who they were administering medicines to. There were some hand-written entries of medicines added to people’s MAR charts. Some were signed as correct by two staff which helped to reduce the risk of errors. However this was not consistently carried out.

There were also unexplained gaps in MAR charts. The registered manager told us this was due to recording errors rather than the medicines not being given. A senior staff member had responsibility for ordering medicines and checking stocks were accurate and returns were carried out for any unused medicines. The service did not carry out regular audits of medicines to ensure they were correctly monitored and procedures were safe.

The registered person was not ensuring people were protected against the risks of unsafe medicines administration because medicines were not always handled safely, securely and appropriately. This was breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

The standard of maintenance and decoration of the service was poor and did not provide comfortable surroundings for people to live in. For example, the general decoration of the home was worn, chairs in the conservatory area were old and worn, and carpets in communal ground floor areas, corridors and first floor corridors were also worn. Carpets in several bedrooms were heavily worn. Relatives of people who lived in the home told us, “The house is tired and could do with being freshened up”. Another relative said, “It is a bit smelly and it could be smarter but my (relative) is happy and that’s the important thing”. We spoke with the registered manager about the decoration of the home and they acknowledged the home was in their words, ‘shabby’ and in need of re-decoration and new carpets in some areas.

There was routine maintenance taking place for equipment including hoists, wheelchairs and stand aids and a stair lift. The registered manager showed us up to date maintenance documentation. However, there were a number of defects and poor standards of environmental maintenance seen during the inspection. These included, a metre long loose cable, which was left in the corridor outside a person’s room, and was a trip hazard. Worn and malodorous carpets in communal areas and bedrooms, and damaged wall tiles in the kitchen. There was a lack of storage facilities at the home. People’s rooms were generally small and their equipment such as stand-aids, commodes, wheelchairs and hoists, took up space in people’s bedrooms. This was highlighted during our last inspection. We were told then that equipment was in regular use and due to a lack of available storage there was no alternative but to store people’s equipment in their rooms.

Two dilapidated vehicles in the car park of the service were being used to store dry goods such as paper toilet rolls and old equipment and furniture. Staff told us both cars had been there for a long time and were used as additional storage. The registered manager said at our last inspection that additional storage would be sourced in the form of a new external shed. During this inspection we saw the storage issue had not been addressed. The proposed new shed had not been obtained and the cars continued to be used as overspill storage.

The registered manager showed us a maintenance record where required maintenance, such as painting and light fitting changes, were logged and dated. We saw that these required tasks were completed in a timely fashion. However, the service had not logged larger pieces of work which were required, such as the re-fitting of carpets and the replacement of furniture. Staff told us, “It’s been like this for years and nothing really changes”.

The provider was not ensuring there were suitable arrangements in place to provide a safe, comfortable environment for people using and working in the home. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The training needs of the staff were not consistently met. The service did not have an organised training schedule in place. This meant it was difficult to identify which staff required updated training in a particular area. Annual mandatory training updates, set out in the providers training policy, such as moving and handling were not taking place in a timely way. This meant some staff were using equipment they had not received sufficient training to use appropriately. This put people at risk. One staff member told us, “I’ve been here for a few years and I’ve never received any manual handling training. Other staff have just shown me how to use equipment”.

Staff said the manager supported them in their role, however, some staff commented that lines of responsibility in the home were unclear. One staff member said, “Although the (manager’s) door is always open, it can sometimes feel like we’re making decisions on our own. Roles and responsibilities aren’t always clear”. Staff told us they had not received recent supervision and appraisal. There were very few notes on staff files to record discussions held, or any actions which came from the discussions. One staff member told us, “I have never had an appraisal and I’ve worked here for quite a long time”.

The provider was not providing staff with effective support. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they found staff were knowledgeable and competent in their roles. Staff members we spoke with

Is the service effective?

confirmed they did receive training. However, this was not done in a structured way and staff told us they did not have a work related development plan to assist them in their roles. We requested the training records for the service, none was available. We asked the registered manager how they knew when training was required in order to schedule appropriate training. They told us, "I just check when certificates are coming up to their end date".

Mandatory training set down in the service's policy included first aid, manual handling, health and safety, food hygiene and medication training. Staff we spoke with confirmed they had undertaken a recent refresher training course on medication. This was confirmed by a local pharmacist who conducted the training. However, training in other areas required updating. Health and safety training was last attended by some staff in October 2007. One person's food safety certificate had expired in October 2013. The registered manager acknowledged the training programme required updating and told us the service was in the process of signing up to a new health and safety employment and training system.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) which provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The home also considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek this authorisation to restrict a person for the purposes of care and treatment.

Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had not taken the most recent criteria into account when assessing if people might be deprived of their liberty. We found the registered manager had not requested an authorisation from the local authority for people who had potentially restrictive care plans in place. People had not been appropriately assessed under the MCA and best interest meetings were not

consistently recorded for specific decisions such as the use of stair gates and pressure mats. The registered manager said that two of the four people who had stair gates in front of their bedroom doors had capacity and had requested the gates in order to protect their privacy and had signed their consent. However, two people did not have capacity to consent to the use of stair gates at their doors and there were no assessments or best interest decisions recorded regarding the use of these items, which restricted people's ability to move around the home.

One person, who was living with dementia, was not free to leave the home without support and was under continuous supervision for seven hours per day. This action followed a safeguarding concern raised by the registered manager. The registered manager was unclear about their responsibility to raise a DOL's application in respect of this person and had not done so.

The service had provided training in the MCA to some staff in 2008, however, not all staff had a working understanding of the Act or how to recognise if a person's rights were being breached. It is important a service is able to implement the legislation in order to help ensure people's rights are protected. Records showed the home had not taken action to carry out MCA assessments where necessary.

We observed staff took time engaging with people during the day. One person liked to take an active role in preparing the dining tables for meals, putting out napkins and cutlery etc. Staff encouraged this person and helped them feel valued and helpful. The atmosphere was relaxed and staff provided people with appropriate assistance. Staff were engaging in conversation with those they were assisting. People were offered a choice of drinks. We observed staff encouraging people to drink to reduce the risk of dehydration. One person needed their fluid and nutrition intake monitored. When the person's tray had been prepared the chef added a record of the fluid contained in the drink. This informed the care staff member so they could accurately calculate the amount of drink taken. This showed staff were monitoring people's nutrition and hydration needs effectively.

Over the two day period of the inspection we saw people have a number of meals. People were involved in choosing their meals in a variety of ways. For example at breakfast time people had a choice of options including cereals, toast with spreads or a cooked breakfast. People made

Is the service effective?

meaningful food choices. When planning meals ahead of time people's preferences were taken into account and people were encouraged to say what preferences they had during monthly resident's meetings. Menus were planned on a monthly basis ahead of time, however, people were free to choose an alternative meal if they wanted. One person told us, "We are normally asked what we want on the menus". Another person told us, "Food is good here. It's all healthy".

Relatives told us they had been offered a meal with their family member at the home and found the meals to be good and healthy. They told us, "They seem to eat very well. Food is freshly prepared each day and I haven't heard anyone complain about it". One person needed their food cut up in order to swallow it safely and we saw this was done and the person was appropriately supported with their meal. People told us they were happy with the food provided at the service

The home followed the recording procedures detailed in the 'Safer Food, Better Business' guidance. This is a Food Standard Agency publication for specific businesses including residential care homes, to help caterers and staff prepare and cook food safely. Cornwall Council had undertaken a food hygiene inspection report in June 2014. Overall the report was satisfactory, with some requirements made which we have noted elsewhere in this report.

People told us they had access to health care services such as GP services, dental treatment, chiropodists and opticians as and when required. One person told us, "If I need it, they sort out an appointment for me straight away. I couldn't complain about that side of things". Medical appointment details were recorded in the staff communication diary and also in people's care records. One professional from outside the service who had regular contact with the home said, "They maintain good links with our agency. They seem on top of people's health needs". A staff member commented, "We always keep a log of health appointments for the staff team to be aware of. It's important to keep appointments such as the dentist so people's health is looked after." We spoke with the district nursing team who provided support at the service. They had confidence in how the staff supported and cared for people. They said staff were keen to care for people and always asked for advice. They told us there were no current pressure area care needs for people at the home and there was a low incidence of skin tears. Local health care practitioners told us they did not have any concerns about care at the home and appropriate referrals were made on behalf of people who lived at the home.

Is the service caring?

Our findings

The atmosphere at the service was relaxed and friendly. People told us they were happy and we saw people were happily engaged in their daily activities. Most people spent time in the communal lounge watching television or privately in their bedrooms.

Staff were caring and respectful when people needed support or help with personal care needs. A relative said, "They are nice here, very caring and make it a home from home". Another person said, "It is as close to being in your own home as possible, it is like an extended family".

People we spoke with were observed to be well dressed. Staff appropriately supported people with their personal care and people looked smart and were assisted to wear their own jewellery and take pride in their appearance. This showed staff commitment in respecting and understanding peoples' needs.

During the inspection we carried out observations using SOFI. We observed staff being very kind to people. They were seen to be taking time to sit with individuals, talk with them and offer choice. People were seen to respond positively to this by smiling and talking with staff.

There were no restrictions on visitors coming into the home at any time during the inspection. Those we spoke with told us the service kept them informed and involved in their relatives care and support. However, when we looked

at care planning records they did not always show where relatives or people who used the service had been involved. Staff told us it was not possible in some instances where people lacked capacity to involve some people in their care planning decisions.

Relatives were positive about the standard of care they felt their relatives received from the service. Comments included, "Staff are friendly and approachable. You can speak to them at any time". Another person said, "I don't think the state of the house in which they are living has an impact on the care people receive. I would rather they were settled here than it was like a palace".

We spoke with staff to gain an insight into their understanding of the way people should be cared for. Staff gave examples of how to treat people with dignity. One staff member said, "The staff know the importance of treating people with dignity it's what you would want for your own family".

We were shown around the home by a member of staff. They knocked on people's doors and they would not enter until a response was given. Observations over the two day inspection confirmed staff responded to people in a dignified and respectful way.

We recommend the service looks into national guidance for person centred care for best practice towards involving people in their care planning.

Is the service responsive?

Our findings

Relatives told us they felt they were involved in the care planning process as much as they chose to be, and were kept informed of any changes to people's needs. There was no evidence that people who lived at the service were actively involved in their own care planning. People told us they did not routinely discuss their care plans. One person told us, "I would tell them if I wasn't happy with the way I was cared for but I don't get involved in anything else". However, some people had signed their care plans, but this was not consistent. The service did not have a process for assisting people who lived with dementia to be involved in their care management. The registered manager told us people with dementia could be accompanied by a family member if they wanted to. However, in practice relatives told us they were not asked to attend reviews of care unless there was a significant issue.

Care records contained information about people's health and social care needs. Plans were individualised and relevant to the person. Records gave guidance to staff on how best to support people. However, we did note that for some people the monthly review process for care plans was behind the schedule set down by the service's policy. Reviews were undertaken with input from each person's key-worker. This was a staff member who had a particular role in knowing what was important for an individual.

We found care plans contained more detail than they had at the previous inspection, particularly in relation to handling medical emergencies. This meant staff had a clearer understanding of how to approach and meet people's care needs in a consistent manner.

There were a limited number of activities available for people to take part in if they chose. For example, the service arranged for a drummer to visit the home and encourage people to take part in a group drumming activity. Staff told us they had recently started to involve people in 'arm chair exercises' and there was a weekly bingo session held at the home. In addition to this, the home occasionally arranged trips outside the home. For example, we were told about a recent trip to a pantomime which some people had attended. People spoke fondly about this trip. One person told us there were not enough activities to stimulate them and keep them mentally active. The registered manager was aware of this and was in the process of looking for local opportunities suitable for the person.

The service had a policy and procedure in place for dealing with any complaints. This was made available to people and their families. Relatives we spoke with told us they knew how to complain and they would be confident that any complaints they had would be dealt with. They described the registered manager as approachable and available if there were any issues they wanted to discuss. The registered manager told us one person's relative had raised a concern about the loss of people's clothes after being laundered. We were told by the registered manager that in such cases clothes were replaced by the home. We spoke with the relative who acknowledged they were happy the issue had been resolved to their satisfaction. Concerns could be raised verbally, or in writing using the service complaint form. The service policy set down the timelines for handling all complaints. There were thank you cards in a file and on the notice board in the office. One stated; "Many thanks as always for looking after [relative's name] so well."

Is the service well-led?

Our findings

We found the provider did not have an effective system to regularly assess and monitor the quality of service that people received. The registered manager had not submitted the Provider Information Return (PIR) which is a requirement of the CQC to provide information about the service before an inspection.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We found there were instances where the registered manager was required to provide a notification to CQC and did not do so. This meant we could not check that appropriate action had been taken.

Documentation which related to the management of the service required improvement. For example, the provider did not have a training record or plan in place. This made tracking staff training difficult. We saw the impact of this on staff. They were uncertain about what to expect from the service in terms of their professional development.

There was a lack of quality assurance and audit processes. The problems we found during the inspection had not been identified or dealt with by the service before our inspection. For example, there were no medicine audits undertaken and we found problems with the way medicines were managed and recorded. There were no infection control audits conducted at the service. There was no on-going audit or plan for the redecoration and maintenance of the home in order to ensure it was maintained to a satisfactory standard.

We spoke with the registered manager about the current lack of appropriate quality assurance for the home. They told us administration was a major challenge for the service. We were told, "Trying to get on top of all the admin is a fear for me. I really do struggle to get on top of it."

The registered manager confirmed the service had carried out a quality assurance questionnaire to gather people's views of the service. However, the manager was unable to locate the documentation for this on the day of inspection. Subsequently the inspector was sent a summary of the findings of a service user and family satisfaction questionnaire, conducted in March 2014. However, the summary provided no details of the actual questionnaires

used and no breakdown of who completed them. Other professionals who were familiar with the running of the home were not routinely asked for their views about the care and support provided at the service.

The registered manager told us she was aware of the lack of feedback from people and provided us with a copy of a recent report compiled by Healthwatch in November 2014. As part of their visit, Healthwatch staff had engaged with service users, staff and visitors to get an overview of the home. The report provided a useful insight for the registered manager into people's views of the service. However these 'enter and view' visits by Healthwatch do not gather the broader views of relatives and external professionals about the service.

The provider was not assessing and monitoring the quality of service provision. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014."

Following our previous inspection where concerns were identified, we asked the provider to send us an action plan and tell us how they would make improvements. At this inspection we found limited improvements had been made in some areas. For example, the provider had purchased a commercial carpet cleaner to tackle some of the issues with carpet cleanliness. However, this had not been effective and had not dealt with the strong incontinence odour in areas of the home.

We saw throughout our visits that the approach from care staff was caring, with staff taking time to talk with people and showing care, compassion and kindness to people. Staff told us they felt things had begun to improve with the environment in the home. One staff member said, "It is still very unorganised but we've begun to tidy things up a bit. There's a long way to go".

There was an unclear management structure at the home. The staff we spoke with told us the manager was supportive and helpful. However, staff were not clear about how management responsibilities were organised. For example, one person told us, "The management structure isn't very good or clear. There are only two senior care staff. In their absence we have to look to the person with the most experience". Records for the home were not well maintained. The office was cluttered. It was difficult for the

Is the service well-led?

registered manager and staff to find requested records. Care documentation was not well organised or presented. This made it difficult to find specific information in files. The registered manager acknowledged the office was in some disarray. We were told the manager had begun to

investigate additional resources to assist with the administration of the service. Staff monitored incidents and accidents to make sure the care provided was safe and responsive to people's needs.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations
2010 Cleanliness and infection control

The registered person was not maintaining appropriate standards of cleanliness and hygiene for people who used the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

We found that the registered person had not protected people against the risk of unsafe medicines administration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations
2010 Safety and suitability of premises

We found that the registered person had not protected people against the risk of unsafe premises.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

We found that the registered person was not assessing and monitoring the quality of service provision.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

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

We found that the registered person was not providing staff with effective supervision.