

Barchester Healthcare Homes Limited

South Chowdene

Inspection report

Chowdene Bank
Low Fell
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection which took place over three days, 24, 26 and 30 June 2015. The last inspection took place on 10 September 2014. At that time, the service was not meeting the regulations inspected and we asked them to take action for meeting peoples nutritional needs.

South Chowdene is a nursing home situated in a residential area of Low Fell in Gateshead. It is registered to accommodate up to 42 older people who require nursing care. At the time of the inspection there were 36 people living there.

The service had a registered manager who had been in post just under a year. At the time of inspection they had already given notice and were leaving the post. The provider has since made arrangements for management cover of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe and were cared for by staff who knew them well. Staff told us they only had time to carry out essential care tasks and were rushed in their work. We found that where people had raised concerns about care they were not always acted upon correctly and that records were not complete.

Risk assessments had been carried out, but some records and files did not clearly demonstrate how care plans had been changed as a result. Care plans did not give the details needed for staff to meet people's changing needs and some plans lacked the detail to describe how people preferred to be supported.

Staff were recruited in a way that ensured the safety of vulnerable people. Supervision and appraisals were not given at the provider's stated frequency, meaning that staff were not always managed and supported effectively. The registered manager had not reviewed the staffing numbers and was not able to demonstrate how they ensured that staffing levels met people's needs.

People's medicines were not always managed safely. Some recording and care planning around the use of creams and ointments was not consistent and did not demonstrate whether people were getting their medicines as prescribed.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. There were a number of people subject to DoLS and these had been managed well by the service with referrals for local authority authorisation being made appropriately. The service had a system in place to ensure that renewals of authorisation were requested promptly to protect people's rights.

People were supported to eat and drink in a dignified manner, but the mealtime experience was inconsistent. Recording to support people to maintain a healthy fluid and food intake was not completed as required.

People were given support to access external healthcare services and maintain their wellbeing. External health care professionals' advice was sought and referrals were made for specialist input as people's needs changed.

People's consent to their care and treatment had not always been sought or recorded in their care plans.

Care was delivered by staff in a positive manner and there was evidence of good relationships between people and the staff. All staff we spoke with knew people's needs well and spoke about them in a positive way.

People's choices and rights to privacy and dignity were respected. Staff knocked on doors before entering, offered people choices in their daily living and looked at alternative ways of supporting people if this was requested.

People knew how to raise a complaint, but the records kept and learning from complaints was not consistent so that opportunities to improve may have been missed.

We found that audits and reviews of the quality of the service were undertaken by the provider, but these were not acted upon quickly, and some improvements made were not maintained. Surveys of people's views were also undertaken but they did not affect changes in how the service was provided.

You can see what action we told the provider to take at the back 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 always safe. Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and that they would be addressed.

Staffing was organised to ensure people received support to meet their care needs but they had no time for any other interaction.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were not always managed well. Staff were trained and monitored to make sure people received medicines as required, although how creams and ointments were applied was not consistent.

Requires improvement



Is the service effective?

The service was not always effective. Supervision and appraisal processes were not in place for all staff to receive feedback on their performance and identify further training needs. Existing staff told us they did not have the time to support new staff into their roles.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink where this was needed. There was some variation in the mealtime experience and in the monitoring of people's food and fluid intake.

Arrangements were in place to meet people's health needs. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity. Where people were deprived of their liberty this was in their best interests and was reflected in their care plans.

Requires improvement



Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's rights to privacy and their choices.

The staff knew the care and support needs of people well and took an interest in people and their families. End of life care was co-ordinated with external professionals and families to meet people's wishes.

Good



Summary of findings

Is the service responsive?

The service was not always responsive. Care planning, recording and review of plans did not always reflect the care given or contain enough detailed information.

People had their needs assessed and staff knew how to support people in a caring and sensitive manner. Care records showed that changes were made in response to requests from people using the service and external professionals.

People who used the service did not have the opportunity to take part in activities or continue interests they had to help meet their social needs.

People told us they had raised concerns but were unclear if and how they were resolved by the registered manager and staff.

Requires improvement



Is the service well-led?

The service was not always well led. Issues identified by quality assurance audits and checks by the registered manager and the provider had not always resulted in actions being taken.

Some staff told us that relationships were poor between themselves and the registered manager.

People and their families felt the registered manager was approachable and visible in the service.

Requires improvement



South Chowdene

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 was 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 was an unannounced inspection which took place over three days, 24, 26 and 30 June 2015.

The inspection team was made up of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed.

During our visits we spoke with 19 staff including the registered manager, 12 people who used the service and 12 relatives or visitors. Observations were carried out over three mealtimes and a medicines round was observed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two external professionals who regularly visited the service and a local commissioner of the service.

We reviewed four care records, five medicines records and staff training records. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, three staff recruitment/induction and training files, ten staff supervision files and staff meeting minutes, people's weight, food and fluid monitoring charts, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining area, offices, storage and laundry areas and, with their permission, some people's bedrooms.

Is the service safe?

Our findings

Some people told us they generally felt safe living at the service whilst others had some concerns. One person told us, "I feel safe here but we have to keep an eye on the ones (other people) that try and get up when they shouldn't, we call for the staff." Another person told us, "It's alright here the staff are okay." Another person told us, "If I push my buzzer they do come, but sometimes you have to wait, they say 'urgent ones to see to first' but eventually you have to say it's my turn now."

Relatives and visitors also told us they had some concerns about people's safety. One relative told us, "I feel very happy leaving (relative) here, my only quibble is the staff, they are really pushed sometimes, they are all good, they give 110% but it seems they have no time for anything else." Another relative told us, "Staff are good but it has gone downhill in the last eight months or so, there is just no time for them to do everything. I don't think it's unsafe yet but it is a worry, we are keeping an eye on things." One relative also told us they had concerns about the use of bank or agency staffing. They told us, "The agency staff are nice but they don't know where anything is or how anyone wants things."

Staff told us they did not feel they had the time needed to carry out all essential tasks and spend time with people. One staff member told us, "I could do with more time, it could be cleaner here. I have to catch up on the back log when I come in. I have said this to seniors but you have to be careful what you say." A majority of staff told us they did not have time to support new staff into their roles, that they only had time to carry out essential care tasks, and there were no activities or social time spent with people.

All staff who had worked at the service for more than a year told us they felt there were not enough staff to do more than provide essential care. Staff told us they did not have time to talk with people. We observed that people were left unsupervised in communal areas, and that other people let staff know if other more vulnerable people were at risk. We also observed that at times staff had to leave the communal areas to respond to call bells, sometimes leaving up to 12 people unsupervised for up to ten minutes. We asked the registered manager how they calculated the staffing numbers in the service. They told us they had not reviewed the staffing levels in the 10 months

they had been in post and did not know of a tool the provider used to review staffing levels. There was evidence of insufficient staff deployment and that proper analysis of the numbers needed had not taken place.

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

Staff told us they had attended training on safeguarding adults and would raise concerns internally or with partner agencies. Staff were very clear they would not accept poor practice from any other staff. However, we spoke to a relative who had raised concerns about a time when their relative (who had an advanced dementia) had unexplained bruising. They told us, "X says they were thrown into bed. I went to see the manager but their response was 'I would know if anything like that happened', but there are bruises so I worry." We spoke with the registered manager about this and they told us they had investigated the cause of the bruises and discussed this with the relative and resolved their concerns. However the registered manager was unable to show us any documentation about this in their records or when they had discussed this with the local authority.

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

The building was purpose built, with large communal areas on the ground floor. We checked the building and found that safety checks were in place and that any maintenance tasks were addressed quickly. A new maintenance lead had been appointed recently and they were able to show us how they kept records of the checks within the service and grounds. Equipment and building checks had all been carried out since their appointment and any safety issues had been addressed.

The service had evacuation plans for each person in the home in the case of emergency, such as a fire. These showed the staff how best to manage any such emergency. The service had a 'grab bag' in reception that was to be used by staff in the event of any emergency. The grab bag had a list of contents that were expected to be in there which had last been reviewed two months before the inspection. We found that some essential items were missing or incomplete, such as people being listed in rooms they had since moved from, emergency contact

Is the service safe?

telephone numbers being out of date and the mobile phone battery was uncharged. We brought this to the attention of the registered manager who took immediate action.

Records were available of significant incidents that had occurred for individuals, such as accidents. We could see that in most cases these had been reviewed and action taken to reduce the likelihood of such incidents occurring again. However two records of such incidents where harm may have occurred did not record how they had been investigated, if any learning had been identified or what the outcome had been. We discussed these with the registered manager who advised that another staff member of the provider outside the service had investigated these two incidents. They had been resolved, but the registered manager did not know the outcome and it was unclear how they could take steps to reduce the likelihood of further incidents.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at three recruitment files; these showed us that the provider followed a consistent process of application, interview, references and police checks when appointing new staff. New staff we spoke with confirmed they had been subject to an application, references and police checks.

We observed medicines rounds and reviewed medicines records. Staff checked for the need for pain relief medicines with people between medicines rounds, whilst ensuring these were used safely and within medical guidance. We observed that staff checked people's medicines on the medicines record and medicine label to ensure they were giving the correct medicines. A current photograph of each person was included in their medicines records to ensure

there were no mistakes of identity when administering medicines. We observed on two separate days that the medicines trolley was left unsupervised and unlocked by staff during medicines rounds. We brought this to the attention of staff and the registered manager. We noted that where people were prescribed creams and ointments these were sometimes recorded on separate records kept in the person's room, rather than in the medicines administration records. We reviewed some of the charts and found that the creams were not being applied as regularly as prescribed. Staff told us they did not always have time to record when these had been applied, or to review the charts to audit compliance.

We also found boxes containing blister packs of medicines that were to be returned to the pharmacist had been stored that day in a communal bathroom which was not secure. Some of the blister packs still contained medicines that were to be returned unused. We brought this to staff's attention as whilst people could not access the bathroom unassisted this was not an appropriate storage area.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to staff with responsibility for cleaning and infection control. They told us that at times they were rushed to keep the service clean, as they often assisted care staff at critical times, such as mealtimes. We observed a used disposable glove had been left in a communal area and brought this to staff's attention. The service was clean, though there were odours in the upstairs corridor during the mornings. We discussed this with staff and the registered manager who advised this was caused by a lack of external ventilation in an internal corridor and they were reviewing options to improve ventilation.

Is the service effective?

Our findings

People told us they felt the service was mostly effective, although some felt the newer staff needed additional training or support. One person told us, “Some staff are better trained than others” and said that, “One carer showed X (new carer) who was with them how to adjust my profiling bed. They said they had never seen it done like that before and would remember it. They are so busy the training seems to slip.” Relatives told us they felt the service was effective and some told us they had seen their relative improve since moving into the service. We received mixed feedback about the meals and food. One person told us, “The food is so-so, the menus are poor I think, but it suits some”, whilst another person told us, “The food is nice.”

We talked to care staff who had worked at the service for more than a year who told us they felt they were less effective than a year before. One staff member commented, “We don’t have time to do anything except provide care essentials and move on.” Recently appointed staff felt they had the training and support they needed to do their jobs and had attended the provider induction training and were mentored by more senior staff.

We reviewed the service’s training records and found that staff training updates were in line with the providers expectations, and where staff were due updates this training had been arranged. Staff told us the training they received was good and helped them to perform their roles. Supervision and appraisal records showed that staff were not receiving supervision in line with the provider’s policy requirements. We also found that not all staff had an annual appraisal and in some cases they had not been formally appraised for more than two years, or if they had, this had not been recorded. Staff told us they did not have time for supervisions as they were providing care and that meetings would often be cancelled if they had to cover shifts and would not then be re-arranged. The registered manager showed us a schedule that had been created, but had not been followed, or updated, by all staff.

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

In people’s care plans we saw that consent forms had not been completed or signed by people or their representatives. This had been picked up in previous

provider audits, but not all care plans had been updated. The registered manager told us they were working through all people’s files to ensure that consent had been sought. We noted that the recent admission assessments completed by the registered manager included people’s consent to their care.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We saw from records that the registered manager had referred people for assessments for DoLS as necessary, and had a process to ensure that reviews were requested as required.

We observed mealtimes on each of the three days we visited the home and found they were variable. One day was quite chaotic with people sitting for 30 minutes before food was served, another day was more relaxed with staff supporting people to eat and drink whilst engaging positively with them. The normal kitchen staff were not at work and another cook had been brought in from another service who was unfamiliar with the service. On day two we found that the menus from the previous day remained on display until midday, so people were not aware of their choices until just before the meal itself. Staff asked people what choice they would prefer by offering two small plates as examples of the options. If people wanted an alternative to the two options this was provided. Drinks were offered, both hot and cold, and were refreshed during the meals. However this was not consistent as we observed there were times when staff responded to call bells and people waited for drinks to be refreshed. Supervision levels in the dining rooms varied as a result of staff responding to call bells and we observed one person poured salt into their drink thinking it was sugar. We alerted staff to this as they had not been aware. Some people were having their food and fluid intakes recorded in order to monitor their nutrition and hydration. On day two we reviewed the records from the previous day and found that in some records only breakfast had been recorded. No records had been made of the lunch and evening meals or fluid intake. We brought this to the attention of the senior on duty as they were unable to demonstrate how they were checking people’s intake. We checked these records again on the third day and found they were now being completed and reviewed.

Is the service effective?

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We talked to kitchen staff and saw they had records of people who needed special or adapted diets. We could see that meals were fortified, for example, with butter for those who needed to gain weight. We found that the fridge temperatures had not been recorded the previous two days and brought this to the senior staff's attention. They checked the fridge and contents temperatures and found them to be in the safe range.

We reviewed records to see how people's healthcare was managed and supported by external professionals. We saw from records that referrals were made promptly to external

professionals for advice and support if people's needs changed, such as swallowing food. People who were new to the service who had been assessed as being at risk of falls had been referred to the local area falls team. Another person who was admitted with pressure damage was referred to a tissue viability expert for advice and support. We met an external health professional who told us they had no concerns about the service and that the nurses and care staff responded well to their advice and sought their input.

We recommend the registered manager complete the process of reviewing all care plans, seeking and recording consent.

Is the service caring?

Our findings

People told us the service was caring. One person told us, “The staff are great; they come when I want them to.” Another person told us, “It’s alright here.” Relatives told us they felt the staff were caring and knew their family members well. One told us, “We are very happy with X’s care. We can visit anytime, no problem, the staff are nice and polite.” There was no negative feedback about the relationships people had with the staff and registered manager. However, there was a continued theme from staff, people and relatives that staff sometimes seemed rushed and did not have much time to spend with people.

When we spoke with staff they could describe people’s personalities and demonstrated knowledge of different people’s needs, what they liked to do and how they preferred to communicate. We observed that staff treated people with dignity, providing people with clear explanations about their options. We noted that when staff told us about their workload they spoke in terms of how it affected the people using the service, not themselves. One relative told us how a staff member came in on their day off to support someone to a hospital appointment as they wanted to make sure all the issues were discussed and to support the person.

We saw from some records that people and their families were involved in care planning, and that their views had been incorporated into the plans, although it was not always clear in all plans how they had been consulted.

We saw that meetings were held with people using the service and their families. These had not occurred as regularly as in the past, but the registered manager told us how they were intending to improve these meetings. The home’s reception area contained information about what

the service could offer and information about other local activities and services such as advocacy and independent advice. There was also information about safeguarding adults, mental capacity and deprivation of liberty safeguards.

Staff told us how they supported people to contact social workers, or other advocacy support if people needed support they could not offer. Staff knew how to refer to local advocacy services and pointed out where the information was available in the home.

We saw that all care plans and documentation was safely stored in staff areas to protect people’s confidentiality. It had been identified in a provider audit that the upstairs nurse station was a risk area for files to be left insecure, and staff had been reminded to ensure records were secure. When we spoke with staff they were able to tell us the practical ways they protected people’s privacy and dignity, such as choices about which staff to support with personal care, or supporting people discreetly with toileting prompts. We observed staff discreetly support people to clean up after meals before they moved to the lounge.

During one mealtime we observed staff who were supporting with the meal engage in lively conversation and sensitively support those who needed assistance to eat. People who refused support were discreetly monitored by staff and any spillages were cleared away discreetly. We saw that some people chose to eat in the lounge area or in their bedrooms and this was supported by staff.

Some people were receiving end of life care with the support of external health professionals, and people had been consulted about how they wished this care to be delivered. Staff told us how they made sure families and professionals agreed with the care plan, and ensured that families were updated if people’s needs changed.

Is the service responsive?

Our findings

Some people told us they were involved in their care, but others felt less involved. One person told us when we looked together at their care plan in their bedroom, “I’ve never seen that.” They went on to say, “That’s completely out of date” and “The staff are very good, very attentive but it seems to have got worse this last 12 months. Lots of strange agency and strange staff, and of course they don’t know what to do.” Another person told us, “Not much to do, you can go downstairs for a film if you want to, or outside if someone goes with you.” A relative told us they were happy with the response they got from the service and said, “I chose this home and we are very happy with it, we were included in the care plan and we have a say in everything. Staff ring me if there is anything amiss.” They told us they had been to residents and relatives meetings and filled in questionnaires. Another relative told us, “I can visit anytime; the staff are polite and nice, just very busy. No activities person now, there is nothing to do, they have had two activities people but they both left.”

Staff reinforced that they did not feel there was enough suitable staff to respond to people’s social needs. Comments from staff included, “No time to stand and talk and make things a pleasure. We came in on our day off to take residents out. Otherwise you get all upset, thinking that they are just sitting,” and “Just not enough of us, not enough of us to do everything right.”

We reviewed people’s care plans and care documentation. We saw that people’s needs were assessed prior to admission, but that the detail of these assessments was varied. Some of the more recent assessments were detailed about how best to support people, but still had blank sections such as property lists or life histories without explanation. Some of the pre-admission assessments of more than a year old were limited in detail about how to support people. This then carried over into reviews of care. For example, where changes were made to people’s care plans the detail was not enough to guide staff on how the person liked to be supported, or the equipment that needed to be used. We found one person’s care notes incorrectly filed in another person’s record. In another example, a person’s pain relief medication had been changed two months before but this was not reflected in

their care plan. One person’s care plan told us they were having their weight monitored weekly, but we found this had only been measured twice in the previous two months. These records demonstrated that the service was not providing person centred care by failing to draft comprehensive care plans and reviewing them effectively.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the post of activities co-ordinator was vacant. There had been turnover in the post with two staff leaving in the last year. During the inspection the only organised activity that took place was armchair exercises in the lounge with an outside provider. There were no other organised activities in the communal areas and staff told us people cared for in bed had no planned activity or time set aside to spend with them. All the care staff we spoke with told us they did not have time to provide any activities during shifts most of the time. One staff member told us they came in on their day off to take people out, and relatives noted that activities were not routinely offered.

We saw that people were supported to continue their religious beliefs. We met a local vicar who was visiting the service who told us about the work they were doing to support people who were isolated or lonely.

Staff told us that they were aware of the complaints policy and would support relatives or people who lived at the home to make a complaint if they wished to do so. People told us they felt able to raise any issues and relatives and visitors told us they thought their concerns would be listened to. The registered manager showed us two complaints they had received. We looked at the records of these complaints. One had a clear outcome and copies of correspondence showing us how the complaint had been dealt with. The other did not have all the information recorded to show what the process and outcome of the investigation was and if the complaint was resolved to the complainant’s satisfaction.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was mostly well led. One relative told us, “The manager is good, approachable, guided us through sorting X’s pension out, nothing is too much trouble.” Another told us, “The manager always speaks and pops out of the office when we come.” And another told us, “The manager seems nice, I’ve seen them out serving meals when they have been busy.”

Staff responded in a varied manner. Some staff spoke highly of the registered manager, but other staff were critical of their management style. Some staff told us they found it hard to work with the registered managers style and approach to making changes in the service. We discussed this with the registered manager who told us they had tried to work with some staff to effect positive changes in the service, and they had been reluctant to change. We saw records of these discussions with staff where the registered manager had tried to improve recording and care planning.

We saw records of quality assurance audits and checks carried out by the registered manager and during the area manager and the providers’ quality team visits. In one record dated 11/02/2015 we found that many of the issues which we found at this inspection had already been identified in the internal audit. These included the odour in the upstairs corridor, recording of creams and ointments, food and fluid record charts, limited activities, missing staff appraisals, and the need for a dependency assessment to be completed to review staffing levels. The due by dates had all passed for the actions to be taken and on the registered manager’s action planning tool they were listed as complete. When we asked the registered manager about

this they explained that actions had been taken, but that staff were not following their instructions about these matters. Not acting on this information meant people continued to receive care that could have been improved upon.

We looked at the findings of the service’s ‘Your care’ survey of 2014. This survey was used for people and their relatives to give feedback on the service. In the survey the areas identified for improvement were to the questions ‘Staff are usually available when I need them’; ‘Staff have time to talk to me’; ‘Staff understand me as an individual’; ‘The food served at mealtimes is of good quality’; and, ‘I can take part in activities / hobbies if I want to’. The responses to these questions showed a lower satisfaction rate than in the previous year. We reviewed the registered manager’s current action plan to see how the issues were being addressed. There were some actions recorded but this was not consistent across all areas, there were no actions about staffing or staff time. By not acting promptly on this survey information people continued to receive care that could have been improved upon.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had sent us all required notifications and had reported any safeguarding or other issues to the appropriate external authorities.

Staff told us they had a good relationship with external agencies, such as the challenging behaviour team and the local GP’s. A visiting professional told us the staff contacted them quickly for advice and incorporated this into practice effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

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

The registered person and staff must ensure they understand their individual responsibilities to respond to concerns about abuse, including investigating concerns.

Regulation 13(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must ensure that incidents that affect health and safety must be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result.

The registered person must provide care and treatment in a safe way, including the proper and safe management of medicines.

Regulation 12(2)(b) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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

This section is primarily information for the provider

Action we have told the provider to take

The registered person must ensure that staffing levels and skill mix must be reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service.

The registered person must ensure that persons employed by the service provider in the provision of regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18(1) (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must ensure receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health.

Regulation 14(4)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014.

The registered manager must carry out collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. Designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.

Regulation 9(3)(a)(b)

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must maintain a record of all complaints, outcomes and action taken in response to complaints.

Regulation 16(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

The registered person must seek and act on feedback from relevant person or other persons on the services provided. Improvements should be made without delay once they are identified.

Regulation 17(2)(a) (e)