

Tancred Hall Care Centre Ltd

Tancred Hall Nursing Home

Inspection report

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26 March 2018
05 April 2018
25 April 2018

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Tancred Hall Nursing Home is registered to provide residential and nursing care for up to 49 older people and younger adults who may be living with dementia, mental health needs, a physical disability or sensory impairment.

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Accommodation is provided in one adapted building separated into two areas. The 'Hall' supports people with nursing needs who may also be living with dementia. The 'Cottage' supports people with nursing needs, mental health needs and people living with dementia.

We inspected the service on 26 March, 5 April and 25 April 2018. The first day of our inspection was unannounced. At the time of our inspection, 32 older people with nursing needs, dementia and mental health needs were using the service.

This was the first inspection of this location since it was taken over by Tancred Hall Care Centre Limited in July 2017. Before this, the service had been in administration.

During the inspection process CQC was notified of an incident in which a person using the service died. The inspection did not examine the specific circumstances of this incident. However, the information shared with the CQC indicated potential wider concerns about the care and support provided at Tancred Hall Nursing Home and about the management of risks including the risk of choking. The inspection examined those risks.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take

action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The service did not have a registered manager and had been without a registered manager since December 2017. A registered manager is a person who has registered with the 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. On the first day of our inspection a manager was in post and applying to become the registered manager. However, they withdrew their application and left the service. On the second and third day of our inspection the service was being managed by a director, who was also the provider's nominated individual, and a manager from another service. Following our inspection site visits, a new manager was appointed and started working at the service.

During this inspection, the provider had invested in the service and areas were being renovated. However, work had not been consistently managed in a person-centred way. People had been moved into a new area which was not yet ready and suitable for people with dementia or complex needs. This impacted on their wellbeing.

Areas of the service were unclean and staff did not always follow good infection prevention and control practices. Effective systems were not in place to ensure all areas of the service were regularly cleaned.

Health and safety risks in the home environment had not been adequately assessed and managed. People's care plans and risk assessments did not always provide clear information to guide staff on the support required to keep the person safe.

The provider had not embedded a robust system to ensure all new staff received an induction, completed training and received regular supervision. Competency checks had not been documented to evidence new staff had the skills needed to provide safe and effective care. There were significant gaps in staff training records. Staff provided negative feedback and raised concerns about the lack of face to face training.

Daily records were not always completed appropriately. There were inconsistencies between the care assessed as needed and the support provided. For example, weights were not completed as often as people's care plans and risk assessments identified as needed. People were not always repositioned as regularly as they had been assessed as needing. Records relating to people's nutritional needs and support provided at mealtimes were not always available.

Applications to deprive people of their liberty had not been made in a timely manner. This meant people had been unlawfully deprived of their liberty.

The support provided was not always caring and dignified. Interactions were often task based. There were limited activities or opportunities for meaningful stimulation. The service did not have an activities coordinator after they left the service following the first day of our inspection. There was no activities schedule in place.

People raised concerns about the lack of communication. They told us they had not been informed of

changes in management and did not know who was in charge.

The provider had not effectively monitored the quality and safety of the service. They had been too slow to recognise the extent of the concerns and not taken adequate steps in the eight months since taking over management of the service to ensure the quality and safety of the support provided. Following the first day of our inspection the provider had responded to our concerns and had taken significant steps to start addressing our concerns, but this was reactive not proactive management.

There were breaches of regulation relating to person-centred care, dignity and respect, safe care and treatment, safeguarding service users from abuse and improper treatment, the premises and equipment and staffing. The wide spread and outstanding issues and concerns showed the provider's systems of governance were inadequate. You can see what action we told the provider to take at the back of the full version of the report.

People's mental capacity had been assessed, but best interest decisions were not always recorded. We made a recommendation about documentation in relation the Mental Capacity Act 2005.

We made a recommendation about analysing accidents and incidents to identify patterns and trends.

Sufficient numbers of staff were deployed and staffing levels were safe, but records did not evidence appropriate checks had been completed on agency staff working at the service. We made a recommendation about records kept in relation to staff deployed to work at the service.

Despite these concerns, we received positive feedback about the provider and the positive changes they had made since taking over management of the service. The provider had positively invested in the service and showed us plans they had and work they were doing to address our concerns. A new manager was appointed following our visits and the provider and manager were sending weekly updates outlining the changes and improvements made in response to our feedback. This showed a commitment to continue investing in the service to improve the quality of the care and support provided.

Medicines were managed and administered safely. Staff supported people to ensure they ate and drank enough. Maintenance checks were completed to ensure utilities and any equipment used was safe.

We received positive feedback about the work being done to develop good working relationships with healthcare professionals.

A copy of the provider's complaints procedure was displayed in the service, but we received mixed feedback about how issues, concerns and complaints were dealt.

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.

Risks were not always managed appropriately. Risk assessments did not consistently provide clear guidance on how staff should support people to keep them safe.

Health and safety risks in the home environment had not been robustly monitored and addressed.

Areas of the service were unclean and infection prevention and control practices were ineffective.

Staffing levels were safe, but records did not evidence appropriate checks were completed on agency staff.

Staff provided safe support for people to take their prescribed medicines.

Requires Improvement ●

Is the service effective?

The service was not effective.

The provider was renovating the home environment, but had not taken appropriate steps to ensure newly refurbished areas were suitable and met people's needs.

Applications to deprive people of their liberty had not been submitted in a timely manner. Best interest decisions had not been consistently documented in line with relevant guidance on best practice.

The provider did not have an effective system to ensure staff had an induction and received the training and supervision needed to perform their roles.

Staff supported people to ensure they ate and drank enough, but records relating to people's nutritional needs, weights and food and fluid intake required improvement.

We received positive feedback about the working relationship between staff and healthcare professionals.

Inadequate ●

Is the service caring?

The service was not always caring.

Support was not consistently provided in a caring or dignified way.

People provide generally positive feedback about the kind staff.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Care and support was not always person-centred.

Interactions were at times task based.

There were limited activities and opportunities for meaningful stimulation.

Records did not always evidence how complaints, issues or concerns were dealt with.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The provider had not established and embedded systems to support the effective management and safe running of the service.

The provider had been slow to identify issues and concerns relating to the quality and safety of the service.

Whilst the provider responded positively to make changes and improvements, this was reactive management and there were significant and wide spread issues and concerns that still needed to be addressed.

Inadequate ●

Tancred Hall 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 March, 5 April and 25 April 2018. The inspection was carried out by three inspectors and an inspection manager. The first day of our inspection was unannounced. We told the provider we would be visiting on the second and third day.

The inspection was prompted in part by concerns we received about the management of the service and the impact of renovation work on the people who lived there. This inspection examined risks associated with these concerns as well as the wider quality of the care and support provided at Tancred Hall Nursing Home.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

We did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service, seven people who were their relatives or friends and three health and social care professionals. We spoke with the manager, quality monitoring manager and activities coordinator all of whom left the service after the first day of our inspection. We spoke with a director who was also the provider's nominated individual, a manager from another service, a deputy manager, and 10 staff including nurses, care workers, and domestic, maintenance and kitchen staff.

We had a tour of the premises and, with permission, looked in people's bedrooms. We observed the care and support provided in communal areas, with activities and at mealtimes. 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 reviewed seven people's care plans, risk assessments, daily notes and medication administration records. We checked five staff recruitment, training and supervision records as well as meeting minutes, audits and a selection of records relating to the running of the service.

Is the service safe?

Our findings

Areas of the service were unclean and staff did not consistently follow good infection prevention and control practices. For example, surfaces were dusty; carpets were worn and showed evidence of ingrained dirt and crumbs. A sluice room was unclean, mop heads were drying on the radiator and the flooring was damaged making it difficult to clean. Paintwork throughout the service was chipped and flaking preventing adequate cleaning. In one bathroom, slings had been stored hanging over a toilet and on the top of a clinical waste bin containing soiled continence products. There was a strong smell of urine in this room. Slings, pressure relieving cushions and urine bottles were not named to ensure they were only used by one person. This was a cross contamination risk.

Robust systems were not in place to ensure areas of the service were regularly cleaned and deep cleaned. A member of staff told us, "We need a cleaner here seven days a week; sometimes we go all weekend without a cleaner."

The provider had completed an infection control audit in March 2018, scoring the service 48% compliant indicating there were high risks. A professional visit had been completed by the Community Infection Prevention Control team in April 2018. This identified a significant number of outstanding issues relating to the management and control of infections within the home environment.

The provider had appointed an infection prevention and control lead. Between our visits, they had begun taking action to improve infection prevention and control practices. Following our inspection, they sent us a detailed action plan of further improvements planned and completed to address these concerns. Including works planned to redecorate and replace carpets. This showed a positive commitment to improve the quality and safety of the service. However, we were concerned the significant issues we identified had not been sufficiently addressed in the eight months since the provider took over responsibility for the service and further progress was needed.

We concluded the provider had not maintained a clean and appropriate environment which facilitated the prevention and control of infections. This is required under Criterion 2 of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

Each person who used the service had care plans and risk assessments. These provided information about how staff could minimise risks and safely support people to meet their needs. However, there were inconsistencies in how risks were assessed and managed. For example, one person had diabetes, but there was no risk assessment outlining the risks associated with this or what support was required from staff. Other people had very detailed diabetes risks assessments with information about the support needed and how staff should respond in an emergency.

One person had experienced a choking episode. Their care plan and risk assessment had not been updated to alert staff to this risk and staff had not sought further professional guidance about how the risk should be managed. We spoke with the provider who contacted the person's GP and updated their care plan and risk

assessment in response to our concerns.

One person had been admitted to the service with a history of falls, but a mobility care plan had not been put in place. Another person's care plans and risk assessment contained inconsistencies about what equipment should be used to safely support them to transfer out of their chair.

The failure to ensure adequate risk management plans were in place showed the provider had not consistently taken appropriate steps to protect people who used the service from the risk of harm.

Risks relating to the safety of the home environment had not been adequately assessed and managed. There was a risk assessment in place for the on-going renovation work, but this lacked detail and did not evidence a robust approach to managing risk.

Appropriate action had not been taken to assess the risk of burns from prolonged contact with potentially hot radiators in a newly renovated area. Toilet frames had been installed incorrectly and so were not safe to use. An internal door and window had been replaced, but the pane of glass had not been fitted and there was a large hole above a stairwell. We requested the provider take immediate actions to secure this and they responded to our concerns. Storage rooms, empty bedrooms and unused areas of the service were not locked. We found equipment and items including hand wash solution which were not safely stored. One unused and unlocked first floor room did not have a window opening restrictor to minimise the risk associated with a person falling. Food was stored in an outside shed and not adequately protected against the risk of contamination from vermin.

These failures in risk management as well as issues relating to infection prevention and control practice and the cleanliness of the home environment put people who used the service at increased risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second and third day of our inspection the provider had responded to our feedback and acted to address these health and safety risks. For example, they had purchased plastic containers to store food in to minimise the risk of contamination from vermin. Following our visits, they informed us food was no longer stored in an outside shed. However, more robust audits and health and safety checks were needed to monitor and ensure the ongoing safety of the home environment.

Recruitment records showed staff completed an application form, had an interview and gave references before starting work. Disclosure and Barring Service (DBS) checks had been completed. These help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults who may be vulnerable. Regular checks had been completed with the Nursing and Midwifery Council to ensure nurses employed to work at the service had active registrations to practice.

The provider was auditing staff files and acknowledged there were gaps in their record keeping which needed to be addressed. For example, records showing people's identity and right to work had not always been certified as true copies of the original; some staff had not signed employment contracts.

Profiles were not consistently available to confirm the identity and evidence the training of agency staff who had worked at the service. Profiles that were available did not always contain sufficient information. This meant we could not be certain appropriate checks had been completed to verify the identity of the agency worker and to check the training they had completed. Records did not always show agency staff had received an induction. It is important agency staff receive an induction to ensure they have the information

required to work within the service and safely meet people's needs. A member of staff said, "The only problem with agency staff is they don't know where things are and they don't know who the residents are." The provider acknowledged these concerns and agreed to update their systems and process when using agency staff.

We recommend the provider review good practice guidance about maintaining appropriate records for staff deployed to work at the service.

We received positive feedback about staffing levels. A person who used the service said, "We're never without care. Anything you want, they're there." A relative told us, "They are always popping in to check on [name]." Staff said, "There are plenty of staff" and "We do not have enough staff sometimes, but we use agency. They will always call for agency staff so most of the time we are ok."

During our inspection staff were visible in communal areas and were quick to respond to people's call bells and emergency sensors. The provider showed us dependency tools they had recently started using to help work out safe staffing levels. At the time of our inspection, target staffing levels were two nurses and six carers on duty during the day and one nurse and four carers on duty at night. The provider used agency staff when necessary to maintain staffing levels, but records showed the number of agency staff used had significantly reduced as the provider continued to recruit new staff.

Medicines were managed and administered safely. Some staff needed to update their annual training, but competency checks had been completed to ensure they were following best practice guidance when supporting people with their medicines.

Medicines were securely stored at the correct temperature. Staff used medication administration records to document the support provided and accurate records were maintained of medicines in stock and those disposed of when no longer needed.

Protocols were in place for medicines prescribed to be taken only when needed, but these did not include sufficient information to guide staff about when to administer them. It is important staff are provided with information about when to administer these medicines to ensure they are given safely and appropriately. The provider acknowledged our concerns and agreed to address this.

Maintenance checks had been completed to ensure the safety of the electrical installation, portable appliances and gas appliances. Hoists, sling and the passenger lifts had been serviced. Further repairs were planned to fix one of the passenger lifts, which was out of service at the time of our inspection. The fire system, emergency lights, extinguishers and fire doors had been checked and serviced at regular intervals. A new call bell system had been installed to enable people to alert staff if they required assistance.

Water temperature checks were used to manage and minimise the risks associated with scalds and legionella, but we spoke with the provider about ensuring unused water outlets were regularly flushed to prevent the risk of bacteria developing.

Personal Emergency Evacuation Plans (PEEPs) were in place. These were colour coded to provide easy to follow information about the level of support people would need to evacuate the service in the event of an emergency. The provider had implemented an emergency plan outlining how they would continue to meet people's needs in the event of an emergency such as a fire, flood or loss of utilities.

A record was kept of any accident or incident involving people who used the service. Staff documented what

had happened, when and any action taken. They used body maps to document any injuries sustained and completed follow-up checks to monitor people's wellbeing. A 'log' provided an overview of accidents and incidents each month, but records did not evidence the accidents and incidents were analysed to identify any patterns or trends.

We recommend the provider reviews the systems in place to collate and analyse and respond to accidents and incidents.

Is the service effective?

Our findings

At the time of our inspection, the provider was undertaking significant renovation and redecoration work. This positive investment was clearly needed to address issues they had inherited when they took over management of the service. Areas of the service were tired and in need of updating. Bathrooms required renovation. Hallways and bedrooms needed repainting and decorating. Carpets needed replacing. Whilst the provider had a clear focus on developing a more suitable environment, the work had not always been managed and completed in a way which recognised the impact on people who used the service.

On the first day of our inspection, people had moved into a newly renovated area. The environment was stark and unwelcoming. There were no curtains and very limited decorations to ensure the environment was dementia friendly and suitable for people living with complex needs. People were eating at tables with no table clothes, flowers or condiments on them. There were no menus on tables or displayed in the dining area and there was limited dementia friendly signage to help people orientate themselves. People's doors did not consistently have their name or other person-centred decoration or detail to help them recognise their bedroom.

The provider was renovating the gardens, but on the first day of our inspection people did not have access to safe outdoor spaces. A member of staff said, "There is nowhere for them to walk and nothing to do."

We concluded the provider had not taken adequate steps to make sure, despite the renovation work, that the premises were suitable for the purpose for which they were being used. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acknowledged our concerns and by the second and third day of our inspection had acted to improve and develop the home environment. They explained the plans in place to continue renovating areas of the service and to redecorate and replace flooring.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. During our inspection the provider identified that applications to deprive people of their liberty had not been made in a timely manner. Whilst these applications had been submitted by the second day of our inspection, the failure to identify and

address these concerns sooner meant people who used the service had been unlawfully deprived of their liberty.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans evidenced staff had explored issues regarding people's mental capacity. However, the decision being assessed was not always clear and best interest decisions had not been consistently documented where people had been assessed as lacking capacity to evidence any decisions made.

We recommend the provider review best practice guidance about record keeping in relation to the Mental Capacity Act 2005.

The provider had not put in place a robust system to make sure staff had the skills and knowledge needed to provide effective care and support. Records did not evidence all staff had received an induction before starting work. They showed new staff had started work without completing formal training. Competency checks had not been documented to check and evidence new staff had the necessary skills to safely meet people's needs.

Staff provided negative feedback about the induction and training. A new member of staff said, "I have been shown what to do by the other staff members, but there's not a lot of time because it is so busy." Other staff told us they would like more training and support to enable them to work more confidently with people who had complex needs. One member of staff commented, "I have had no training in dementia or how to handle challenging behaviour. I would really like this as I know I don't really know how to manage some of the people here."

On the second day of our inspection, the provider showed us a training matrix they had developed. This provided an overview of all training staff had completed, including courses completed with previous employers, e-learning and in-house training courses. The provider acknowledged there were significant gaps in staff's training and told us they were now addressing this. They showed us numerous courses had been booked or recently completed in response to our concerns. This included a mixture of face to face and practical training. Whilst this showed a positive commitment to improve the service, further practical training was needed. We were concerned that the failure to ensure this training had been completed put people at increased risk of harm from receiving unsafe or ineffective care.

Staff had not received regular supervisions. Records did not evidence nursing staff received clinical supervision to support their continued professional development. By the second day of our inspection, the provider had begun completing supervisions to address this shortfall, but a number of staff had not received supervisions and further work was needed to establish and embed a system of regular supervisions and clinical supervisions for nursing staff. The provider told us appraisals were scheduled to be completed at the end of 2018.

Whilst there were significant signs of recent improvement regarding training and supervision for staff, further progress was needed. We were concerned the provider had failed to establish and embed a robust system for induction, training and supervision of staff in the eight months since taking over management of the service.

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

We received mixed feedback about the support provided at mealtimes. A person who used the service told us, "There isn't enough staff when serving food." Another person told us the food was sometimes served cold.

We observed meals being served. The food was hot and looked and smelt appetising. Smaller portions and 'finger foods' were provided to meet people's specific nutritional needs. Staff supported people with their meals when needed. People told us drinks and snacks were available and we observed staff routinely prompted people between meals to ensure they ate and drank enough.

People were regularly weighed and staff had sought appropriate advice and guidance where people were at risk of malnutrition. However, weights were not consistently completed at the frequency assessed as needed. Food and fluid charts were not always in place despite people's care plans recording these were needed. Food and fluid charts that were in place did not provide a consistently clear and detailed account of what people had eaten or support the effective monitoring of people's food and fluid intake. We have addressed these concerns with record keeping in the well-led domain.

At the time of our inspection, the provider was introducing a new menu. Whilst kitchen staff spoke knowledgeably about people's nutritional needs and preferences, they did not keep adequate records relating to people's specific dietary requirements and did not consistently maintain records of what had been prepared and served. The provider acknowledged this and showed us records they were implementing to address this.

People's care records included information about their medical history and health needs. People who used the service told us staff supported them to access healthcare services. One relative said, "They always get the doctor out if [name] is unwell."

A healthcare professional provided positive feedback about the proactive work the provider and staff were doing to strengthen ties with healthcare professionals. A local GP visited the service each week to see people who needed a routine appointment. A member of staff said, "We've got a good relationship with the doctors."

Is the service caring?

Our findings

At the time of our inspection work was ongoing to renovate areas of the service. Although this work was necessary, it had not been managed in a caring way. Areas of the service had been closed for redecoration. This meant people had needed to share smaller communal areas and had limited access to outside spaces. Feedback raised concerns about the impact of this on people's wellbeing. Staff told us, "The environment at the moment makes it very difficult for people to relax" and "The work gets in the way of looking after people, because of the dust and noise."

There were inconsistencies in the quality of the care and support staff provided. We asked people who used the service if staff treated them with respect. One person told us, "Always." We observed some staff were caring in the way they spoke with people. They got down to their level, made eye contact and reassuringly held their hands or touched their arms when speaking with them. Some staff shared friendly conversations, laughed and joked with people. They asked questions to make sure people were comfortable and had everything they needed. This showed genuine concern for people's wellbeing.

However, we also observed interactions which were not caring or dignified. For example, one person who used the service was clearly distressed and repeatedly called out. A member of staff was present, but provided no reassurance to them and they continued to sit alone calling for help. A person who used the service described staff walking away from them when they were speaking as they were too busy to spend time talking with them. Staff said, "You don't get time to sit down and talk to residents it is very task orientated" and "We could do with more staff. If there were more staff people would have more time to do things with them; there would be more time to interact."

We observed interactions which were task orientated and not performed in a patient or caring way. At lunchtime there was little meaningful conversation or interaction between staff and people who used the service. Staff did not consistently sit down when they were supporting people to eat. One member of staff put a clothes protector on a person without speaking with them or explaining what they were doing. This was not dignified.

Some people who used the service were unkept, malodorous with dirty hair and stained clothes. This did not maintain their dignity. Documents did not consistently provide a clear record of when people had been supported to bath or shower.

This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider acknowledged our concerns about record keeping around baths and showers and showed us paperwork they planned to introduce to enable them to adequately monitor this. Following our inspection, we were informed arrangements had been made for a hairdresser to regularly visit the service.

Despite these concerns, we received generally positive feedback about the kind and caring staff. People who

used the service told us, "Most of the carers are very good" and "The carers are lovely. I get on with all of them."

A relative of someone who used the service said, "They are very caring staff. They always make you welcome and offer refreshments." Another relative told us they were made to feel welcome at any time of the day and described the staff as amazing stating, "I can't praise them enough." A healthcare professional said, "I think the care staff here have really got their hearts in the right place. The residents here are cared for." A member of staff told us, "The building is not fantastic, but I like the style of care staff give."

Staff offered people choices and encouraged them to make decisions, for example, about what they wanted to eat and drink. People's care plans guided staff to offer them choices and reinforced the importance of supporting people to make their own decisions.

Is the service responsive?

Our findings

Each person who used the service had care plans and risk assessments relating to their care and support needs. These contained some person-centred information about the person, what was important to them and how they would like their needs to be met. They showed people and their relatives or careers had been involved in planning the support provided. For example, care plans contained detailed information about people's preferences and wishes regarding their end of life care. They provided a good account of how people wanted to be supported and showed people, their relatives and GP and been included in making the decisions. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were in place where requested or appropriate.

However, there were inconsistencies in how people's care and support was planned. We found examples where people's care plans and risk assessments were not detailed or did not correspond to the care and support being provided. For example, one person's care plans recorded staff needed to monitor their continence needs and record this daily, but this was not being done. Another person's care plan and risk assessment identified they needed weighing weekly to manage the risk of malnutrition, but staff were weighing them monthly.

Daily records did not evidence people consistently received person-centred care to meet their needs. Food and fluid monitoring charts did not provide an effective overview of the support provided with people's meals and drinks. Repositioning records did not always evidence people were supported to change their position regularly to promote and maintain their skin integrity. For example, one person was assessed as needing support to reposition every four hours, repositioning charts did not evidence this was happening. Although this person's skin remained intact, we were concerned about how senior staff and management monitored and ensured this person's needs were being met.

Care and support was not always person-centred. Interactions were often task focused. There were limited activities provided and people spent long periods of the day with little or nothing to do. During the inspection we observed a person playing with a ball, doing some drawing and a member of staff playing a game with a person. An activities coordinator left the service after the first day of our inspection. Another activities coordinator had been appointed, but was not working in this role at the time of our inspection. There was no activities schedule in place and records did not evidence people were regularly engaged in meaningful activities.

The provider showed us a diary which included reference to a church service, clothes sale and 'keep fit' class in April 2018 and a keep fit class in May 2018. It did not show who had participated in these activities or evidence any other regular activities had been arranged for people to enjoy. The provider told us they had encouraged staff to provide activities and asked them to complete daily records of activities taking place, but this had not been done. A member of staff said, "I don't think they have many activities, I haven't seen any activities for some time."

The concerns regarding person-centred care planning and the lack of meaningful activity and stimulations

was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider acknowledged improvements were needed. They showed us adverts in place to recruit a new activities coordinator and informed us that a named member of staff would be allocated to lead on activities each day until the post was filled. The provider told us they planned to introduce electronic care records and that this would help to improve the consistency and quality of record keeping. Supervisions and training were being completed to support and develop staff. Following our inspection visits a new activities coordinator had been recruited and we were sent information to show the work being done to improve the activities on offer for people who used the service.

The provider had a complaints policy and procedure, which was displayed in the entrance to the service. We received mixed feedback about how issues, concerns and complaints were dealt with. People told us they had not been made aware of the changes in management and did not know who was in charge if they wanted to raise concerns. Records did not provide a clear overview of issues or concerns raised or how these were dealt with. We have addressed these concerns in the well-led domain.

The provider and staff had received a number of compliments about the changes made. These included, "[Name] speaks well of the food they receive and the staff that look after them", "I noticed the communal area was much calmer than my previous visits" and "We are delighted with all the refurbishments that are taking place."

Is the service well-led?

Our findings

The service had not been well-led. The significant and widespread shortfalls in the quality and safety of the service showed inadequate leadership and ineffective governance.

Despite taking over in July 2017, the provider had not taken adequate steps to ensure the service was safe, effective, caring or responsive to people's needs. They had not put in place clear systems and processes to support the effective management and safe running of the service.

The provider and various managers had completed a wide range of audits on different aspects of the service. However, the response and outcome from these was inconsistent. Audits had been completed reactively and a wide range of the identified issues still needed to be addressed.

During the inspection, we found concerns relating to the suitability of the home environment, management of renovation work, regarding staff induction, training and supervision, the management of risks, and regarding the quality of the care and support provided. The provider was non-compliant with seven of the fundamental standards of quality and safety of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This showed widespread and significant shortfalls in the way the service had been led.

There were gaps in records including staff records and records relating to the people who used the service. Information was not always readily available, or clearly organised, stored and audited.

Relatives raised concerns about the lack of communication regarding changes in staff and management, the lack of communication about the redecoration and redevelopment plans and the lack of communication regarding their relative's needs. Feedback included, "The communication is definitely lacking", "There has been no communication about changes in management" and "Not one member of staff has got a name badge on so I don't know who people are."

Although the providers were clearly committed to investing in and developing the service, there had been changes in management since they had taken over and this had caused confusion and resulted in an incoherent approach to how the service was run. The service did not have a registered manager and had been without a registered manager since December 2017. During the inspection the manager and quality monitoring manager left and the provider took over the day to day running of the service. They completed a range of audits and acknowledged that there were significant outstanding issues and concerns relating to the care and support provided.

On the second and third day of our inspection, the provider had begun taking steps to address our concerns and we saw positive signs of improvement in response to our feedback. However, further progress was needed and we were concerned that more proactive steps had not been taken sooner. The provider acknowledged they had been too slow to recognise and respond to the issues and concerns we found, but told us they were prioritising their efforts and now acting to improve the service.

The failure to ensure the safe and effective management of the service, to adequately monitor quality and risks, and maintain contemporaneous records relating to the support provided was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Following our inspection site visits, a new manager was appointed and had started working at the service. They were applying to become the registered manager. The provider and manager had sent us weekly updates outlining the changes and improvements planned and completed and to evidence the ongoing progress they were making to resolve the issues and concerns we identified.

Despite the significant outstanding issues and concerns that we identified, we received a number positive comments and feedback about the new provider and the improvements they were making. Staff told us, "They are trying their hardest to make it better for the residents", "If you need something to improve the quality of life of a resident, they listen to your request", "They are definitely making improvements, but there is a long way to go" and "The atmosphere is so much better and staff are taking a pride in their work. [The provider's] are absolutely brilliant, but yes the place still needs a lot doing to it." A healthcare professional told us, "They are investing in the fabric of the building, which was in dire need." A relative said, "[Name] is happy here."

The provider had completed a survey to gather feedback from people who use the service and their relatives. At the time of our inspection, 10 responses had been received, but the results had not yet been collated and analysed. These contained positive feedback about the changes. Comments included, "There has been excellent progress to make the home more hygienic and welcoming" and "Happy to witness the changes and improvements implemented during the last six months." Other people praised the "Excellent" care and the "very dedicated, kind and knowledgeable staff." Issues raised in the survey included about the use of agency staff and staff not having enough time. The provider told us they would be collating and analysing the results of their survey to identify any actions they may need to take to improve the service.

Records showed a staff meeting and 'residents and relatives' meeting had been held in January 2018. Minutes from these showed information had been shared about improvements and changes being made at the service. The provider told us further meetings were arranged to improve communication and to better share information.

The provider told us about the work they were doing to develop closer working links with other professionals. We received positive feedback from a healthcare professional about the steps the provider had taken to improve working relationships. This showed a commitment to working with other organisation to improve the service.

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
Treatment of disease, disorder or injury	Care and support was not consistently planned and delivered in a way which was appropriate and met people's needs. Regulation 9(1)(2)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect. Regulation 10(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not adequately assessed risks to the health and safety of people who used the service and done all that was reasonably practicable to mitigate risks. They had not taken adequate steps to prevent the risk of spreading infections. Regulation 12(2)(a)(b)(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	People who used the service had been deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13(5).

Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises was not properly maintained and suitable for the purpose for which they were being used. Regulation 15(1)(c)(e).</p>
Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been established and operated effectively to assess monitor and improve the quality and safety of the service and to mitigate risks. Records in respect of people who used the service were not always accurate and complete. Regulation 17(1)(2)(a)(b)(c).</p>
Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received such appropriate training and supervision necessary to enable them to carry out their duties. Regulation 18(2)(a).</p>