East Anglia Care Homes Limited

Halvergate House

Inspection report

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 16 and 17 August 2016 and was unannounced.

Halvergate House provides nursing care for up to 50 older people, some of whom may be living with dementia. At the time of our inspection there were 37 people living within the home, 34 of which were on a permanent basis. Accommodation is over two floors and the second floor is served with a lift. All bedrooms have en-suite facilities and there are a number of communal areas as well as gardens.

At the time of the inspection, Halvergate House had a manager who had been in post for 12 months but had not yet registered with the Care Quality Commission (CQC). 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. Shortly after our visit, we received a manager application for this service.

We last inspected this service on 3 and 11 November 2015 where we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of three regulations relating to consent, dignity and respect and good governance. Following the inspection in November 2015, the service failed to send us a plan to tell us about the actions they were going to take to meet the above regulations.

At this inspection in August 2016, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to dignity and respect, meeting nutritional and hydration needs and good governance.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Effective systems were not in place to monitor the quality of the service and drive improvement. Where issues had been identified by the provider, there were no clear plans in place to rectify those concerns. Not all the issues highlighted in this report had been identified by the service.

Some people experienced a poor service at mealtimes. People were left waiting for their meal and did not receive the assistance they needed at a time they required. Equipment was not always available in a timely manner to assist people to remain independent in eating their meal. People were not offered a choice or explanation of what was being served at the time it was received.

People were not always treated with dignity and respect and their privacy was not consistently maintained. Staff were observed to speak across people they were assisting and talk openly about confidential matters in communal areas. People's consent wasn't always gained before assisting them and inappropriate

language was used by some staff in relation to the people they supported.

People did not always receive the care and support they required at a time they needed it. Some people told us there were not enough staff to meet their needs. Staff, and some relatives, agreed and told us this impacted on the level of service people received. The provider confirmed that this has been identified and was currently being addressed.

The service had processes in place to help ensure that only those staff suitable to work in health and social care were employed. These included references from previous employers and completing criminal police checks. The staff we spoke with, and the records we viewed, confirmed these were in place prior to staff starting in post.

Processes were in place to help protect people from the risk of abuse. Staff had an understanding of what constituted abuse and how, and where, they could report any concerns they may have.

The risks to individuals had been identified, assessed and managed. These were individual to each person and covered areas such as health conditions, risk of malnutrition and dehydration and pressure areas. Although not all risks associated with the building had recently been recorded, checks were in place to ensure the premises were in good working order and regular maintenance was undertaken as appropriate.

All accidents and incidents were recorded and appropriate immediate action taken to ensure the person's health and wellbeing. However, the analysis of accidents and incidents did not fully identify all trends and therefore mitigate all future risk of reoccurrence.

Medicines administration and management followed good practice and people received their medicines as the prescriber intended.

People told us that they had confidence in the skills and ability of most staff who supported them. Staff told us they had received training and most told us they felt supported although staff had not received regular supervisions or appraisals.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service had assessed people's capacity to make decisions and submitted appropriate applications to legally deprive people of the liberty where required. However, these assessments were not decision or time specific as required by the MCA. Staff had a basic knowledge of this legislation and how it impacted on their role and those they supported.

Where needed, people received the specific diets they required to maintain their health, safety and wellbeing. The service made prompt and appropriate referrals to health professionals and the people who used the service were involved in this. Activities took place within the home although some people told us they felt lonely or unstimulated at times.

People's care plans were person-centred but not always accurate and up to date. However, staff had a good understanding of people's needs, likes, dislikes and preferences. Some had been reviewed on a regular basis but this was variable. People had been involved in the decisions around the care and support they received and wished for.

The people who used the service told us that most of the staff were kind, caring and patient. We saw that they worked well as a team and staff told us they helped and supported each other. Staffing levels impacted

on the morale of staff and they told us that, when staff numbers were as required, morale was generally good.

The manager was visible and approachable and available to speak with people should they need to. People told us they found the manager to be caring and receptive and that they would feel comfortable discussing any concerns or complaints they may have with them.

Not all legal requirements were met by the service at the time of the inspection visit and we found that they were not displaying their last inspection rating as required by law. This was rectified within the premises before our visit was finished and the rating was displayed on the provider's website shortly after the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service wasn't consistently safe.

The analysis of accidents and incidents was not fully effective in mitigating future occurrences.

There was a mixed view on whether there were enough staff to meet people's needs. However, the provider had identified this and had taken steps to address it.

The administration and management of people's medicines was safe and effective.

Is the service effective?

Requires Improvement

The service wasn't consistently effective.

People did not receive the assistance they needed to eat and drink at a time they required.

Although staff told us they felt supported, they did not always receive formal guidance and assessments in relation to their competency to perform their role.

People's healthcare needs were met in an appropriate and prompt manner.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's dignity was not always maintained and they were not consistently treated with respect by all members of staff.

The service had involved people and, where appropriate, their relatives, in decisions around the care and support they received.

People's family and friends could visit anytime and there was no restrictions on this.

Is the service responsive?

Requires Improvement

The service wasn't consistently responsive.

Although people told us that their needs were mostly met, staff shortages meant that people's needs weren't always met at a time they chose.

Staff understood the needs and preferences of those they supported. However, people's care plans were not always accurate and some had not been reviewed on a regular basis.

People felt that they were able to raise any concerns they may have and that they would be addressed accordingly.

Is the service well-led?

Requires Improvement

The service wasn't consistently well-led.

The system the service had in place to monitor, assess and improve the quality of the service was not effective.

People told us the manager of the service was approachable and visible.

Although staff morale varied depending on current staffing levels, staff demonstrated team working ability.

Halvergate House

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.

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This inspection took place on 16 and 17 August 2016 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector carried out the inspection on the second day.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During our inspection we observed the care and support provided to the people who used the service. We carried this out in the two dining rooms and various communal areas of the home. We spoke with five people who used the service, five visiting relatives and one visiting healthcare professional. We also spoke with the provider's representative, finance officer, administrator, two nurses, one senior care assistant, three care assistants, an activities coordinator, a kitchen assistant and a cook.

We viewed the care records for six people and the medicines records for four people who used the service.

We also looked at records in relation to the management of the home. These included minutes from meetings, three staff recruitment files, accident and incident records and staff rotas.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with who used the service had mixed views on whether there were enough staff to meet their needs. One person said, "There seems to be carers around." Another person told us, "The staff don't take too long [to answer calls for assistance] but they're always busy." Whilst other comments included, "I wish there was more staff" and "They need more staff". The relatives we spoke with also had mixed views on this. One said, "When I come here there seems to be staff around." Another told us, "Yes, I think there are enough staff. There's always someone around and no long delays on the bell." However, two relatives disagreed. One said, "I don't think there are enough staff. The staff are very pushed." However, this person went on to say that staff did respond in good time whenever calls for assistance were made. Another relative told us, "No, the home is definitely short staffed."

The staff we spoke with agreed that there were not always enough staff. However, they explained that this was when they were short staffed due to staff sickness or when staff were on annual leave. Staff told us that their colleagues were not always replaced on these occasions and that it impacted on the service provided. One staff member we spoke with told us that their main concern about the service was being short staffed. They said, "We're short too often." They went on to say, "It makes it difficult to do your job properly." This staff member spoke of not having time to talk with the people who used the service. Another staff member told us, "There are not enough staff." A third staff member said, "We've been short staffed for weeks." During our visit we saw that call bells were mostly responded to in a timely manner.

Although the service used a dependency tool to calculate staffing levels, no other systems were in place to monitor whether people's needs were being met in a person-centred manner.

When we discussed staffing levels with the provider's representative, they confirmed that they had identified that more staff were required and that additional staff were waiting to start following the completion of relevant checks.

Processes were in place to ensure that only staff suitable to work within the service were recruited. This included obtaining two references for individuals and completing checks with the Disclosure and Barring Service (DBS). A DBS check establishes whether a potential employee has a criminal record or is barred from working within the care sector. Appropriate identification was sought which included confirmation of the staff member's address and photographic identification. Staff had completed application forms however, one of the three application forms we viewed did not include a complete history of employment. The provider had not explored the reasons for this gap to ensure that it did not preclude the person from working at the home.

Accidents and incidents had been recorded and we saw that appropriate immediate action had been taken as a response in order to ensure the health and wellbeing of the person involved. An analysis of the incidents had been completed by the manager that detailed how many incidents took place, the location of them and the date and time they occurred. Although this gave enough information to identify any trends in relation to location, amount of incidents and time, it did not identify any potential patterns in relation to the individuals

who used the service. In addition, where the service had identified an increase in accidents and concerns for May and June 2016, there were no records to show that an investigation had been undertaken and appropriate actions completed to mitigate the risks of further occurrences.

The service had identified, assessed and applied appropriate control measures in relation to the risks associated with the building and working practices. These included the risks associated with the grounds of the home, use of electrical equipment and manual handling.

The service could not produce an up to date risk assessment that demonstrated that the risks associated with fire had been fully identified and addressed. However, records showed that regular maintenance and testing had been completed in regards to fire safety equipment. For example, the fire alarm system had been tested weekly and appropriate servicing and inspection had been regularly completed. Fire drills had been carried out. Emergency lighting had been recently inspected. The last inspection carried out by Norfolk Fire and Rescue in May 2015 identified no concerns in respect of the home's management of the risk of fire.

Although the service had an emergency business continuity plan in place, this was dated January 2009 and contained information that was not correct at the time of the visit. However, after we brought this to the attention of the provider, they ensured this was updated and provided the inspector with an up to date copy shortly after our visit. It showed that the risks associated with such incidents as loss of utilities, the evacuation of the building and the non-supply of medicines had been identified, assessed and management actions considered and recorded.

The people we spoke with who used the service had no concerns in relation to how and when they received their medicines. Most people told us that they were involved in the decisions around their medicines and knew what they were prescribed and why. One person said, "I know exactly. The nurses explain everything." Another person said, "I know most of what goes on." Whilst a third person told us about their medical condition and the medicines the staff administered in relation to this. People's relatives had no concerns in relation to the administration and management of their family member's medicines.

We looked at the medicine administration record (MAR) charts and associated documentation for four people who used the service. This was to see whether they supported the safe administration and management of medicines.

The MAR charts we viewed were accurate and legible. Most had been fully completed and included relevant explanations wherever medicines had not been administered or where those medicines that were prescribed on an 'as required' (PRN) basis had been given. Stock counts were completed for each boxed medicine every time it was administered and these were accurate for those we checked. Identification sheets were in place for all the people's records we viewed and they gave relevant information to assist staff in safely administering medicines.

All except one of the PRN medicines we checked had associated care plans in place that gave staff information to assist them in safely managing and administering the medicine. We noted that these were accurate but had not been regularly or recently reviewed. Where people had been prescribed pain relief patches we saw that body maps were in place to assist staff in the administration of these. Where people were prescribed medicines with variable doses, appropriate checks and records were in place to safely manage this.

We saw that regular temperature checks were recorded in relation to medicines storage and that all medicines were securely stored at all times during our visit. The keys to the medicine storage areas were

restricted to two senior staff members and that these were kept on their person during the inspection. Any medicines that needed to be returned to the pharmacy were also securely stored and appropriate records made.

During our visit we saw that staff followed good practice guidelines when accepting new medicines into the service. We saw that two staff members comprehensively checked these medicines together and made appropriate records in relation to them.

The people who used the service told us they felt safe living at Halvergate House. One person said, "Oh yes, we're very safe." Another person told us that they felt comfortable and safe with all the staff that assisted them. People's relatives agreed and told us they had no concerns in regards to their family member's safety. One relative said, "Yes, definitely safe. No issues with safety at all. I would raise any concerns with the manager or the nurses, no problem." Another relative told us, "Safe? Yes, I think so. No, I've raised no safety issues."

The service had procedures in place to help protect people from the risk of abuse. Although one staff member we spoke with told us that they had not received recent training in safeguarding people, all staff were able to demonstrate knowledge in what constituted abuse and reporting procedures. We also saw that information was displayed in the nurse's office that gave staff details of the local authority safeguarding team and the telephone number to call should they have any concerns.

The risks to people's health and wellbeing had been identified by the service, assessed and regularly reviewed. Appropriate measures had been put in place to manage those risks. These included appropriate equipment and care to manage the risk of pressure areas and care and treatment to manage the risks associated with specific healthcare conditions. These included such conditions as swallowing difficulties and hallucinations associated with dementia.

The service also monitored and audited wound care which gave an overview of people's skin integrity and any apparent trends . The records we viewed showed this had been completed for May and June 2016 and that there were no concerns in relation to this.

Regular maintenance in regards to equipment and the premises had been completed. These included the servicing of the lift, the management of pests and appropriate inspection and servicing of lifting equipment such as hoists and slings.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection carried out on 3 and 11 November 2015, we found that the service was not adhering to the principles of the Mental Capacity Act 2005 (MCA). This was because the people who used the service were not fully protected against the risks associated with other people making decisions on their behalf. We had found that formal mental capacity assessments and best interests decisions were not always being carried out where needed and formally recorded. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out on 16 and 17 August 2016, we found that although further improvements were required, the service had made sufficient progress to no longer be in breach of this regulation.

The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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.

The service had made applications to legally deprive a number of people of their liberty. These were appropriate and individual to the person. Prior to these applications being made, we saw records that showed people's capacity to make decisions for themselves had been assessed and recorded. Where appropriate, the service had consulted with other health professionals in order to inform best interests decisions. For example, for one person who required their medicines to be covertly administered in their food, records were in place to demonstrate that appropriate health professionals had been consulted and that this decision had been regularly reviewed.

However, records showed that people's mental capacity assessments were not decision specific and covered all areas of a person's care and treatment. The MCA states that mental capacity assessments are required to be decision and time specific.

When we discussed the MCA and DoLS with staff, they demonstrated that they had a basic knowledge of how this legislation impacted on the people they supported and their role in supporting those people.

People had to make decisions about what they wanted to eat the day before it was due to be served. During lunchtime, we observed that staff served food to people without checking it was what they wished for or explaining what it was. We heard one person ask a staff member what was on their plate shortly before the staff member was about to assist this person to eat.

People did not consistently receive the support they required at the time they needed it and people were left for long periods of time before receiving assistance with their eating and drinking. During our visit we observed lunch being served in both dining rooms. We saw that people received the assistance they required in the dining room in the main house. However, within the Tunstall Unit, people had to wait for the support they required and, in some cases, cutlery to eat their meal with.

Within this unit, we saw that five people required full assistance to eat and drink and that there were only two staff members available to assist and support all the people in this dining room. Before people had finished their meal, one of these staff members left leaving only one staff member available. This meant that people had to wait for assistance and wait while others received, and ate, their meals on the same table. One person waited 17 minutes for assistance with their main meal whilst two others waited 20 minutes. A fourth person had to wait 27 minutes before receiving the assistance they required.

These concerns constituted a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutritional needs had been assessed and they received enough food and drink to maintain their health. Where people required a specific diet, this was provided. Processes were in place to monitor the food and fluid intake of people who were at risk of malnourishment or dehydration. Where required, the service had made prompt and appropriate referrals to other health professionals in regards to people's nutritional needs.

When we asked the people who used the service how the food provision was, we received comments such as, "The food's pretty good", "Reasonable" and "I eat some of what they give me." The relatives we spoke with had mixed opinions on the food provided. One said, "[Family member] seems to be enjoying the food." Whilst another said, "The food's just about okay." People told us that if they didn't like what was on offer at the time of ordering, then alternatives were agreed. People told us they didn't mind ordering their food the day before. One person said, "You get used to it." Everybody we spoke with agreed that they received enough to eat and drink.

The people we spoke with who used the service told us that they felt the staff that supported them had the skills to do so. One person said, "The staff are trained to look after me." When we asked another person if they felt their needs were met by staff who knew what they were doing, they replied, "One hundred percent." One relative we spoke with said, "The staff are well trained."

The staff we spoke with told us that they had received an induction and ongoing training. One staff member told us that they found the training, "Very good". From the training records we viewed, we saw that most training was delivered on a face to face basis and covered topics such as continence, end of life care, safeguarding people and food hygiene. However, staff that were responsible for administering people's medicines had not had their competency to do so recently assessed. When we asked the provider's representative for these records, they couldn't be produced.

Most staff told us that they felt supported in their role on a day to day basis but had not received recent or regular supervision or appraisal sessions. When we discussed this with the manager following our visit, they told us that people only received supervision sessions following the receipt of each training course and that this was to ascertain whether additional training was required. The manager told us that these supervision sessions were not recorded. This meant that the service had failed to provide all staff with ongoing, consistent or periodic supervision to ensure competence was maintained. In addition, the manager told us that appraisals were due and that staff had not received these for just over a year.

The people who used the service told us that they saw healthcare professionals regularly and as required. One person told us, "Yes, I see the doctor when he comes and the chiropodist." Another said, "I say to staff I want to see the GP and I leave it to them." People told us that they were involved in decisions around this aspect of their care. The relatives we spoke with talked positively about the healthcare provision and had no concerns in relation to this. One relative said, "The GP comes on Thursday lunchtime and the dentist and optician have both visited." Another relative told us how good the service was at monitoring their family member's health condition. From the records we viewed, we saw that appropriate and prompt referrals were made as required.

Requires Improvement

Is the service caring?

Our findings

At our two previous inspections carried out on 13 October 2014 and 3 and 11 November 2015, we found that people were not always treated with dignity and respect. This was because some staff did not knock on people's bedroom doors before entering and failed to acknowledge people whilst providing assistance. In addition, some staff provided little or no conversation whilst assisting people to eat and drink and placed clothes protectors on people without offering them the choice to wear one. Some staff used patronising language when speaking with people and failed to recognise that people needed assistance to maintain their dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out on 16 and 17 August 2016, we found that the provider had not taken sufficient action and was still in breach of this regulation.

During our visit we heard a number of staff use inappropriate language when describing the people who used the service. One staff member was speaking with the inspectors directly when this language was used. On another occasion, whilst observing lunch in the dining room, staff were talking amongst themselves and were overheard referring to people by the type of dysphagia diet they required. For example, 'normals' and 'liquidised'. Staff were also seen talking amongst themselves and across the people they were supporting to eat and drink on a number of occasions. This was disrespectful to the people involved and did not maintain their dignity.

One person, who needed assistance to eat and drink, appeared not to be alert whilst waiting for their lunch. The staff member that assisted this person was seen to attempt to rouse this person by continually repeating their name loudly and placing a mouthful of food into their mouth whilst they were not alert. The staff member did not offer gentle reassurance in order to rouse the person and continued to call their name and put spoonful's of food up to their mouth. When the person did not rouse, the staff member took their food away and went on to assist another person. We observed that the person continued to hold a mouthful of food within their mouth for 13 minutes before they became alert and swallowed it. This did not demonstrate a caring and compassionate approach that maintained the person's dignity.

Staff were also seen wiping people's mouths without consent and with the clothes protectors they were wearing. People's personal care was discussed within communal areas and was overheard by the inspectors. For example, a staff member was heard to say to a person who used the service that they would need to wait for assistance, "As they were putting someone else on the toilet".

Although we saw that nurses and most of the care staff generally treated people with dignity and respect, the above concerns constituted a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the provider's representative about our observations. They told us that concerns in relation to people's dignity not being maintained during lunchtime was an issue that had occurred in the past and had been resolved. Following these concerns, the service had arranged for staff to have training in maintaining people's dignity. However, the service had not identified that issues were reoccurring at the

time of our visit and no action had been taken to address this. They told us that, in regards to one staff member, they would take immediate action to address the concerns identified.

We did see some examples of kind, caring and compassionate care and the people who used the service told us that most staff were approachable and some described them as 'excellent'. One person said, "Most of them are lovely people. I feel listened to by most of them anyway." Another person told us, "I think, on the whole, staff are patient." One person told us how much they appreciated the visit a particular staff member made to them before they went off shift in an evening. They told us they completed a task for them that offered them reassurance and comfort. They told us, "Makes you feel cared about that does."

During our visit, we saw that most staff demonstrated the need to reassure, comfort and care for those that lived within the home. We saw one member of staff stop what they were doing to engage with a person. The staff member made eye contact and engaged in a warm and patient moment with the person. On another occasion we saw a staff member take time to offer reassurance to a person who was becoming distressed.

People told us that they had choice in how they spent their day. One person told us, "Yes, I feel very much in control." Another said, "I please myself mostly." Relatives told us that they felt the home encouraged their family member's independence and gave us comments such as, "Oh most certainly yes" and, "The staff are very supportive." However, we did see some occasions where people were not asked for their consent before a staff member assisted them. For example, it was noted that a staff member did not ask a person's permission before moving them in their wheelchair from the dining room after lunch.

People told us that most staff were considerate when discussing private issues with them. One person said, "Yes, the nurses come in and talk to me. They're excellent." When we asked another person if staff talked to them in private when discussing anything confidential, they told us, "Of course. They close the door."

The people who used the service, and their relatives, told us that they had been involved in the planning of the care and support they required and wished for. One relative told us, "Of course. I'm involved in it all. The staff ring me if anything changes and I'm not here." Another relative said, "Completely. I'm involved in everything and kept updated. Excellent." From the care plans we viewed we saw that people had been involved in the decisions around the care and support they received.

There were no restrictions on visiting times and people's friends and relatives could visit at any time. They told us that they felt welcome and were offered refreshments. One said, "It's welcoming and staff are very approachable."

Requires Improvement

Is the service responsive?

Our findings

The people who used the service told us that their needs were met and that staff knew them well. However, some people told us there were not always enough staff and that they were always busy which impacted on the service they received. People were keen to stress, however, that most staff were kind and considerate when supporting them. One person told us that they had asked for support to go to bed at an earlier time. They explained that this didn't always happen as staff were busy assisting people who required more help. However, other people gave us examples of where staff met their needs well. For example, one person told us how staff provided specific care around a health condition they had that often caused them discomfort. They said of the care the staff provided, "It calms me down."

People told us that the staff knew them, their likes, dislikes and preferences well and felt listened to in regards to their wishes. One person said, "The staff know what time I like to go to bed." Whilst another told us, "I just tell them, the carers. They know me." A third person said, "I find the nurses very helpful. They listen to me and make sure I'm looked after very well."

When we spoke with staff, it was clear that they knew the people they supported and what their individual needs were. However, staff told us that they couldn't always deliver this due to being short staffed. One staff member, who spoke with knowledge and care about the people they supported, told us about a person who required regular reassurance. The staff member told us that this couldn't be given as often as they would like due to being short staffed. Another staff member told us that people's care plans weren't always kept up to date as they didn't have time to do this.

Staff spoke with knowledge and compassion about the people they supported. On the day of our visit, a new person had moved into the home. The staff member we spoke with about this person had prior knowledge of their needs and was prepared for their arrival. Another staff member we spoke with talked eloquently about both the physical and emotional needs of one person they supported. They fully understood what was required holistically to keep this person well and maintain their physical and emotional health. For another person who used the service who was living with dementia, this staff member was able to tell us about their personality and life history. The staff member was able to understand how their working history had impacted on their current behaviour and demonstrated a compassionate insight into this.

We viewed the care plans for six people who used the service. This was to see that they were individual to the person and met their needs in a person-centred manner. We also checked to see whether they were accurate, had been reviewed regularly and gave staff enough information to be able to care for people and provide the support they needed.

We found that the care plans we viewed were individual to the person and contained information that helped staff to meet people's needs in a person-centred manner. For the person who had been newly admitted we saw that, although basic, the care plan contained enough information for staff to be able to meet their needs. It also contained information on the person's life and interests so staff had some background on the person and could therefore start to develop a meaningful relationship with them.

For another person whose health had deteriorated, we saw that the care plan contained detailed and person-centred information in order for staff to be able to support them through this. All the care plans we viewed demonstrated that they were individual to the person and contained personal likes and preferences. We saw that some care plans contained quotes from the individuals in regards to what care and support they wished for.

Most of the care plans we viewed were accurate and had been updated regularly. However, some care plans hadn't been reviewed for some time. For example, one person's care plan for the control of pain hadn't been reviewed for just under a year. However, there was no indication to suggest this person's pain wasn't being managed. For three people who used the service we found that the support they were receiving in relation to pressure care did not follow what was described within their care plans. The nurses and care staff we spoke with demonstrated that they understood the needs of these people in relation to this area of care and we saw that people's skin integrity was managed. The nurse we spoke with confirmed that the care plans were not accurate and required updating. We concluded that, although not all care plans were accurate and up to date, staff demonstrated that they understood the needs and preferences of the people they supported.

The service provided activities seven days a week and had two staff members whose role it was to ensure these took place. Most people told us that they enjoyed the activities provided. One person told us, "I go to the quizzes and things like bowling in the lounge. I don't get bored." Another person said, "Bored? No, not really." However, two of the five people we spoke with who, due to their health conditions, mostly remained in their rooms, told us there wasn't always enough to stimulate them. One of these people said, "I do get lonely in this room." The other person said that, although they enjoyed the quizzes, they did get bored at times. One relative explained how supportive the staff were in relation to providing activities that interested people but concluded that, "Staff are just too busy."

Although no one we spoke with had had cause to complain, they told us that they felt able and comfortable in raising any concerns they may have. They told us that there were people they could talk to if they had any worries. One person who used the service said, "Yes, I could talk to any of the staff." Another person explained how supportive they found the nursing staff. A third person said, "I would talk to the manager." People's relatives agreed. One said, "I would speak to a nurse or the manager – no hesitation." Details of the service's complaints procedure was contained in the service user guide which people had received prior to admission.

During the visit, no complaints could be produced however, when we spoke with the manager on the telephone following the visit, they confirmed that some complaints had been received since our last inspection. We asked for these to be made available to us however the service did not submit these as requested. We could therefore not be sure that complaints were addressed and actioned promptly or appropriately.

Requires Improvement

Is the service well-led?

Our findings

At our two previous inspections carried out on 13 October 2014 and 3 and 11 November 2015, we found that good governance was not always evident. At the October 2014 inspection we found that the service had not sought the views of staff in order to develop and improve the service. In addition, the quality monitoring system the service had in place had not been effective at identifying and rectifying issues. At the November 2015 inspection, we found that people had not been fully protected against the risks associated with incomplete record keeping. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out on 16 and 17 August 2016, we found that the provider had not taken sufficient action and was still in breach of this regulation.

During this visit, the service could not demonstrate what effective systems they had in place to assess, monitor and improve the quality of the service. Following the visit, the service was given 48 hours to submit information in relation to this. This was because the registered manager had not been available during the visit and we wanted to give them the opportunity to supply us with any relevant information. The manager submitted some information in the timescale agreed. However, not all information that was requested was submitted.

No regular or formal systems were in place to identify and rectify issues with the quality of the service provided. For example, when we asked to see how medicines administration and management was monitored, no formal audits could be produced. Although the manager had sent memoranda to senior staff with results of medicines management audits in April and May 2016, these did not show how medicines management had been audited, whose medicines had been reviewed, who was responsible for actioning the concerns identified and by when.

Memoranda with the results of care plan audits had also been sent to senior staff. These had been completed for May and June 2016. However, they did not show how care plans had been audited, and, although they identified some issues, there was no indication of who was responsible for actioning these concerns and by when. No associated action plan was in place to address the identified issues.

The service received an auditing visit from a representative of the provider on a monthly basis. A report was produced as a result and covered topics such as care plans, documentation, maintenance and feedback received from the people who used the service. However, the same topics were not always audited each month. This made it difficult for the service to assess any improvements or declines in the quality of the service delivered. From the reports we viewed for May, June and July 2016 we saw that, where concerns had been identified, there was no indication of who was responsible for actioning these and by when. We concluded that the systems the service had in place to assess, monitor and improve the quality of the service were not effective and had not identified all the issues highlighted in this report.

The above concerns constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people who used the service told us that they didn't attend regular meetings within the home. However, they told us that they felt comfortable in speaking with the manager should they need to and that they were confident their opinions would be listened to. The relatives we spoke with told us there were occasional meetings and that they knew they had the opportunity to attend should they wish to. Those that attended told us they found them informative and that the manager kept them up to date with the service. The last meeting had taken place on 5 March 2016 and from the minutes we viewed of this meeting, they showed that those in attendance had been encouraged to give their views and discuss the service provided.

The provider met with the manager on a monthly basis to discuss the service. Minutes had been produced as a result and these showed that all areas of the service were discussed and some actions agreed. We noted that some of the issues highlighted in this report had been discussed however these had not yet been fully rectified. For example, the service had noted, on 7 July 2016, that some staff were not displaying a respectful approach particularly around failure to discuss personal and confidential information in private. The service had suggested further training for staff and this had been provided however issues around this were still evident during our visit.

The provider had recently sought the views of the people who had used the service through a questionnaire and these results were being analysed at the time of the visit. A number of responses had been received which showed that most people were satisfied with the service they received. However, the views and opinions of staff had not been completed since September 2015. When we viewed the September 2015 results, we saw that some issues had been raised, however there was no indication as to what actions had been taken as a result. We noted that a number of the responses related to there not being enough staff and the impact this had on the service delivered. At this visit, this was still evident and therefore demonstrated that people's feedback had not been used to improve and develop the service.

At the time of our visit, there had been a manager in post for 12 months however the CQC had not received a valid application to register them as the registered manager for the service. When we discussed this with the manager they told us that errors had occurred in regards to previous applications and that they would ensure an application was completed. Shortly after our visit, we received confirmation that this had been submitted.

The service had failed to display the service's CQC rating from the inspection carried out in November 2015. Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that a provider must display this both at the premises where a regulated activity takes place and on their website. When we brought this to the attention of the provider's representative on the second day of our visit, they confirmed the ratings were not currently in place and would action this. By the end of this day we saw that a paper copy of the rating was on display in the foyer of the home. Shortly after the inspection, the provider's website displayed the ratings as required.

Most of the people we spoke with, and their relatives, told us that they found the manager approachable and visible. They said they felt able to talk with them and had confidence their opinions would be listened to. One person said, "I do talk to the manager – they listen." Whilst a relative told us, "The manager is approachable and available. They say their door is always open." Another said, "The manager is quite approachable and seems caring."

Most of the staff we spoke with agreed. One told us, "The manager is very approachable and responsive. They listen and always act on concerns." Another staff member said, "The manager does an okay job." However, some staff felt frustrated that the concerns in relation to staff shortages were not being addressed. One staff member told us that this was making them stressed and that all the tasks required of their job role

were not being completed as a result.

We asked staff about how supportive they found the organisation. Staff told us that they saw the nominated individual for the provider on a regular basis but that they did not speak with them. One member of staff said that they felt the organisation did not promote staff morale but "Dented staff morale." Another staff member told us that they felt there was a culture of blame within the organisation. They said that staff felt that they were blamed when concerns arose. They told us they felt like a 'scapegoat.'

Although staff were frustrated at not always being able to perform their roles due to staff shortages and that this affected morale, they told us they worked well as a team and helped each other. One staff member said, "Generally morale is good but it depends on staffing levels." Another told us, "There's not enough staff but we all fit in together to cover shifts." During our visit we saw that most staff worked well as a team. We saw two examples of where staff stayed on later than their shift required to help their colleagues and therefore the people who used the service, due to staff shortages.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People did not receive appropriate support, which may include encouragement as well as physical support, when they needed it. Regulation 14(1) (2) (4)(d)