

Prestige Care (Redcar SM) Limited

Sand Banks Care Centre

Inspection report

33-37 Kirkleatham Street
Coatham
Redcar
Cleveland
TS10 1QH

Tel: 01642473809

Website: www.prestigegroup.com.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 and 3 November 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was prompted in part by notification of a specific incident following which a service user died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However the information shared with CQC about the incident indicated potential concerns about the management of the risk of falls from moving and handling equipment. This inspection examined those risks.

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

Sand Banks Care Centre accommodates up to 77 people in one purpose built building across three floors. The ground floor (Stead) and the second floor (Mowlam) accommodation is for people with residential care needs. The first floor (Bell) provides residential care where some people were living with a dementia type illness. On the day of our inspection there were 63 people using the service.

Facilities included en-suite bedrooms, several lounges and dining rooms, communal bathrooms, shower rooms and toilets, hairdressing room, a large well maintained communal garden and a spacious reception area. Entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in.

The home had a registered manager in place. A registered manager is a person who has registered with 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.

Sand Banks Care Centre was last inspected by CQC on 23 March 2016 and 7 April 2016 and was rated Good.

The provider did not have an effective recruitment and selection procedure in place and did not always carry out relevant checks when they employed staff.

There were not always sufficient numbers of staff on duty in order to meet the needs of people who used the service. For example, to support people to eat and drink at meal times or answering people's call bells, when required.

Care records were not person-centred and in some instances not reflective of people's needs. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes, needs and choices are taken into account.

Staff were not always properly supported to provide care to people who used the service as some staff training was not up to date and supervision records were repetitive and not always focussed on the individual.

Accidents and incidents were recorded. People had risk assessments in place however they were insufficiently detailed and we could not be assured that staff were able to identify and minimise the risks to keep people safe.

The registered manager understood their responsibilities with regard to safeguarding. Staff we spoke with knew the different types of abuse and how to report concerns.

People's medicines were safely administered. However medicine audits were not up to date and identified actions had passed their completion dates.

The service was clean, spacious and suitable for the people who used the service. The provider had procedures in place for managing the maintenance of the premises and appropriate health and safety checks had been carried out.

People had access to food and drink throughout the day. People's weight and nutrition was monitored although records were not always completed consistently.

People who used the service had access to healthcare services and received ongoing support from external healthcare specialists.

People who used the service and their relatives had conflicting views about the standard of care at Sand Banks Care Centre.

The staff knew the care and support needs of people well. We found most staff were caring and responsive to people's needs however we observed some care delivery to be task focussed. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

The provider had appointed two new activities co-ordinators to develop and arrange activities for people who used the service based on their likes and interests to meet their social needs in the service and within the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The provider had a complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

The provider had audits in place to measure the quality of the service however some of the audits had failed to successfully identify the deficits we found in the service.

Some staff told us they did not always feel supported in their role and felt unable to approach the registered manager to report concerns.

People who used the service, their relatives and staff were regularly consulted about the quality of the service via meetings and the provider planned to send out surveys in January 2018.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

There were not always sufficient numbers of staff on duty in order to meet the needs of people who used the service and call bells were not always responded to by staff in a timely manner.

The provider did not have an effective recruitment and selection procedure in place and did not always carry out relevant checks when they employed staff.

People's risk assessments were insufficiently detailed to ensure staff were able to identify and minimise the risks to keep people safe.

People's medicines were safely administered. However medicine audits were not up to date and identified actions had passed their completion dates.

Staff understood their role in safeguarding people and action had been taken by the management to protect people who used the service from unacceptable behaviour.

The provider had procedures in place for managing the maintenance of the premises and appropriate health and safety checks had been carried out.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not always properly supported to provide care to people who used the service. Mandatory training was not up to date and supervision records were repetitive and not always focussed on the individual.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home

was suitably designed for people with dementia type conditions.

Is the service caring?

The service was not always caring.

The staff knew the care and support needs of people well. We found most staff were caring and responsive to people's needs however we observed some care delivery to be task focussed.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

People's bedrooms were individualised, some with their own furniture and personal possessions.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Care records were not person-centred and in some instances not reflective of people's needs.

The provider had appointed two new activities co-ordinators to develop and arrange activities for people who used the service based on their likes and interests to meet their social needs in the service and within the local community.

People and their relatives told us they knew who they could go to with any concern or complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had audits in place to measure the quality of the service however we found some of the audits had failed to successfully identify the deficits we found in the service.

People's personal information and staff records were not always kept safe or secure in accordance with the Data Protection Act.

The service had a registered manager in place.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Requires Improvement ●

Sand Banks Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 3 November 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

We were aware of an injury sustained by a person at Sand Banks Care Centre and the ongoing investigation into the incident by HM Coroner's Service. At this inspection we explored particular aspects of current care and treatment during this inspection related to the management of falls and the use of moving and handling equipment.

During our inspection we spoke with nine people who used the service and eight relatives. We spoke with the registered manager, operations manager, five care staff, an activities co-ordinator, the administrator, maintenance worker, the cook and two visiting professionals.

We looked at the personal care or treatment records of thirteen people who used the service and observed how people were being cared for. We also looked at the personnel files for six members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, staff rotas, policies and policies.

Is the service safe?

Our findings

People who used the service and their relatives had conflicting views about whether they felt safe at Sand Banks Care Home. One person said, "I do feel safe here" and another person said, "I think so. I can't really fault it." One relative told us, "I'm just concerned about the staffing levels", another relative said, "My mum is safe here" and another relative commented, "The residents in general are being neglected. I am not saying the carers are neglectful. There is not enough staff."

The registered manager told us that the levels of staff provided were based on people's dependency needs and were calculated by a dependency tool, with any staff absences covered by existing home staff or regular agency staff. We saw there were eleven members of care staff on a day shift and a minimum of six care staff on duty at night. The operations manager told us that staffing was appropriate based on the current client groups/numbers and how there was some flexibility to increase hours if necessary. For example, additional care staff on duty at night could be increased between the hours of 7pm – 11pm to meet people's needs. A person told us there was not enough staff on duty. We asked them was there any particular times. They said, "It can be anytime. One day the buzzer can be answered within seconds and the next time it can be one and a half hours. I soiled myself in bed, because of it."

One relative said "There are very few staff at night time. There are 24 residents on this floor and 3 carers, an 8 to 1 ratio, there could be more staff. At 11pm, there are only 2 staff per floor." Another relative told us, "You cannot expect one to one but more staff would be good. I have had to fit an alarm on my wife's bedroom door. We had other residents, strangers, wandering in. My daughter has complained a couple of times to the manager. They just forgot about my wife, it's happened a couple of times. She needs to be regularly moved, sometimes she gets forgotten." Another relative said, "[Name] was in the corridor at 11 am still in his pyjamas. The carers said that they did not have enough staff to dress him." A member of staff told us, "The biggest stress is in the morning, staff are very busy, we have nine people who need two members of staff to provide their care and support." We observed insufficient numbers of staff on duty to meet people's needs and call bells were not always responded to by staff in a timely manner.

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

The registered manager and operations manager told us that there had been a significant number of new staff recruited in the last two months. We looked at the selection and recruitment policy and the recruitment records for staff. Copies of application forms were not always checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. Written references were not always obtained however Disclosure and Barring Service (DBS), checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Each record contained a staff photograph and proof of identity was obtained from each member of staff, including copies of birth certificates, driving licences and passports.

The provider's medication policy covered all key areas of safe and effective medicines management. Medicines were supplied by a national pharmacy chain. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Staff were able to explain how the system worked and were knowledgeable about people's medicines. We looked at people's medicines administration charts (MAR) and found eight omissions. Photo identification for each person was in place and allergies were recorded. Medicine administration was observed to be appropriate. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. Creams and liquids in use had the date they were opened documented on their containers, as topical medicines can have a short shelf life. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse.

We found gaps in staff training records and sought reassurance that all staff administering medicines were trained and competent. The operations manager told us that online refresher training had been organised for 8 November 2017 and further medicines training was scheduled to take place on 11 January 2018. Medicine audits were not up to date and identified actions had passed their completion dates. There was no structured approach to people's medication reviews. Medicines awaiting return to the pharmacy were not stored securely and treatment rooms displayed a poor standard of housekeeping. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society. One person told us, "You get your tablets on time each day. I can't fault that."

People had risk assessments in place relating to, for example, falls, moving and handling, choking, heat regulation, environmental safety, pain, malnutrition and skin integrity. The assessments were insufficiently detailed and we could not be assured that staff were able to identify and minimise the risks to keep people safe.

This was a breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in safeguarding of vulnerable adults. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing. They knew the different types of abuse and how to report concerns. The provider also had a staff disciplinary policy in place.

The provider's accident and incident management and recording policy and procedures provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information to establish trends and made referrals to professionals when required, for example, to the falls team.

Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw wardrobes in people's bedrooms were secured to walls and window restrictors were in place.

Portable appliance testing, gas safety and electrical installation records were all up to date. Hot water

temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The service had health and safety risk assessments in place, which contained detailed information on particular hazards and how to manage risks.

A fire emergency plan was displayed in the reception area. This included a plan of the building. A fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service.

The home was clean, well decorated and maintained. The en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. Most staff had completed infection control training and were observed to wash their hands before and after aspects of personal care. Gloves and aprons were readily available to staff and were used as necessary. Cleaning schedules were up to date.

Is the service effective?

Our findings

People who lived at Sand Banks Care Centre did not always receive care and support from well trained and well supported staff. A relative told us, "There are some good staff here [named 4 staff], but we've lost some exceptional staff [named 3 staff]. Another relative said, "Some staff are excellent, some are good. In the main, I'm happy with the staff."

New staff completed an induction to the service however records were not always completed. For example, we saw two records with no supervisors identified, one record with no moving and handling completed and another with gaps in the dementia awareness checklist. Staff training records showed that some people's mandatory training was not up to date. Mandatory training is training that the provider thinks is necessary to support people safely and included moving and handling, fire awareness, first aid, health and safety, food hygiene/nutrition and hydration, equality and diversity, control substances that are hazardous to health (COSHH) infection control, dementia awareness and safeguarding.

The regional manager told us that gaps in staff training had been identified in a staff file audit completed on the 25 October 2017 and as a result a training programme had been implemented. We saw evidence of planned mandatory training in addition to more specialised training in, for example, diabetes, dignity, choice and diversity, catheter care, tissue viability and falls management. The staff we spoke with told us that training was important to them.

We saw staff received supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. However the records we saw were repetitive and not always focussed on the individual.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager maintained a DoLS matrix although they acknowledged it was in need of updating. Records showed that DoLS had been appropriately applied for and where authorised, notifications had been submitted to CQC. Most staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for

their care and treatment. Consent to care and treatment was documented in some people's care plan documents. People we spoke with told us staff asked for consent before supporting them.

People had access to a choice of food and drink throughout the day although there was a noticeable shortage of glasses. One person told us the food was nice, "Yes, most of the time." Another person said, "The foods okay, plenty of choice." Another person said "It's mainly okay, some days better than others. If you want anything different they'll do it for you." One relative told us, "I visit daily and the food seems fine here, the selections improved" and another relative said, "The food is good."

We observed the dining experience and found staff were not always available to support people to eat and drink in the dining rooms at meal times, when required. For example, on the first day of our inspection we observed one resident had to cut up the food for another in the Bell dining room. Another person called for staff, but no one appeared. They started banging their cutlery on the table for attention. Their friend said, "I think they've all gone home love." A relative told us "I'm a bit worried. My husband doesn't get the support he needs drinking. I am fed up of asking about things. Nothing gets done."

We observed a relative of a person who used the service, running round looking after people in the dining room. They got annoyed when one person needed the toilet and they had to go searching the corridors to find a member of staff. Another person who used the service topped up people's glasses with juice. One person wanted some pepper but the pots were empty. "I don't know why they don't fill them up", they said. On the second day of our inspection we observed a person wanted milk instead of tea in the Bell dining room. Another person's relative had to go and find a member of staff to assist.

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

Care records demonstrated people's weight was monitored however there were inconsistencies in the completion of the records. We found the cook had a good understanding about people's special dietary needs and preferences. The provider had nutrition and hydration policy in place and some staff had completed training in food hygiene focussing on nutrition and identifying and treating undernutrition in care homes. The home had been awarded a "3 Generally Satisfactory" Food Hygiene Rating by the Food Standards Agency on 7 August 2017.

People had access to healthcare services and received ongoing healthcare support. Some people who used the service had hospital passports in place. The aim of the hospital passport is to provide hospital staff with important information about the person and their health if they are admitted to hospital. Care records contained evidence of visits from external specialists including GP's, optician, oncologist, speech and language therapist (SALT), dietician, dentist and district nurses.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitably designed for people with dementia type conditions. For example, there was colour coding and additional signage on the doors of toilets and bathrooms. Walls were decorated to provide people with visual stimulation and corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home. The secure garden was very well maintained however people's free access was restricted by locked doors from the dining room. When asked if people or their relatives used the garden, a relative told us, "Yes, I do, can take time to find the key sometimes, but I know who to ask now."

Is the service caring?

Our findings

People who used the service and their relatives had conflicting views about the standard of care at Sand Banks Care Centre. The staff knew the care and support needs of people well. One person told us, "I like living here; I get on very well with the staff." Another person said, "It's nice here. The people, the carers, they look after me well." Another person commented, "I love it here, it's like a hotel. The food is good and my room is very good."

A relative told us they were "Quite happy" with care provided to their family member. Another relative told us, "It's excellent. The staff are very reassuring. As far as I'm concerned, it's good. I have no problems. Another relative said, "The residents are treated no better than battery hens" and another told commented, "The home has gone downhill lately. There is not enough staff."

We found most staff were caring and responsive to people's needs however we observed some care delivery to be task focussed. For example, on the first day of our inspection we observed a staff handover on the Bell unit and we saw two staff failed to immediately respond to a person's request for a drink and assistance back to their bedroom. We also observed a staff member had brought their two children into the service for the handover. We discussed this with the registered manager and the operations manager who acknowledged this was unacceptable conduct and assured us they would address these issues with the staff members concerned.

People we saw were well presented and looked comfortable. Staff knew people's names and spoke with people in a kind and caring manner. One person told us, "It's quite alright. The staff are very good." Another person said, "The food is good; the accommodation is good and modern. The carers are caring. They look after you, but they keep changing."

We saw staff assisting people, in wheelchairs to access the lounges, bedrooms and dining rooms. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. Staff were polite and respectful. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care.

People were supported by staff in a patient and friendly way. People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. One person told us, "The carers are lovely to work with. They have a bit of fun in them."

People told us the staff listened to them and they were offered choices about their care. For example, we heard a person who used the service chatting to a member of staff about the shelves they had helped them put up in the office. Another person was chatting with the maintenance worker about moving their mirror down a little in their bathroom. He said he would look at it that afternoon.

We saw staff supporting people to maintain their independence. One person told us, "I can come and go as I please." People's bedrooms were individualised, some with their own furniture and personal possessions.

Many contained photographs of relatives and special occasions.

People were encouraged and supported to maintain their relationships with their friends and relatives. There were no restrictions on visiting times. One person told us, "My family can pop in anytime they make them feel welcome." A relative said, "Most of the staff are lovely. On the whole, I can't fault it."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates, however advocacy information was available and we saw information about local advocacy services displayed in the entrance to the service.

We saw people were provided with information about the service in the providers 'statement of purpose' and 'service user guide' which contained information about the facilities, services, meals, fire procedures, spiritual support and complaints. Information about health, safeguarding and local services was also prominently displayed on notice boards throughout the home.

Is the service responsive?

Our findings

Care records were not person-centred and in some instances not reflective of people's needs. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes, needs and choices are taken into account. The registered manager told us, "We don't have the best care planning system for person-centred care".

People had their needs assessed although some were in need of updating. Care plans covered a range of needs including breathing, communication, eating and drinking, personal care, skin integrity, mobility/ falls, mental health/ behaviour, maintaining a safe environment, medication, pain control, spiritual needs, social activity, sleep, end of life care and advanced decisions. Some care records contained a life story document which provided an insight into the person including their personal history, their likes and dislikes.

In some instances, no evaluations had been completed since July 2017. Many evaluations that had been undertaken were repetitive and were not meaningful, indicating "no change" when this was not necessarily the case. Staff used a range of assessment and monitoring tools although these were not always up to date. For example, one person's Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition had not been completed since 30 May 2017. Body maps were used where they had been deemed necessary to record physical injury.

There were recording gaps in people's positional charts, these are charts which staff complete to help keep track of how often and when a person is moved, to minimise the risk of a pressure ulcer developing. Weight monitoring records were inconsistent. For example, one person's care plan identified they should be weighed weekly however their last recorded weight was on the 30 September 2017. Also their weight chart recorded a weight of 57.1kg on 10 September 2017, their MUST showed a weight of 60.0kg on 13 September 2017 and their weight was recorded as 55.7kg on 17 September 2017. A staff member said, "The care plans are not user friendly and we don't always have time to keep on top of them."

The registered manager and the operational manager told us they had identified the issues regarding the care records and assured us of their intention to address them before introducing a revised electronic care plan record system in March 2018.

This was a breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The registered manager told us how the provider had recently employed two new activities co-ordinators and how they had begun to develop a programme of activities. People and their relatives had conflicting views about the activities in the home. One person told us, "There aren't a lot of activities. I've started doing bingo and the hairdresser comes." Another person said, "There isn't anything to do." One relative told us, "People need more stimulation, more one to one work." Another relative told us, "The activities were better in the past. I haven't really seen much of the new activity coordinators."

On the first day of our inspection we observed Mr Motivator taking an exercise class in the Mowlem lounge. On our second day we saw two people avidly reading four new local history books in the Mowlam lounge and observed people playing bingo in the Bell lounge. We also saw a knit and natter was planned for Friday. One of the activity co-ordinators told us, "We have a £25 per week budget and we raise the rest from coffee mornings. I've worked here for just two months. I ask people what they want. We do bingo 3 times a week, 4 times this week. We have lots of ideas for December. We're going to take 6-8 people out to the Victorian Fayre at Kirkleatham."

The provider's complaints policy was on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example the local authority and the local government ombudsman. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us they knew who they could go to with any concern or complaint.

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with CQC since 20 October 2017. We spoke with the registered manager who told us how she was being supported by the operations manager to implement changes and to improve the quality of the service.

The registered manager and the operations manager identified a number of areas they believed required improvement including; the range and opportunities for staff training, resident and staff satisfaction and the quality of care planning. Staff morale was also identified as important at a time where they were introducing a number of changes.

The registered manager described how the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. The registered manager told us there had been a lot of new staff appointed recently and how a new deputy manager would be employed with effect from 13 November 2017. When asked what she was most proud of in the short time she had been in post, she said "Recruiting a good staff team".

Staff we spoke with were clear about their roles and responsibilities although some staff told us they did not always feel supported in their role and felt unable to approach the manager to report concerns. A member of staff told us their morale had reduced in the short time they had been employed at the service, "It was 9 out of 10 when I started, and I feel it is 6 or 7 now". They put this down to "Everything is changing." A person who used the service told us they didn't feel that the new manager had made a difference, "I said hello to her this morning, she said hello back, and that was it. The turnover in staff is unbelievable."

We saw a residents and relatives meetings had been held on 21 October 2017. Discussion items included activities, food, staffing and medication. There was also a suggestion box available in the main entrance for people to post comments, complaints or compliments. One person told us, "I've been to a few residents meetings". One relative told us, "I attended a meeting for relatives recently and they all seem to be complaining, but I have no complaints with the staff" and another relative said, "I attend reviews and relatives meetings. There were one or two grumbles at the meeting. I think the manager is trying to get things organised."

Staff Meetings were held regularly and showed staff were able to discuss any areas of concern they had about the service or the people who used it. Minutes of the meeting held on the 10 August 2017 introduced the new registered manager and discussed training and supervision, staffing levels, audits, care plan documentation and recruitment. Another meeting held on 20 October 2017 discussed items including medicines, care documentation, laundry, training and staffing.

The registered manager and the operations manager told us how they had recently introduced new 'surveys' to gather the views of people who used the service, relatives, stakeholders and staff about the quality of the service provided. They told us they planned to distribute the surveys in January 2018.

The service had close links with the local community. Regular coffee mornings were held and religious services were provided for people by the local Methodist Church.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's medication policy referred to guidance from the National Institute for Health and Care Excellence (NICE). The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this.

The provider had audits in place to measure the quality of the service. The provider's audit files included audits of care documentation; catering, mealtime experience, pressure sores and staff files. The provider's operations manager conducted a monthly visit to the service and produced a report based on the visit. The visit included checks of the premises, observations and interactions with people and staff. We found some of the audits were not up to date, for example medicines audits and some had failed to successfully identify the deficits we found in the service, for example, the mealtime experience.

People's personal information and staff records were not always kept safe or secure in accordance with the Data Protection Act. On the first day of our inspection we observed a staff handover at the Bell nurse's station and saw staff openly discussed people's needs. On the second day of our inspection we observed the registered manager's office had been left unlocked and unattended with the door left open. This comprised the safety of staff's personal information and the security to areas of the home.

This was a breach of Regulation 17 [Good Governance] 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 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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective recruitment and selection procedure in place and did not always carry out relevant checks when they employed staff.</p> <p>People's risk assessments were insufficiently detailed to ensure staff were able to identify and minimise the risks to keep people safe.</p> <p>People's personal information and staff records were not always kept safe or secure in accordance with the Data Protection Act.</p> <p>People's care records were incomplete and inaccurate.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were insufficient numbers of suitably qualified, competent, skilled and experienced staff on duty in order to meet the needs of people who used the service.</p>