

Wishmoor Limited

Gold Hill Residential Home

Inspection report

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Malvern
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Gold Hill provides accommodation, and personal care for a maximum of 40 older people. On the day of our inspection there were 26 people living at the home.

The inspection took place on the 30 and 31 July 2015 and was unannounced. At our last inspection in July 2013 we found the provider was meeting the all the regulations focussed on.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People who lived at the home and their relatives said they felt safe and staff treated them well. Relatives told us staff were kind and caring and thoughtful towards people. Staff we spoke with understood they had responsibility to take action to reduce the risk of harm for people. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

Summary of findings

Staff had not always received effective training, and were not always monitored and their competency tested. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. We saw the manager had a system to ensure there were enough staff on duty, however people and their relatives told us there were not always enough staff to respond in a timely way.

People were not always protected against the risks associated with medicines because the registered manager did not have appropriate arrangements in place to monitor the management of medicines.

People's preferences were taken into account and respected. We saw staff treated people with dignity and respect whilst supporting their needs.

People's ability to make specific decisions had been assessed. Applications had been submitted to the supervisory body for the people living at the home where their liberty was restricted. This was to ensure that any decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

People received a healthy diet. There was a relaxed atmosphere at meal times and people and their relatives told us they enjoyed the food. People were supported to eat and drink well and had access to health care professionals. People did not always receive support from professionals in a timely way.

People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home.

People and relatives knew how to raise complaints and the provider had arrangements in place so that people were listened to and action taken to make any necessary improvements. However these improvements were not always monitored to ensure they were effective.

People's and staff views and concerns were not always acted upon or monitored effectively to improve service provision. People who lived at the home and staff were involved in regular meetings and one to one's. There were concerns identified but full improvements had not been completed and some concerns found during the inspection had not been fully identified.

Although the provider had systems in place to monitor and improve the quality of the service, these systems did not always identify short falls. For example in cleaning regimes and effective training. People were not always supported by staff who were confident to put into practice the training they received. People did not always benefit from an environment that was clean.

You can see what action we told the provider to take at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

People sometimes had to wait for support from staff because there were not enough staff on duty to support people with their needs. People were supported by staff did not always provide care safely. People's medicines were not consistently administered at the correct time.

Requires improvement



Is the service effective?

The service was not always effective

People were not consistently supported by staff who were effectively trained. Some people were subject to restrictions on their liberty with authorisation being sought to ensure that any restriction was appropriate. People were confident staff contacted health care professionals when they needed them, however this did not consistently happen. People enjoyed meals and were supported with a healthy, balanced diet which offered them different choices.

Requires improvement



Is the service caring?

The service was not always caring.

People were not always supported by staff who had time to spend with them. People were supported by staff who knew them well and treated them with dignity and respect. People maintained important relationships with friends and family.

Requires improvement



Is the service responsive?

The service was not always responsive.

People were not always supported by staff that were confident when responding to emergencies. People enjoyed pastimes that were individual to them. People and their relatives were aware of the complaints process and were confident to speak to staff about any concerns.

Requires improvement



Is the service well-led?

The service was not always well led.

People were not supported by a management team that effectively monitored the care and environment for people living at the home.

The registered manager was approachable for people, their relatives and staff at the home. People did not always benefit from a culture of openness.

Requires improvement



Gold Hill Residential 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.

We made an unannounced inspection on 30 and 31 July 2015. The inspection team consisted of one inspector and an expert by experience that had expertise in older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. We also look at the concerns raised.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We observed how staff supported people throughout the day.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who lived at the home, four relatives and two visitors. We also spoke with a practice nurse, and two members of the district nurse team.

We spoke with the registered manager, the provider and six staff. We looked at four records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes for meetings with staff, and people who lived at the home. We also looked at quality assurance audits that were completed.

Is the service safe?

Our findings

People told us that there were times when they did not feel there were enough staff available to support their needs. One person said, “Sometimes when I call for assistance staff take a long time.” Relatives told us that sometimes there were not enough staff on duty. One relative told us, “Usually there are enough staff, except at weekends when they can be short of staff.” Another relative said, “Generally there are not enough staff, however when my [family member] was ill there were plenty of staff.” Staff told us that when they were not expected to carry out other duties such as domestic tasks, they had enough time to meet people’s needs. One member of staff said, “There are enough staff to keep people safe.”

Care staff told us they were being taken away from providing support to people because they needed to complete domestic duties. There were not enough staff on duty to ensure a clean environment for people living at the service and effective running of the laundry. The provider told us they were completing on going recruitment to increase the staff available. They also recognised the need for an additional person to provide support for activities for people at the home and were in the process of recruiting for this post. They had not taken action to alleviate the pressure on staff whilst they recruited. Staff told us that as a result of having to undertake these additional tasks, they had limited time to spend with people because of all the additional tasks they needed to undertake. The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed as people arrived at the home and then monitored to ensure there were the correct numbers of staff to meet the needs of the people living at the home. However because of the lack of supporting staff to undertake the cleaning, activities and laundry, care staff had less time to spend with people. People were not consistently living in a suitably clean environment, or assured of receiving their own clothes through the laundry system. People were not consistently receiving support from staff who had time to support them with their wellbeing.

The provider did not have sufficient numbers of suitable staff deployed effectively to meet people’s needs. **This is a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Whilst people and relatives told us that staff were well trained and knew how to support people effectively, we saw an incident which could have potentially put a person at risk. Two staff members supported the person to mobilise in a way that could have caused harm to the person. Both staff told us they had used this method to support a person to move because it was easier. However they had both completed recent training in supporting people to move safely, and were aware that this was not a safe way to support a person to move. We looked at the risk assessment for this person and it identified a safe lifting technique which was not used. We spoke to the person who had been involved in this situation and they said they were unsure what usually happened but were unhurt at that time. We spoke with the registered manager and they said they could not understand why the staff members had supported someone in this way.

Care staff were not putting training into practice to ensure the safe care and treatment of people living at the home.

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

People told us they received their medicines when they were needed. One person said about their medicines, “You get them when you need them.” Relatives we spoke with said they were confident about how medicines were administered. One relative told us, “They do a brilliant job with my [relatives] medicines; they (staff) help her loads.” We looked at three people’s medicines records and found that one person’s medicine was not always being given as prescribed by the GP. There was an error on the transcribing record which staff that administered medicines had not noticed. We found there was no impact to the person who received the medicine. However the registered manager did not have systems in place to consistently monitor the information on the medicines record received from their local chemist with the prescription from the GP.

We observed staff supported people to take their medicines. We found people were asked for consent before the medicines were administered. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place. Some people were unable to say when they needed their as and when medicines. There was clear guidance for staff to know when to administer these medicines.

Is the service safe?

We observed a staff handover. We saw staff discussed each person's wellbeing at handover and raised any issues they had observed which may require a risk assessment review or follow up on their physical health needs. One member of staff said, "Handovers are really good they give us up to date information." We looked at three people's risk assessments and saw that two of the records were not fully updated. We spoke with staff and they were aware of how to manage these risks. For example one person had a new piece of equipment to support their mobility that was not mentioned on the risk assessment. All the staff we spoke with had been trained on using the equipment and were aware of when to use it. However this did not protect people from the risk of receiving inconsistent care from new members of staff.

People we spoke with said they felt safe. One person told us, "They (staff) are very good, there are enough about." Another person told us, "I am happy to stay here." Relatives told us their family members were safe. One relative told us, "I have no concerns, it's very satisfactory." Another relative told us, "My [family member] is well looked after, I don't worry that them not eating or falling and no-one is

there to find them. They are looking forward to going home, and are improving with the care." A member of the district nurse team told us that staff were very focussed on the people living at the home.

The staff we spoke with were able to tell us how they would ensure the people were safe and protected from abuse. One member of staff said, "I would always report any concerns." They said they would report any concerns to the registered manager. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Staff said they spent time talking with people to get to know them, and they would be aware if a person was in distress or was being harassed in any way. Procedures were in place to support staff to appropriately report any concerns about people's safety.

Staff we spoke with said they had shadowed an experienced member of staff until they had completed the main part of their induction training. They told us the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

Is the service effective?

Our findings

Staff said they received regular training updates. Staff told us some training was provided with DVD's and some were with the use of questionnaires. Staff we spoke with said they preferred training in groups because they felt they learnt more effectively. The training staff received was not always effective. For example first aid training and moving people safely training had not equipped staff to provide effective care. We saw two staff not using safe techniques that they had been trained to use. Also we were aware of a delay in responding to a health emergency because the staff member said that they had not felt confident to call for medical assistance. A member of staff told us that they would feel more confident when dealing with medical emergencies if they had training that really supported them. The registered manager said the provider was reviewing how they provided training to ensure it was effective. The registered manager and the provider were accessing training through the local government scheme which they felt supported staff more effectively.

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the manager had completed this process for most of the people when it was needed. For example, we saw one person needed the use of bed rails to prevent them falling out of bed at night. The manager started the process by assessing the person's capacity to make that specific decision. When they established the person did not have capacity the manager ensured that decisions were made in the person's best interest which had included consulting with the person's relatives.

People told us they were asked before staff supported them, one person said, "They (staff) always ask first before they do anything." Staff we spoke with understood the importance of ensuring people agreed to the support they provided. One staff member said, "I always ask first and come back if needed." All staff we spoke with had an understanding of the MCA and how important it was for people to give their consent. They said they always passed on any concerns about people's ability to make decisions to the manager.

We looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way

that does not inappropriately restrict their freedom. Staff we spoke with had received training and were knowledgeable about what these meant. The manager had submitted applications and was waiting for further confirmation from the local authority. They understood the process and were aware of how to access any further support. The manager told us they always rang the local authority if they were unclear on how to proceed.

People told us they enjoyed the food and were offered choice. One person said, "Very good food, I am offered choice, and if I don't fancy it they would bring me something else." Relatives told us they had seen the food was generally good. One relative said, "Food is fine and enough of it" Another relative said, "I am always offered a meal to, it's very good, and my [family member] always eats it all." We saw the food looked nutritious and well balanced and people we saw all cleared their plates. We saw staff were patient and caring when supporting people to eat, giving the person time to be as independent as possible without feeling rushed. We spent time with the cook and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and knew the likes and dislikes of people well.

People were supported to maintain their food and drink levels. During meals staff ensured people had drinks and additional drinks and snacks were provided throughout the day. Some people had been identified as at risk and they wanted to monitor their intake more closely. Staff we spoke with knew why these charts were in place and knew what the preferred levels of intake should be and when to raise concerns with senior staff.

People told us their GP came out regularly to monitor them, and their dentist and optician visited them at the home when needed. One person said, "When I need the doctor, the doctor comes. One comes each week and you can see him if you wish." Another person said, "If you need the doctor, dentist or chiropodist you can request one." Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, "They (staff) are always happy to contact the GP, they wouldn't hesitate if it was needed." The staff we spoke with told us the importance of monitoring the health of each person. A district nurse from the district nurse team told us the registered manager and staff were always helpful and there was good communication between them.

Is the service caring?

Our findings

Some people told us they really liked to have a chat with staff and staff listened to what they had to say. Other people told us staff were too busy to talk with them as much as they would have liked. One person said, “Some workers are ok, but some just look at you. They don’t have time to speak to you.” We saw staff were busy but spent time talking to people when they could. When we spoke with staff about providing care and support to people they were respectful and showed they cared but agreed that at times they did not have as much time as they would like to speak to people. One member of staff said, “I like to make resident’s smile.” We saw that staff did not always have enough time to be as caring as they wanted to be.

People we spoke with told us staff were caring. One person said, “I am well looked after, the staff make sure I get all I need.” Another person told us, “Staff are so nice, I am happy to stay.” One relative we spoke with said, “They couldn’t be in a better place, staff do all they can for my [relative].” Another relative told us, “Staff are very good, very friendly.” The practice nurse said staff were very focussed on doing the best they could for people living at the home, and a district nurse told us staff really knew the people they supported.

People’s histories were accessible to staff so they understood people and could provide care that was individual to each person. We saw people chatting with staff throughout the day. Staff had a good knowledge of people’s personality, their lifestyles and interests. For example they had good knowledge of where people had lived, what their occupations had been and their family background. We saw caring interactions between staff and the people living at the home. For example we saw one

member of staff show patience and empathy with one person who was upset. We saw the person responded to the staff member’s support in a positive way and was smiling and chatting at the end of the communication.

Some people at the home had difficulties with communication. We saw staff spent time with people so they could understand what was being said or asked of them. We saw staff using different phrases, clear hand gestures and simple words to help people understand. One relative told us that staff were patient and kind and always did their best for people living at the home.

People and their relatives told us they were treated with dignity and their choices respected. One person said, “I am treated with dignity, I am never shut off here without seeing anybody.” A further person told us that their personal care was always delivered privately and with respect. A relative told us, “They (staff) treat my [family member] with dignity and respect. They (staff) always knock at the door and wait until they hear a response.” Another relative said, “They (staff) always use my [family member’s] preferred name which is really appreciated.” The staff said maintaining people’s dignity was important to them. One staff member said, “We treat people as human beings with dignity and respect.” We saw staff were discreet and caring when a resident became unwell. When one person became unwell staff took action to screen a person so that their dignity could be maintained.

People and their relatives told us they were welcome to visit at any time. One person said, “My family can come any time.” Another person said they could call their relatives whenever they wanted to. We saw one person was having a phone connected in their room so they could sit in privacy to speak to their family and friends. One relative said, “There is private space if I want to sit and talk to my [family member].” This helped people who lived at the home to maintain important relationships.

Is the service responsive?

Our findings

We found that staff were not always responsive when medical attention was needed for people at the home. The registered manager had reported to us an incident that had led to a delay in contacting emergency services for one person living at the home. We discussed this with the registered manager and action had been taken according to their policies and procedures. The registered manager said the staff member had been concerned about calling for support if it was not needed. We spoke with the registered manager about the training to support staff to make these decisions when the registered manager was not on duty. The registered manager told us that the provider was reviewing the support for staff to ensure they were skilled in making these decisions.

People we spoke with told staff knew what care and support they needed. One person said, "Carers (staff) know what I need." Another person said, "If I need something I would ask staff and they would make sure I get it." Most of the people we spoke with said staff looked after them well and they did not need anything more. Some people could not remember if they were involved with decisions about their care.

Relatives said they were involved in people's care and this was important to them. One relative told us, "I always attend reviews; staff go out of their way to keep me up to date." Another relative said, "I am always kept in the loop, I know what's happening." Staff told us they always included people's relatives, and talked with them about what was happening with their family member. One member of staff told us, "It's really important to keep the connections with relatives."

A relative told us, "I always input into my [family members] care." We saw in the four care records we looked at, staff recorded as much information as possible about each person living at the home. They recorded people's interests, history and preferences. Staff we spoke with were aware of what support people needed and knew people's history well. Staff told us they added to this information so they knew as much as possible about the person and their history. The district nurse team said the documentation at the home supported any actions they needed to take when supporting people at the home. Staff we spoke with were able to tell us about the individual needs of each person as well as any health conditions that affected their care.

People said they were involved in activities they liked to do. One person said, "Always something to do, I love colouring." Another person said they liked to "Go to the pub for a meal when I want to." Staff told us they regularly took people to the pub for a meal when people wanted to go. Relatives told us they saw their family members were sometimes involved with pastimes they enjoyed. We saw a person involved in hanging out washing with a member of staff. The person showed with their facial expressions they were enjoying doing this. One member of staff told us they had received training to promote people's independence using everyday tasks. We saw there was a designated area where people could make their own drinks for themselves and their visitors. One person told us that it was great to be more independent.

People we spoke with told us they would speak to staff about any concerns. One person said, "I don't have any concerns, if I did I would tell my carer (staff)." Another person told us, "I would speak to staff or the manager if I had a problem, they would listen." Relatives told us they were happy to raise any concerns with either the registered manager or staff. One relative said, "I am always happy to talk to the manager if I am concerned about anything, I know the manager well." Another relative told us, "They will listen when I have complained and try to accommodate my wishes."

The provider had a complaints policy in place. This information was available to people and was displayed in the home. The registered manager said they were open to complaints and responded to these appropriately. The complaints policy showed how people would make a complaint and what would be done to resolve it. For example we saw a complaint had been made, investigated and upheld. We spoke to the member of staff involved and they confirmed the actions had taken place. A relative told us about concerns they had raised and that the deputy manager had investigated straight away and resolved the concern.

People told us they attended meetings about what was happening at the home. A member of staff said they had been designated to conduct regular meetings with the people who lived at the home. They told us some people regularly attended and anyone who did not attend they spoke to individually rather than at the meetings. They said some people were much more open to engaging in a one to one situation rather than in a group. For example we

Is the service responsive?

saw recorded at the last meeting that one person had said they felt lonely. This was addressed by updating the persons care plan with pastimes the person liked to do, such as folding the washing with a member of staff. We saw the person folding washing during our inspection.

We heard during handover there was a new person living at the home. Clear information and guidance was given to all staff attending handover on how to support this person to

ensure staff could meet the person's needs. We saw the walls of the home were decorated with many pictures and items which promoted memories. There was clear signage and pictures to support people to know where their room and other areas were. Bedrooms were personalised with possessions to reflect the person living in them. We saw people were confident to move about the home and were aware of where their room was.

Is the service well-led?

Our findings

The registered manager and the provider could not demonstrate good management and effective leadership. We found whilst the registered manager had audits and action plans in place to improve the quality of the service these were not effective.

We saw the environment at the home was not always clean. Relatives told us that the cleanliness had improved but was still not always what they would expect. For example the lounge on the ground floor had soiled chairs and there was a strong unpleasant smell, and marks on the carpet. Staff told us that chairs and carpets were not regularly cleaned. The provider had identified that the environment was not as clean as they would want it to be. The provider told us they had just recruited a new member of staff to support the cleaning team. There were cleaning schedules in place but these were not effectively monitored by the registered manager to ensure all areas were kept clean and smelling pleasant. The registered manager said she had not realised the full extent of the less than clean environment. People were living in accommodation that was not consistently clean.

People were not consistently receiving their own clothing through the laundry system at the home. One relative told us their family member did not regularly have their own clothes. The registered manager told us there was a member of staff designated to check each person's laundry every month. However this system was not monitored to ensure it was effective. Staff we spoke with said there was not a designated member of staff to manage the laundry, one member of staff said there was not always enough time to ensure that the laundry was well managed. The registered manager said they would look at a more effective system to ensure people received their correct clothes.

The provider and registered manager monitored the safe administration of medicines for people at the home. These audits were not always effective. The registered manager told us all medicines records were monitored, however we could not see any evidence of this at the time of our inspection. We saw that one medicine record was not correct and this had not been discovered during the monitoring of the administration records. People were not ensured to receive their medicines as directed by their GP.

The local pharmacist had raised some concerns earlier in the year. These concerns had not been fully actioned at the time of our inspection. The registered manager said she had not had time to action all of the concerns.

We spoke with the registered manager. They acknowledged there were several areas which needed improvement, to ensure people received consistent, safe quality care in a suitable environment. There had been some start to put the improvements in place but these had not been fully actioned at the time of the inspection. For example recruiting extra cleaning staff, however the home was still not of a good standard of cleanliness. Chairs and carpets were not regularly cleaned, which made a poor standard for people to live in at the home.

The provider told us they visited regularly to support the registered manager with the quality of care and the environment for people living at the home. Although the provider had identified some of the concerns we found, they had not ensure the actions were completed. For example, the results of the pharmacists inspection had not been followed through and completed.

The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. **This is a breach in Regulation 17 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.**

The provider had identified the need for more staff to support with cleaning and supporting people. They said that recruitment already in progress to provide an activities person, a dedicated person to support people with pastimes that they enjoyed being involved with and more cleaning staff. We were unable to measure the effectiveness of these measures as these staff had not commenced employment at the time of our inspection.

People and relatives we spoke with told us that the registered manager and the management team were approachable. Relatives we spoke with said they were confident to speak to the registered manager and the deputy manager. However whilst they could see that improvements and actions were taken to improve any concerns they raised these were not always sustained or fully implemented. For example with the cleanliness of the home, one relative said this had improved but it was not fully as it should be. We saw people chatting with the registered manager. People appeared relaxed and cheerful

Is the service well-led?

as they spoke with her. One person said, “The manager is very nice, it’s nice to be here.” Several other people that we spoke with were not clear who the registered manager was, although we saw them speaking to her with familiarity. The registered manager had a good knowledge of all the people living at the home. She was aware of their health and wellbeing, and we saw people knew her well. Staff told us the registered manager and the deputy manager worked with them regularly to support people living at the home.

Staff we spoke with said the management team were always available to talk to at any time. We saw and staff told us the registered manager always attended handover so she had up to date knowledge about the people living at the home. Staff told us they could always contact one of the management team out of hours for support and guidance. Staff we spoke with were aware of how to use their whistle blowing policy to raise concerns.

The provider had not prioritised the internal environment for improvements to the home. We saw the provider had made some improvements, for example painting the outside of the building. The provider told us there were plans to improve areas to make them more accessible for people to use independently. For example, to remove a ramp on one of the bedroom floors, and to improve the environment in the dining room. However these improvements had not taken place when we visited.

The registered manager showed us how they analysed incidents and accidents. They used this to put plans in

place to improve people’s safety. For example, one person had a fall, the registered manager had investigated it and had a plan in place for staff to support the person more effectively. Staff were aware of this plan, and said this had reduced the likely hood of the person falling.

The registered manager did not consistently promote a positive culture that was open and inclusive. Although people told us staff regularly asked for their views and opinions to improve the quality of the service they received. We did not see these improvements were effectively monitored to ensure the quality of the service did improve. Staff said they felt supported by the manager with regular meetings and one to one’s which kept them up to date with what was happening at the home and any plans for improvements. However concerns about how busy and task focussed staff were had not been identified by the registered manager and actioned. Improvements in these areas were needed to ensure the quality of care provided to people living at the home.

Many of the areas of concern that we saw had arisen because of lack of leadership. Effective training, monitoring improvements and the cleanliness of the environment were not effectively managed. The provider had not put in place effective contingency arrangements for staffing levels to ensure there were staff available to clean the home, provide quality care and an effective laundry. People were not experiencing a well led service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. Regulation 17(1) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Care staff were not putting training into practice to ensure the safe care and treatment of people living at the home. Regulation 12(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have sufficient numbers of suitable staff deployed effectively to meet people's needs. Regulation 18 (1)