Mrs J Stead

Chestnut Lodge Nursing Home

Inspection report

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Date of inspection visit:
09 January 2017
12 January 2017
24 January 2017

Date of publication:
26 June 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 9, 12 and 24 January 2017. The first day of the inspection was unannounced. This meant that the registered provider and staff did not know we would be visiting. The other two days of inspection were announced.

Chestnut Lodge Nursing Home offers accommodation for up to 17 people with a physical or learning disability. There are two communal lounges and a dining area as well as a small conservatory on the ground floor and a small lounge on the first floor. There are sixteen bedrooms one of which is to be shared by two people. The home is situated in Norton and is close to local amenities with good local transportation links.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was previously inspected in November 2015 and was not meeting two of the regulations we inspected. These related to staff training and good governance. We took action by requiring the registered provider to send us action plans telling us how they would improve this. When we returned for this inspection we found the issues identified had not been addressed.

The majority of staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They demonstrated an understanding of how to support people who may lack capacity to make their own decisions.

Eight people living at the service had a DoLS in place. These were monitored by the registered manager to ensure they remained up to date. There was no evidence of best interest decisions being undertaken or documented. The registered manager did not undertake capacity assessments but applied for DoLS authorisations for those people they believed may lack capacity.

There were systems and processes in place to protect people from the risk of harm. Staff had received safeguarding training and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns.

People's medicine records were not always complete or accurate making it difficult to check people were receiving their medicines as prescribed. Staff had received medicines training but had not had their competency checked in line with the registered provider's policy.

There were not sufficient numbers of staff on duty taking into consideration the complex needs of people and the layout of the service. Although people's care needs were being met there was not time to engage

people in activities or ensure accurate records were kept. We have made a recommendation about this.

Recruitment and selection procedures included some appropriate checks prior to staff starting work. These checks included obtaining references from previous employers and disclosure and barring service checks to ensure that staff were safe to work with vulnerable people. However we saw that nurse's registration to practice was not always checked prior to employment.

We saw that environmental risk assessments had been carried out. Safety checks and certificates were in place for items that had been serviced and checked such as fire equipment, gas and electrical safety. There was a contingency plan in place but it did not contain up to date information or cover a variety of emergency situations.

Not all staff had received mandatory training and the registered manager was unable to provide sufficient evidence that all staff had the skills and knowledge to provide support to the people they cared for.

Staff received supervision but staff meetings were not held on a regular basis.

The records we viewed showed us that people had appropriate access to health care professionals such as occupational therapists and dieticians and the service was visited regularly by a GP.

We saw that people were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met. People had provided feedback on menus during residents meetings but we did not see evidence of regular involvement in menu planning. Kitchen staff were knowledgeable about people's special dietary requirements and accommodated changes to the menu if people requested it.

People were happy with the care they received and told us that staff encouraged independence and respected their privacy and dignity.

Care plans covered all aspects of care but were not written in a person-centred way. There was no timetable of activities, either for the service as a whole or individuals and there was no evidence that individual preferences with regard to meaningful activities were met.

The registered manager was undertaking some audits of the service but these were not done regularly and did not pick up on the issues we found. People's views were sought via an annual survey but there was no evidence the information was used to improve the service.

The registered provider did not take an active role in the governance of the service and the registered manager did not have sufficient time to undertake all the tasks necessary as part of their role.

We identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered 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?

Requires Improvement

The service was not always safe.

People were not always supported by sufficient number of staff and not all of the necessary pre-employment checks were being undertaken.

People's medicines were managed safely but accurate records were not always kept.

Risks to people were assessed and steps taken to reduce them.

Is the service effective?

Requires Improvement

The service was not always effective.

Capacity assessments were not undertaken and there was no evidence of best interest decisions.

Staff had not received all of the training deemed mandatory by the registered provider and training records were not accurate or up to date.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity, respect and kindness.

Staff encouraged people to be as independent as possible.

People had access to advocacy services.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans covered all practical aspects of care but were not written in a person-centred way.

People were not offered a variety of activities that were meaningful to them.

The service had a complaints policy in place and people felt able to express any concerns.

Is the service well-led?

Inadequate

The service was not well led.

Audits were not undertaken regularly and were not picking up on the issues found during our inspection.

Action had not been undertaken to rectify the issues found at the previous inspection.

The registered provider did not take an active role in the governance of the service.

Staff meetings were not held regularly and feedback from quality assurance surveys was not acted upon.

Chestnut Lodge Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 9, 12 and 24 January 2017. The first day of the inspection was unannounced. This meant that the registered provider and staff did not know we would be visiting. The other two days of inspection were announced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the action plan that was sent to us following our previous inspection and Provider Information Return (PIR) which the provider completed. The PIR 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 reviewed notifications that had been sent to us. A notification is information about important events which the registered provider is required to send us by law.

During our inspection, we spoke with the registered provider, registered manager, deputy manager and five members of staff. We spoke with eight people who used the service and observed interactions with staff. We spoke with two relatives to seek their views and experiences. We also spoke with two visiting occupational therapists, a PEG nurse, a GP and a community matron.

We reviewed the records of five people who used the service and staff recruitment and training files for four

staff. We checked records relating to the management of the service and looked at a sample of policies and procedures. We also spoke to the local authority commissioning team and Healthwatch.

Requires Improvement

Is the service safe?

Our findings

Medication records were not always accurate. We saw gaps on some MARs and incorrect codes being entered on others. We discussed with the registered manager the importance of using the correct codes on MAR charts so that an accurate record was kept of medicine administration.

We saw that one person had been prescribed a medicine to be taken three times a day. 'PRN when required' had been handwritten on to the printed MAR and when we discussed this with the registered manager we were told that the nursing staff felt the prescribed dose was too high for this person. We discussed the importance of referring any queries regarding prescribing regimes to the GP and not making unauthorised changes to the MARs.

Protocols were not always in place for medicines that had been prescribed PRN (as required). Not having clear protocols about how to give PRN medicines can mean that people receive too much or too little of their prescribed medicine. This could lead to side effects or mean the medicine is not effective. The PRN protocols that were in place for people required more detail to clearly describe to staff when the medicines may be required.

We saw that one person had been prescribed medicines to reduce their agitation and distress. The MAR indicated this could be given 'up to four times a day' and we saw this had been routinely given at the maximum daily dose. Although the GP was contacted and confirmed they had no concerns regarding this there was no protocol in place as to when this medicine should be given and no records to indicate the reason the medicine was needed each time it had been given.

People's medicine records were not always complete or accurate. These findings contributed to a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good Governance. This breach is further evidenced in the Well Led section of this report. We issued a Warning Notice requiring the provider to be compliant with this regulation by 31 May 2017.

Room and fridge temperatures were taken daily to ensure medicines were stored correctly and records showed they were within the recommended range as per NICE guidelines Managing Medicines in Care Homes 1.12.2. The medicine trolley was kept locked and was secured to the wall when not in use.

We saw that controlled drugs were contained in appropriate storage and a controlled drug register was signed by two members of staff when they were administered. Controlled drugs are medicines that are liable to misuse. When we checked the stock of controlled drugs we found a number of medicines that had been discontinued but had not been destroyed. Some of these had not been required since October 2016. When we discussed this with the registered manager we were told that they did not have the necessary controlled drug destruction kit (doop kit). We discussed the importance of prompt disposal of excess medicine, particularly controlled drugs, with the registered manager and on the third day of our inspection we were told that a doop kit had been ordered.

Due to sickness and staff leaving the service agency staff had been used to cover some shifts over the previous twelve months. The registered manager told us that the service used staff from two agencies and that in general they would send staff who had worked at the service before. The registered manager told us that on occasion they had sent back staff they felt were unsuitable. We asked the registered manager how they satisfied themselves that the agency staff had the correct training and experience and what information the agency provided to indicate correct pre-employment checks were being undertaken. We were told that the agency told the registered manager that staff were all checked and vetted but no evidence was provided to confirm this.

We looked at how staff recruitment was managed. Some of the necessary pre-employment checks had been undertaken, for example two references had been obtained and staff had also had a disclosure and barring check. However one person who had been employed since October 2016 had not had their nursing PIN checked to ensure they were registered to practice prior to starting work.

We asked the registered manager how the staffing levels were calculated. Although dependency forms were completed for people the service did not use a dependency tool. The registered manager told us they gauged how many staff were needed based on the occupancy level in the service and the level of need but there was no specific formula for this or evidence of how the figure was reached.

At the time of the inspection there were 16 people using the service. Twelve people required nursing care and of these six people were fed by Percutaneous Endoscopic Gastrostomy (PEG). This is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. Four people had Huntington's disease. Huntington's disease is an inherited condition that damages certain nerve cells in the brain and can affect movement, cognition and behaviour. The majority of people were cared for in bed and the layout of the building was such that people could not be observed by staff unless they went into their bedrooms.

The day was split into two shifts 8am to 5pm and 5pm to 10pm and the night shift was from 10pm to 8pm. There were two carers on each day shift and one overnight. Each shift also had one nurse on duty. The manager was included on the rota to provide nursing cover. We were told that between 9am and 1:30pm an additional nurse was on the rota four days a week. This was to allow the registered manager time to undertake management duties. There was also an additional carer between these times every day. We were told that this shift had been introduced to reflect the complex needs of people using the service.

The rotas we saw indicated that the service was regularly staffed as described however due to the level of need on a morning with PEG feeds and medicines the registered manager was on occasion required to provide nursing care during hours that should have been supernumerary.

One person told us they had to wait to go to the toilet at times as they needed two staff to assist. They told us, "My stomach goes mad if I have to wait. Staff say you can wait until we do this." Another person told us they used the call bell if they needed staff. They said, "They come and they are marvellous. There is a little wait in between; they (staff) are always busy so you understand."

A visiting relative told us that there had been occasions when they had to assist their family member because they were in discomfort and there were no staff available to assist.

One member of staff told us, "I have no concerns about the level of staff. There are two nurses on a morning so they can do PEG feeds without being under too much pressure." However at these times the second nurse on duty was the registered manager who should have been supernumerary.

Due to the high level of need and the layout of the service the staffing levels were not sufficient to ensure people's care and treatment needs were met whilst leaving time for the registered manager to undertake all of the duties required of the role.

These findings contributed to a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18: Staffing. This breach is further evidenced in the Effective section of this report.

People told us they were happy with how and when they received their medicines. One person said, "I get my tablets regular. I get them when I need them." Another told us, "I had a back pain and the carers went to get a tablet ."

People told us they felt safe. One person said, "You know you are well looked after." Another person said, "I feel safe. They come, do the job, you feel better."

The service had a safeguarding policy in place and more than 90% of staff had received safeguarding training.

Staff knew about different types of abuse and what signs may indicate someone was at risk. They were confident that they knew how to report any concerns. One member of staff told us, "I would look for signs of physical abuse such as unexplained marks but there can be other signs; if people are very emotional or appear distressed around certain staff. I haven't seen anything here that has concerned me but I have seen the safeguarding and whistleblowing policy and I know who to call."

People had individual risk assessments in place for those risks identified as specific to them. For example falls, lack of adequate nutrition and hydration and use of bed rails. Recognised risk assessment tools such as the Braden Scale for predicting pressure sore risk and Malnutrition Universal Screening Tool (MUST) were also being used where required. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.

Appropriate environmental checks were being undertaken. We saw current electrical hardwiring, portable appliance testing (PAT) and gas safety certificates. Water temperatures were being checked and recorded by the maintenance staff but the temperature of hot water outlets at baths and showers was regularly falling below 38 degrees Celsius with some temperatures recorded as low as 28 and 32 degrees Celsius. There was no evidence that any action was taken if low temperatures were recorded. We were told that staff checked the temperature of the water every time someone was bathed or showered but these were not recorded anywhere and therefore it was not possible to ensure that people were being washed in water of an appropriate and safe temperature. The registered manager told us that recording of temperatures would be introduced immediately.

The service had a business continuity plan in place however this only contained instruction on what action to take in the event of staff being unavailable due to adverse weather. There were no emergency plans for other eventualities, for example flooding or loss of essential utilities such as gas or electricity. Information that was on file was not up to date. We discussed this with the registered manager who confirmed that the information was in the process of being updated.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we had found the registered provider was in breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. This was because staff had not received regular updates on their training to enable them to carry out the duties within their role.

The registered provider completed an action plan which indicated that additional training would be sourced and the training matrix would be regularly updated. We were told that the service would be compliant with this regulation by May 2016.

On the first day of our inspection we were given two different versions of the training matrix, both of which contained slightly different information. Both of these records showed a number of gaps in training. A third version of the matrix was provided on 24 January 2017 but this also contained gaps.

We saw that one member of staff had no training recorded on the matrix. We spoke with the registered manager about this and they told us that this person was a bank nurse and only worked at the service occasionally. They told us that their training had been completed at their other job but when we asked whether any evidence of this had been provided in the form of certificates the registered manager confirmed it had not. Two other bank nurses had a number of gaps in their training record, one of whom had only undertaken two mandatory training courses despite being employed at the service for over 18 months. One of the nurses on the regular staff team had only completed three of the mandatory training courses and we were told that this had been due to childcare difficulties. However, they had been employed for over six months and some of the training was now available online. We saw that one of the care assistants had no record of any training being undertaken whilst employed at the service and we were told that they had completed training elsewhere, again no evidence of what this training had covered had been seen.

The service was providing palliative care to two people at the time of our inspection and a number of other people had life limiting conditions but only 65% of staff had been trained on end of life care.

Not all staff had received training on Huntington's disease and the registered manager explained that it was difficult to access appropriate courses. One member of staff we spoke with told us, "It would've been nice to have a bit of training about it. We have had some really difficult times and people's behaviour can be very unpredictable. I didn't know if I'd done something wrong and it really shocked me. I haven't had any training on challenging behaviour."

On the first day of our inspection the registered manager told us that all staff had received training in PEG feeding however the training matrix indicated that only one person had received this training. We asked to see certificates for the other staff but only two were produced. On the second day of inspection we saw that a training session had been held and eight staff had received certificates for attending this training. We spoke to a specialist PEG nurse who regularly worked with the service and who confirmed to us that, to their knowledge, all staff had received the relevant training. An accurate and up to date record of staff training was not being kept and this meant the registered manager was not always aware of the training needs of

staff.

The manager told us they conducted medicines competency checks on the nurses who administered medicines. According to the Chestnut Lodge Nursing Home Medication Policy Administration Procedure, medicines competency checks should be carried out on all staff by the registered manager on a regular six monthly basis. We were given a list of competency checks undertaken in the last twelve months and only nine out of 13 nursing staff had been competency checked. None of the nursing staff had received more than one check in twelve months. There were no records kept of what the registered manager looked for when undertaking the competency checks and the only evidence of this being done was a list of names and dates. There was no evidence that competency checks were undertaken in any other areas, for example moving and handling or PEG feeding. This meant that the registered manager was not ensuring that any training undertaken was being correctly put into practice by staff.

Since our last inspection the registered provider has purchased an online training package. The action plan that was sent to us on 29 January 2016 stated that training in COSHH and Dysphagia had been commissioned but the registered manager confirmed that this training had not yet been completed by staff. Other training was also included in the action plan, for example nutrition, death, dying and bereavement and health and safety. We could see that a number of staff had still not completed this training despite the action plan stating that staff training would be up to date by May 2016.

These findings evidenced a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18: Staffing. We issued a Warning Notice requiring the provider to be compliant with this regulation by 31 May 2017.

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). The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately.

One member of staff told us, "DoLS is about making informed decisions to keep people safe when they can't make those decisions for themselves." Another member of staff said, "I always get consent from people before any care is given."

We saw that eight of the people living at the service had DoLS in place. These were monitored by the registered manager to ensure they remained up to date. The registered manager told us they did not undertake capacity assessments but applied for DoLS authorisations for those people they believed lacked capacity.

Best interest decisions were not always being correctly made or documented. Two people at the service were sharing a room. We were told that neither of these people had capacity to make this decision for

themselves and no record of a best interest decision was available. The registered manager informed us that family members had agreed to this arrangement but there was no record of this either. Another person with a DoLS in place had been seen by a physiotherapist and records of their visit state that the person had not consented to treatment. There was no record of any best interest decision being made to involve the physiotherapist and no record of what action was taken in the light of their refusal to treat without consent.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 11: Consent to Care.

We asked the registered manager what induction training for new staff involved. They told us that staff were shown the policies and procedures and given a tour of the building to familiarise themselves with the layout. New staff were also given time to read through people's care plans and medicines and PEG feeding needs were explained. The registered manager told us, "We judge the induction from person to person. Staff will shadow until they are ready to be included on the rota."

One member of staff told us, "I had a two day induction, it was great. I was shown the whole home, medication, how to use the stair lift and I went through the care notes and paperwork. The other staff were really supportive."

Staff received regular supervision, usually every two or three months. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they were happy with the level of supervision they received and found these sessions useful.

We saw that people did have access to healthcare professionals to ensure their health and wellbeing was maintained. Records showed evidence of visits by opticians, chiropodists, GPs and community matrons. We also saw that advice had been sought from a neuro-psychiatry unit specialising in the diagnosis and management of Huntington's disease.

One person told us, "The doctor has a surgery here and if I want they go and get him." Another said that the dietician and GP would come out whenever needed.

We spoke with two visiting Occupational Therapists (OT) during our inspection who both spoke positively of their interaction with the service. One OT told us, "Communication with the service is fine. Whenever I have raised concerns they have taken things on board. Staff are very open to suggestions and they are very good with clients."

We observed lunch in the dining area adjacent to the main lounge. The food was well presented and looked appetising. The mealtime experience was calm and relaxed.

One person told us, "[Name] is a brilliant cook." Another said, "They mash mine up as I have no teeth."

A four week menu was in place and food was prepared by a full time cook. The menu was varied and nutritionally balanced. A second cook had recently left the service and recruitment had just begun for a replacement. Two staff members with food hygiene qualifications were providing support in the interim.

We spoke to the cook and found them to be knowledgeable about people's specific dietary requirements. They kept a record in the kitchen of people's allergies, likes and dislikes and information on people who needed food to be pureed of fork mashed. They were able to describe how they fortified food to increase the nutritional value for those people who needed extra calories and knew about the various food supplements

people had been prescribed.

The cook told us, "There are alternatives at every meal and if someone requests something I always try to accommodate that. For example someone wanted sausages today instead of gammon, I always give people choice."

Good

Is the service caring?

Our findings

People were happy with the care they received. One person told us, "Staff are lovely but very busy." Another said, "The carers do anything you ask, they are lovely."

A community matron told us, "Staff are exceptional. They really seem to care and we get a really good handover of what is wrong with people when we visit. Staff accompany us when we visit people and always ensure the person is involved and feels part of the consultation."

One person had come to the home to receive palliative care and had been very underweight when they arrived. We saw records that indicated the person had gained weight since moving to the service and were doing so well their care needs had recently been reassessed. The registered manager told us that when they arrived this person had spent all of their time in bed and had been quiet and withdrawn. Care records from the time of admissions confirmed this. During our inspection we saw that this person was sitting in the lounge smiling and engaging with others.

A member of staff told us, "Some of the carers have been here over 20 years. Communication with people is lovely; a bit of banter but nothing over familiar. They become like family after so many years."

Staff demonstrated a good knowledge of the people they cared for and interacted with them in a relaxed and friendly way. Staff did not take time to sit and talk to people but generally chatted to people as they went about their tasks.

On the first day of our inspection we observed two people with complex physical need were seated in a small lounge area. Other than repositioning when one person had slipped down in their chair there was little staff interaction with them throughout the day.

Staff explained how they protected people's privacy and dignity. One member of staff told us, "I always close the curtains when providing care but it's more than that. Communication for example, you should only discuss what is necessary with other people."

One person told us, "Every morning I get washed. The carer washes me; they give a knock before they come in." Relatives also told us they felt people were treated with dignity and respect.

People told us how staff encouraged their independence. One person said, "I do most things myself, they (staff) help with my clothing. Staff encourage me and I walk to the lounge with my walker." Another person told us, "I came here recently from hospital and as soon as you get here they get you walking."

One person had a pet budgie that was kept in a cage in the main lounge area. This person was evidently very fond of their pet and staff provided them support to care for it.

We saw that visitors were welcomed in to the service throughout the day. Relatives told us they were able to

visit whenever they wished. One relative told us they had come to the service to have Christmas lunch with their family member which they had really enjoyed.

At the time of our inspection nobody was using an advocate. An advocate is someone who supports a person so that their views are heard and their rights are upheld. The registered manager told us that independent advocates could be sourced via the citizens' advice bureau if necessary.

Requires Improvement

Is the service responsive?

Our findings

The care plans we looked at included a good level of information regarding people's care needs but did not give an insight into the individual's personality, preferences and choices. In order to make the plans person-centred they required the inclusion of more detail about people's life history, likes and dislikes and the way people preferred to have their care delivered.

Language used within the care plans was negative with each care need being described as a 'problem'. During our inspection we found the language used by the registered manager and staff was not always person centred. For example people were described as being 'difficult', 'aggressive', 'the soft diets' and 'the diabetics'.

One member of staff told us, "Care plans are fairly good and up to date. They seem to cover people's needs. Some of it is generic but specific things are added for each person."

The care plans were reviewed on a monthly basis but we were told that people were not always involved in these reviews due to communication difficulties or lack of capacity. The registered manager told us, "Those who can participate, will." Relatives were invited to an annual review of care documents although this was not clearly documented.

There was no information on care plans to give staff guidance on people's conditions. For example one person had insulin controlled diabetes. They had been assessed as able to self-medicate but there was no information on their care plan to inform staff of signs that may indicate a problem with their blood sugar levels and the appropriate actions to take. Similarly for people with Huntington's disease there was no information for staff around the characteristics of this condition.

We saw in one person's communication care plan the intensive community liaison service (ICLS) had suggested picture cards to improve communication. ICLS support people with acute mental health difficulties and behaviours that challenge. Care plan reviews described communication as remaining difficult, problematic and causing the person frustration due to their inability to express themselves. We asked the registered manager whether picture cards had been introduced but were told that after discussion with the person's community psychiatric nurse it was decided this method would not be successful. There was no record of this conversation and no evidence that any other communication methods had been explored for this person.

During the inspection we noted that there were not many activities taking place in the service. The atmosphere was quiet and subdued with people sitting in front of the television for long periods. There was no timetable of activities, either for the service as a whole or individuals. The registered manager told us there were no planned activities and they were just 'fit in' during the day. They told us that it was difficult finding activities that people wished to engage in. The service had an activities co-ordinator but they had been on long term sick leave for two months.

One person had 10 hours per week one to one support from an outside care agency in order to support them in any activities or outings they wished to be involved in.

Some of the people we spoke with told us they played dominoes or cards after meals. The mobile library came regularly to provide books to people who wanted them. One person told us they enjoyed crosswords and colouring pictures, we could see that they had decorated their room with these. They told us they chose not to use the lounge as they felt they had nothing in common with other people but also said, "It's a long morning and afternoon, I like having a conversation."

Records from a residents and relatives meeting in July 2016 showed that one person said they would like more entertainers to visit the service but there was no evidence that this had occurred. The registered manager told us they used to have singers who visited but they were no longer available. There was no evidence of any attempt to source alternative performers.

One of the visiting OTs told us, "I haven't seen any entertainment or activities going on." A member of staff said, "They have had singers in the past. It's a struggle to get people engaged in activities." An outside agency had recently visited the service to deliver exercise classes and we were told by staff that this had been popular with those people who had taken part but there was no evidence that people who received care in their room were being offered suitable alternatives.

We were told that supporting people to access the community was difficult due to the limited availability of wheelchair accessible taxis. The registered provider told us that previously they had taken people out in their own vehicle but due to a change in the level of need amongst the people using the service this has happened less often recently.

Activities had been recorded in a diary but the records did not always show who had engaged in what activity and whether or not it had been enjoyed. The registered provider had not ensured people's individual preferences with regard to meaningful activities were met.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9: Person-centred Care.

The service had a complaints policy in place but no complaints had been received in the last twelve months. People we spoke with felt able to raise concerns with staff or the registered manager and felt their issues would be listened to. One person told us, "I would speak to the manager if I had a concern. I see the manager every day." Another person said, "I don't wait for people to ask me, I tell them. I'm not backwards in coming forwards."

A relative we spoke with said they were happy they knew how to make a complaint if necessary. They told us, "The manager has asked for suggestions, they're the boss and I would speak to [registered manager] if I wasn't happy. It's a good service."

Inadequate

Is the service well-led?

Our findings

At our previous inspection we had found the registered provider was in breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. This was because effective governance arrangements were not in place.

The registered provider completed an action plan which indicated that advice had been sought regarding infection control audits, health and safety audits would be implemented and the care plan audit would be extended to include a more detailed analysis and action plan. We were told that the service would be compliant with this regulation by the end of February 2016.

Issues around staff training and audits that were highlighted following our last inspection had not been addressed and the action plan that was put in place had not been satisfactorily completed.

At this inspection we found that audits were still not being done regularly and the audits that were done did not capture all of the issues we identified. The registered manager conducted a full audit of every care plan once a month. They told us that they check each file to ensure everything has been correctly updated. We were shown copies of these audits and they were still being completed on a 'tick list' without any comments or action plans. We asked the registered manager what action was taken if errors or omissions were found and they told us, "If I find errors I correct them." This meant that bad practice was not being addressed as staff were not made aware of mistakes.

A health and safety audit of the service was carried out in April, July and October 2016. An audit of the accident log had been undertaken monthly but had not been done since July 2016. The medicines were audited on a document headed 'monthly pharmacy audit'. Some of these documents had been manually amended to say 'three monthly'. These audits had been completed in June 2016, July 2016 and November 2016 but had not identified some of the issues that we found, for example controlled drugs that needed to be disposed of but no destruction of out of date pharmaceuticals (DOOP) kit being available. A pressure care audit had been done monthly between May and August 2016, it had next been completed in October 2016 and had not been done again since this date. A nutrition and hydration audit was last undertaken in August 2016 and due to the number of people either PEG fed or using a catheter, oversight of this was particularly important.

This meant adequate steps were not taken to monitor and improve standards at the service.

Records relating to the care and treatment of people were not always complete or accurate. We found a number of issues within people's medicine records, full details of which can be found in the safe section of this report. PEG records did not contain all of the necessary information. For example one person had their type of PEG changed but this was not recorded. Weekly 'advance and rotate' records for people's PEG did not contain additional information or explanation if an issue such as redness or crustiness was noted.

The registered provider visited the service daily, although they did not have an active role in respect of

audits or records. They provided support by doing food shopping, taking items to the hospital or GP surgery and where possible taking people to appointments. Records of these visits were kept in a diary but there was no evidence of managerial oversight of the service by the registered provider.

Three times a year the registered manager had a supervision meeting with the registered provider. This was a lunch meeting and we saw evidence of this being scheduled in the registered provider's diary however the meetings were not minuted therefore it was not possible to see records from these meetings or what was topics were covered.

The registered manager worked four days a week and during that time had an extra nurse working alongside them for four and a half hours per day. Although this time should have been supernumerary there was evidence that registered manager was still providing some nursing support during these hours. The registered manager told us they felt under pressure and did not have time to complete all of the governance tasks associated with the role. They told us two new nurses had now been recruited and they hoped that this would alleviate some of the pressure.

These findings evidenced a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good Governance. We issued a Warning Notice requiring the provider to be compliant with this regulation by 31 May 2017.

Staff meetings were held on an ad-hoc basis when called by the registered provider. We were told that these only occurred when there were updates for staff but the lack of regular meetings did not provide a forum for staff to discuss any concerns or share best practice.

We saw minutes from the meeting held on 13 October 2016. Topics discussed included rates of pay, DoLS and safeguarding and details of maintenance work scheduled to take place. Staff were also reminded to use PPE appropriately at all times. Prior to this a meeting was held on 5 February 2016.

We saw that two residents and relatives meetings had been held in 2016 in April and July. There was no evidence that any action had been taken to respond to issues raised at these sessions.

A satisfaction survey was distributed to people using the service and their relatives annually. We saw that an action plan had been drawn up following the survey conducted in June 2016 and further discussion had taken place at the residents meeting in July 2016. Despite this the lack of activities and the fact that one respondent described them as 'boring' had still not been successfully addressed.

One member of staff told us, "[Registered manager] is really nice, very approachable." Another member of staff said, "The manager is approachable, there is nothing to improve as far as I'm aware."

The registered manager knew people well as they provided nursing support and we observed a good rapport between people and the registered manager. One person we spoke with said, "[Registered manager] knows what's going on."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People using the service did not receive care or treatment that was personalised specifically for them. Care plans did not reflect personal preferences and people were not offered activities that were meaningful to them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider did not ensure consent was obtained from a relevant person before care or treatment was provided. There was no record of best interest decisions being undertaken where people were unable to give consent because they lacked the capacity to do so.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective governance systems in place. Quality assurance and audits were not used effectively to monitor or drive improvement in the quality and safety of the services provided. Accurate, complete records were not kept in relation to people using the service.

The enforcement action we took:

Warning Notice Issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not ensure that sufficient numbers of suitably qualified, competent staff were deployed. Staff training was not up to date and not being effectively monitored. Effective competency checks were not conducted regularly to ensure staff had the necessary skills for the role.

The enforcement action we took:

Warning Notice Issued