Heath Cottage Care Home Limited

Heath Cottage

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This unannounced inspection was carried out on the 09 December 2014.

Heath Cottage is a large detached property and provided care and accommodation for up to 28 people. There were 22 people staying at the home at the time of our visit.

There was a registered manager in place, however they had been absent through a prolonged period of ill health. Temporary coverage had been provided by another registered manager from a sister home of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines effectively. We found that not all medication administration records we looked at had been signed by staff.

Summary of findings

We were informed that only trained senior carers administered medication at the home who worked between the hours of 8am and 8pm. From reviewing records, we established that a number of people who lived at the home required the use of PRN medication, this is medication given as and when required such as Paracetamol to relieve pain. This meant no member of staff was able to administer any PRN medication during the night-time if it was required.

When we checked the medicines trolley with a member of staff, we found two medicines stored within the trolley required cold storage once opened. With one of those medicines, we found it had been opened and administered since the 28 November, but it had not been stored in line with the manufacturer's instructions. Another medicine we found within the trolley, manufactures instructions clearly stated that the medication once opened should be thrown away after 28 days. The medicine had been opened on the 26 October 2014 and was still in use by staff contrary to the manufacturer's instructions.

When we checked the medication fridge temperatures, we found no current records existed and the last record we found was dated 9 January 2014.

We found that the registered person had not protected people against the risk of associated with the safe management of medication. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment

We found the service did not have effective systems in place to monitor the quality of services provided. We spoke to the covering manager about the effectiveness of auditing, who agreed the current audit tools used were not effective in raising standards in quality of care. For example, we noticed that in one building audit undertaken in June 2014, a kitchen unit door required repair. We found that improvement work had still not been undertaken.

The service was unable to demonstrate how they regularly sought the views of people who used the service and took regard of any complaints, comments and views made. The last residents meeting conducted at the home was dated 20 November 2013, where minutes had been recorded. We were told that annual questionnaires were sent out to people who used the service, relatives and health professionals, though none had been sent out recently. We saw no evidence of any completed questionnaires.

The covering manager told us, concerns raised by people who used the service or their families or staff were dealt with directly by the manager and the people concerned. The covering manager confirmed that such matters were not documented.

We found that the registered person did not have effective systems for monitoring the quality of service provision. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We undertook a tour of the building to ensure it was clean, tidy and fit for purpose. Generally, we found that the home was clean and tidy and observed domestic staff undertaking various cleaning tasks during the inspection.

We spoke to staff and people who used the service and asked them whether they had concerns about staffing levels. We received a mixed response from people who used the service regarding suitable staffing levels. We also looked at staff rotas and on the whole found there were sufficient numbers of trained staff on duty to provide care and support for the current numbers of people staying at the home.

We saw evidence of involvement with other health care professionals within peoples care plans. These included GPs, chiropodists and opticians where necessary.

We found the environment had not been adequately adapted to meet the needs of people who were living with dementia. We have made a recommendation about environments used by people with dementia.

We observed staff were very cheerful and treated people kindly and as individuals, calling them by their names. People told us that they felt that they were treated respectfully and as individuals.

Summary of findings

During our inspection, we observed people were treated with dignity and respect. For example, where people were asleep in their chair, they were not disturbed and were only offered something to eat or drink once they had woken up.

We saw staff allowed people to be as independent as possible when providing care. For instance, encouraging and prompting people to eat their own food at lunch time before intervening.

On the whole, care plans provided clear guidance for staff on how to provide care for people. However, It was unclear to us whether people were consulted about their continuing support needs.

From our observations and discussion with people who used the service, activities to stimulate people mentally and physical were limited. There was an activities board on display in the hallway but this was clearly out of date. We have made a recommendation about the service ensuring people have opportunities to take part in activities.

The registered manager was currently absent through a prolonged period of sickness. The covering manager who was a registered manager at a sister home divided their time between two homes. This meant the manager was not always available to provide guidance to staff when they needed it and monitor what was going on at the home.

From our observations during the inspection and speaking to staff and the covering manager, it was apparent the current management arrangements were not effective in providing a service that was able to demonstrate good leadership.

Staff told us they felt they could contribute to the running of the home and were listened to by the covering manager if any concerns were raised.

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?

Not all aspects of the service were safe. We found people were not protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines effectively.

Each care file we looked at contained a personal evacuation plan in the event of emergencies. However, during our inspection we observed several fire doors to be wedged or propped open on the second floor of the home. Another fire door was also left open and was attached to a curtain with a curtain tie. This meant they would not be able to close properly in the event of a fire

We spoke to staff and people who used the service and asked them whether they had concerns about staffing levels. We received a mixed response from people who used the service regarding suitable staffing levels. We also looked at staff rotas and on the whole found there were sufficient numbers of trained staff on duty to provide care and support for the current numbers of people staying at the home.

Requires Improvement

Is the service effective?

Not all aspects of the service were effective. We found the service did not have suitable arrangements in place for obtaining, recording and acting in accordance with the consent of the person who used the service or their representative.

We found the environment had not been adequately adapted to meet the needs of people living with dementia.

We looked at how people's nutrition care plans corresponded with the care provided by staff. One person, who although they could eat themselves, required regular prompts from staff. They also required their food to be cut up into manageable sized pieces. We observed this was carried out promptly by staff.

Requires Improvement

Is the service caring?

The service was caring. We observed staff were very cheerful and treated residents kindly and as individuals, calling them by their names. People told us that they felt that they were treated respectfully and as individuals.

During our inspection we observed people were treated with dignity and respect. For example, where people were asleep in their chair, they were not disturbed and were only offered something to eat or drink once they had woken up.

We saw staff allowed people to be as independent as possible when providing care. For instance, encouraging and prompting people to eat their own food at lunch time before intervening.

Good

Summary of findings

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive. We found the service did not always meet the individual needs of people who used the service. One falls risk assessment we looked at indicated there should have been a referral made to the falls service, however the manager told us this had not been done.

One health professional raised concerns about moving and handling techniques used by staff and felt instructions were not always followed by staff especially in relation to skin care. They also stated that the service had failed to tell them when patients had either been admitted or released from hospital.

From our observations and discussion with people who used the service, activities to stimulate people mentally and physical were limited.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led. We found the service did not have effective systems in place to monitor the quality of services provided. This was demonstrated by the failure of the service to identify concerns we found during our inspection. The service was unable to demonstrate how they regularly sought the views of people who used the service and took regard of any complaints, comments and views made

The covering manager who was a registered manager at a sister home who divided their time between two homes. This meant the manager was not always available to provide guidance to staff when they needed it and monitor what was going on at the home.

Staff told us they felt they could contribute to the running of the home and were listened to by the covering manager if any concerns were raised.

Heath Cottage

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

This unannounced inspection was carried out on the 9 December by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local vulnerable adult safeguarding team, the local NHS infection and prevention control team and NHS Salford Clinical Commissioning Group. We reviewed information sent to us by us by other authorities.

We reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In this instance the Commission had not requested this information prior to the inspection being undertaken.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with eight people who lived at the home, one visiting relative, and seven members of staff. We also spoke to two health care professionals who were at the home on the day of the inspection. Throughout the day we observed care and support being delivered in communal areas that included the lounge and dining area, we also looked at the kitchen, bathrooms and people's bedrooms. We looked at the personal care and treatment records of eight people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the home.

Requires Improvement

Is the service safe?

Our findings

During the inspection we checked to see how the service managed and administered medication. We found people were not protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines effectively.

The service used a 'blister pack' system for the people who used the service to store their medication. A blister pack is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the home. The pack has a peel off plastic lid that lists the contents and the time the medication should be administered.

Records supporting and evidencing the safe administration of medicines were not always completed. We looked at a sample of 14 medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. In seven records we looked at, we found repeated signature gaps, which gave no explanation of why medication had been omitted. This meant it was not possible to tell if a course of treatment had been taken correctly. In line with good practice, it was essential that staff involved with the administration of medicines maintain an accurate record of which medicines have been administered and by whom.

There were also controlled drugs in use, which were kept in a controlled drugs cupboard within a secure storage room. We saw a controlled drugs register was signed and countersigned by staff confirming that drugs had been administered and accounted for.

We were informed that only trained senior carers administered medication at the home who worked between the hours of 8am and 8pm. One member of staff told us; "There is no medication given through the nights and the last time it is given is 7pm." We noticed a number of records indicated medication was given at 9pm. When we spoke to senior carer about this, they confirmed that the entry was incorrect and it should read 7pm.

From reviewing records, we established that a number of people who lived at the home required the use of PRN medication, this is medication given as and when required such as Paracetamol to relieve pain. This meant no member of staff was able to administer any PRN medication during the night-time if it was required. We spoke to the manager about staff not being able to administer pain relief during the night. We were informed these concerns had been previously highlighted at a sister home owned by the provider following a recent CQC inspection. As a result, care staff were to be provided with medication training to address this short fall.

At the front of the medication administration records, we saw instructions which stated 'if resident refuses medication on three consecutive occasions staff must inform the GP'. In three records we looked at medication had been refused over nine, seven and five consecutive days. When we checked the care files with staff we found no evidence that a referral to the GP had been made in line with instructions. When we spoke to the covering manager, we were informed that the instructions at the start of the file were in fact incorrect. We were told staff were instructed to contact the GP on each occasion medication was refused. The covering manager told us they would address this concern.

When we checked the medicines trolley with a member of staff, we found two medicines stored within the trolley required cold storage once opened. With one of those medicines, we found it had been opened and administered since the 28 November, but had not been stored in line with the manufacturer's instructions. Another medicine we found within the trolley, manufacturer's instructions clearly stated that the medication once opened should be thrown away after 28 days. The medicine had been opened on the 26 October 2014 and was still in use by staff contrary to the manufacturer's instructions. We were told that the medicine would be disposed of immediately.

When we checked the medication fridge temperatures, we found no current records existed and the last record we found was dated 9 January 2014. This meant staff were unable to ascertain if the medication had been stored at the correct temperatures and was safe to use.

We found that the registered person had not protected people against the risk of associated with the safe management of medication. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Requires Improvement

Is the service safe?

We spoke with a total of eight people who used the service and one visiting relative. All of them told us they felt safe in the home and had no concerns about their safety or safeguarding matters. One person who used the service told us; "I'm safe, happy and well cared for here. I look after myself and consider myself independent. I just need help with medication."

We spoke with four members of staff who were able to confidently describe what action they would take if they had concerns relating to safeguarding vulnerable adults. One member of staff said; "I would go straight to my senior in charge or the manager of the home." Another added; "There is a poster on the wall with the details of the safeguarding team. I would use that to follow the guidance." We saw by looking at training records that most staff had received training in safeguarding and for those who had not received recent training, courses had been booked.

We looked at a sample of staff recruitment files. We found each file contained records, which demonstrated that staff had been safely recruited with appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks undertaken and suitable references obtained.

Each care file we looked at contained a personal evacuation plan in the event of emergencies. However, during our inspection we observed several fire doors to be wedged/propped open on the second floor of the home. Another fire door was also left open and was attached to a curtain with a curtain tie. This meant they would not be able to close properly in the event of a fire. We raised this issue with the covering manager who told us they would immediately address this issue with staff.

We undertook a tour of the building to ensure it was clean, tidy and fit for purpose. Generally, we found that the home was clean and tidy and observed domestic staff undertaking various cleaning tasks during the inspection. However, we observed a toilet on the ground floor of the home did not contain a foot operated bin, which meant staff would need to touch the bin once they had cleaned their hands. The radiator in this toilet was also loose and hanging from the wall. Another toilet did not contain a bin at all and we saw paper towels were thrown in the sink. We raised these issues with the manager who told us they would address the issues with the handyman and domestic staff.

The dining room was small area and manoeuvring around the room appeared difficult for some people who used the service. During lunch, several people were sat in wheelchairs and used walking frames, which used up any additional space and presented hazards to other people as they attempted to move around the room.

We spoke to staff and people who used the service and asked them whether they had concerns about staffing levels at the home. On the day our inspection there were 22 people staying at the home. We were told that during the day there was always two care staff on duty supported by a senior care staff member. Additionally, there would be the cook, a domestic cleaner and handyman. At night times we found there were only two members of care staff on duty.

We received a mixed response from people who used the service regarding suitable staffing levels. One person who used the service told us; "There's not enough helpers here, you buzz them and then wait, it's half an hour sometimes." Another person who used the service said in response to staffing levels, "No, sometimes when I want to go to the toilet, I have to wait a while." Other comments included; "There's enough. If they needed more they would recognise it." "There's not enough, sometimes I need to wait a long time." "There is adequate for what I need. There's always someone around to help."

One member of staff said; "I think we could do with more staff during the day. Mainly because of when people are in bed and we need to help them. This means people are then left unattended downstairs." Other staff told us they felt two carers at night with the current numbers of people who used the service was fine and on the whole staffing levels were ok during the day. One senior care member of staff told us; "On the whole we manage quite well. People are safe here." We also looked at staff rotas and on the whole found there were sufficient numbers of trained staff on duty to provide care and support for the current numbers of people staying at the home.

Requires Improvement

Is the service effective?

Our findings

During our inspection we looked at eight files of people who used the service. Each person's care plan contained a mental capacity assessment and a signed consent form for either the person who used the service or their representatives to sign. We found that some of these were out of date whilst others had not been signed at all. Additionally, we found one form had been signed by a person who had been deemed not to have capacity to make their own decisions following mental capacity assessments. This made it difficult to establish if full consent had been obtained before services were provided in this instance. The covering manager told us that the service was in the process of reviewing all consent forms to ensure they had been correctly completed.

We saw evidence of involvement with other health care professionals within people's care plans. These included GPs, chiropodists and opticians where necessary. Additionally, we saw evidence people were referred to other agencies when required such as the dietician and the district nursing team.

Staff we spoke to during the inspection spoke favourably about the training and support on offer at the home. One member of staff told us; "There is plenty of training available for us. Too much sometimes and it is hard finding the time to complete it all." Another member of staff said "I have recently had training in moving and handling, fire safety, infection control and I'm currently doing a National Vocational Qualification (NVQ) level II." A recently appointed member of staff told us that they had undertaken a week of training and shadowing other staff as part of their induction programme. Other comments from staff included; "I am happy with the training and support on offer". "I'm supported very well, I'm doing my NVQ III."

We looked at five staff personnel files and saw that supervision and appraisals had recently been undertaken with all staff. Supervisions and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. All staff we spoke to confirmed they received regular supervision. One member of staff said "I do have formal supervision with my manager. I do feel supported, we are a good bunch."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Care home providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. The covering manager told us they had been involved in submitting applications to the local authority and had a working knowledge of the legislation.

We saw there were procedures in place to guide staff on when a Deprivation of Liberty Safeguards (DoLS) application should be made. However, when we spoke to staff about their knowledge of this legislation, it was clear that they lacked a thorough understanding and required training. From viewing training records, we found no recent training had been provided and of the 20 members of staff working at the home, only one member was shown as having had training which was dated June 2013.

We found the environment had not been adequately adapted to meet the needs of people who were living with dementia. We found the home did not have adequate signage features that would help to orientate people with this type of need such as bathrooms doors painted in a different colour to stand out, themed areas and memory boxes outside bedrooms.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

We observed the lunch period and looked at how people's nutritional needs were met. We observed people were able to eat independently with the exception of one person who was assisted by staff in their bedroom. We looked at how people's nutrition care plans corresponded with the care provided by staff. One person, who although they could eat themselves, required regular prompts from staff. They also required their food to be cut up into manageable sized pieces. We observed this was carried out promptly by staff. There was no menu displayed in the dining room, although we did see staff approach people in the morning and ask what they would like for lunch. When people had finished their meal, each was asked if they wanted any more.

Requires Improvement

Is the service effective?

We asked people what they thought of the food and choice available. One person told us; “The food’s good. First class! They choose the food themselves and we enjoy it.” Another person said “I don’t need any care, the only thing they do is help me go up in the lift at night. There’s a choice of food. I don’t like foreign food such as lasagne, so I get soup or sandwiches instead.” Other comments made included; “The food is very good, there’s a choice at lunchtime and a hot meal in the evenings. Breakfast is weetabix and toast.” “The food’s nice. I had a big dish of porridge and toast this morning.”

We observed one person during lunch being provided with fishcakes as opposed to the day’s menu choice of liver or sausages. We asked them if they had asked for fishcakes specifically. We were told “No, but they know that I don’t like liver or sausages and that I do like fishcakes. So, they must have given it to me automatically.” Later, we observed the same person being asked whether they wanted bananas and custard or yoghurt for dessert. The person replied yoghurt, but was served some five minutes later with bananas and custard which they ate. When we queried this with the person they whispered, “It doesn’t matter.”

Good

Is the service caring?

Our findings

We observed staff were very cheerful and treated residents kindly and as individuals, calling them by their names. People told us they were treated respectfully and as individuals.

One person told us; “Oh yes, they’re very kind, very helpful. When they’ve time they chat with you. When they’re getting me dressed in the morning they stand by the wardrobe and ask me what I want to wear. I tell them it doesn’t matter, you choose.” Another person who used the service said “I like it here, it’s friendly and the staff are nice, that’s the main thing. They help me and do it very well, I couldn’t do without them. All the staff are very pleasant, I’m treated as a person, not patronised. They ask me what I want to wear in the mornings, I‘ve never had any problems with the laundry.”

Other comments included; “The staff are very nice, kind and caring. They listen to me and act on what I say.” “If something could be improved or bettered, I’d mention it and I’m confident that I’d be listened to.” “They can’t do enough for us. They’re the finest girls in England. They’re our friends.” “I don’t need care myself, but I watch them look after the other residents. They’re very kind, caring and patient. Patience is a virtue.” The staff are kind, they’re lovely, very caring, very gentle. We have a bit of a laugh at times. They’re always nice.” A visiting relative told us; The staff are really lovely, always friendly. They’re kind to everybody.” People told us they felt that staff listened to them and acted on what they said.

During our inspection, we observed people were treated with dignity and respect. For example, where people were asleep in their chair, they were not disrupted and were only offered something to eat or drink once they had woken up. The staff we spoke with were clear about how to maintain people’s privacy and dignity when providing care. One member of staff said; “When people’s family visit I allow them to be on their own and respect it is their own private time. When providing care I always ensure people are covered up and knock on doors before going in.”

We saw staff allowed people to be as independent as possible when providing care. For instance, encouraging and prompting people to eat their own food at lunch time before intervening. In addition, we saw some people used a walking frame to manoeuvre around the building with assistance from staff. We saw staff walked with them and provided guidance and instructions in order for them to do this safely and at their own pace. In another example, we observed a care staff member attempting to help a person onto their feet. They told the person to wait while they got further assistance. They returned with a colleague and together managed to help the person stand so that they could support themselves on their walking frame. We observed this was performed in a respectful, caring, gentle and competent manner.

We saw one person who used the service had been quite emotional while talking about his service during the war. We observed a carer, who was delivering clean laundry to his room at the time, acted very kindly, dabbing tears from the persons face and speaking gently until they had settled down. This was representative of all the interactions we witnessed during the day.

Requires Improvement

Is the service responsive?

Our findings

We looked at the care plans of eight people who lived at the home. We found some information in people's care plans to be misleading. For example, one person's mobility care plan stated they were able to walk around the home, yet their pressure area care plan stated they were nursed in bed and at high risk of falls, of which one had occurred the previous week. The falls risk assessment indicated there should have been a referral made to the falls service. However, the covering manager told us this had not been done, though we were able to establish that the impact was minimal in this instance.

One person who used the service told us; "When I wake up in the morning, I wait for them to help me get up and dress. Usually it's between 7:00am and 7:30am, they know I'm an early riser. I was awake at 6:35am this morning. You get a drink with your meals and other drinks now and again. I was very thirsty this morning, I kept asking for a drink and they kept saying, wait a minute. I never got one."

We spoke to a health care professional who were visiting the home at the time of our inspection. They raised concerns about moving and handling techniques used by staff and felt instructions were not always followed by staff especially in relation to skin care. We were able to confirm that apart from two members of staff who had been reported sick, all remaining staff had received moving and handling training in 2014. We verified this by looking at training records. They also stated that the service had failed to tell them when patients had either been admitted or released from hospital.

From our observations and speaking to people who used the service, we found a task based culture existed at the home with little stimulation provided outside specific tasks undertaken. One person who used the service told us; "They tell you when you can have a shower. I have mine on a Wednesday. I'd like one a bit more often, but they can only do it once a week." We spoke to the covering manager about this who said that the service used a shower list which was intended to act as a guide for staff and that it was up to people when and how often they would like a shower.

One person also told us; "If I need the chiropodist, I tell the girl who does the medicines that I need one. They get on the phone straight away and organise an appointment. I'm happy to pay for it."

On the whole, care plans provided clear guidance for staff to follow on how to provide care for people. In addition, there was a summary of people's needs along with any associated risks. These had been reviewed each month or when required. However, It was unclear to us whether people were consulted about their continuing support needs. One visiting relative told us; "They did show me X's care plan and asked me to sign it, but they didn't go through it with me."

We saw evidence of where the home was responsive to people's individual needs. For example one person who lived at the home was required to be re-positioned every hour during the day and every two hours at night by staff. They also required their food and fluid intake to be monitored and to be weighed weekly. We saw from looking at records that this had been carried out by staff.

From our observations and discussion with people who used the service, activities to stimulate people mentally and physical were limited. At 10:30am during the morning in the main lounge, we observed eight people who used the service. Four of whom were sleeping, three were just sitting and one person was reading a newspaper. There were 2 televisions in the lounge at opposite ends of the room. Both were on different channels with the volume turned down. Nobody was watching either TV. There was a general air of quiet and lethargy in the lounge which remained the case for the rest of the day.

During a period of observations in the afternoon, we saw very little staff interaction with people in the lounge. One staff member entered the room and asked if anyone wanted to play skittles. No one responded so the staff member left the room. There was an activities board on display in the hallway but this was clearly out of date. One person who used the service told us; "I do a few activities. I don't know really, various things. My wife visits nearly every day. I go out when my wife takes me out , there's nothing organised by the home." Another person said "I look forward to the activities, but I'm not sure how frequent they are."

Requires Improvement

Is the service responsive?

We recommend that the service seek advice and guidance from a reputable source to ensure people have opportunities to take part in activities they enjoy and meet their personal preferences.

Requires Improvement

Is the service well-led?

Our findings

The covering manager told us they undertook a number of audits to ensure the service was meeting the required standards. The audits covered a number of areas including environmental checks, care plans, accidents and weights and were predominately tick box. From examining some of these audits, it was not clear to us how issues identified were dealt with and recorded. For example, we noticed that in one building audit undertaken in June 2014, a kitchen unit door required repair. Staff confirmed that improvement work had still not been undertaken. We also established from the covering manager that the data obtained from auditing was not subjected to any trend analysis, such as from accidents and incidents to establish any re-occurring themes. The covering manager told us that any concerns or issues raised by people or staff were dealt with directly with the individuals concerned and was not recorded.

We found incidents were not always effectively reported and recorded. During our inspection, a health care professional had attended the home in connection with a referral made by the ambulance service in connection with a fall they had attended to. No record of the fall was found within documentation which we confirmed by speaking to the covering manager who initially believed a mistake had been made by the ambulance service. We were subsequently informed that the ambulance service had been able to confirm the details of the fall. When we again spoke to the covering manager, we were now told that the fall and accident form had been completed, but had been placed in the wrong file. They also confirmed that a brief entry had in fact been made in the care file regarding the incident.

We spoke to the covering manager about the effectiveness of auditing, especially with regard to the concerns we had found in respect of medication, consent, accuracy and omissions of information contained within care files. The covering manager agreed that the audit tools used were not effective in raising standards in quality of care.

The service was unable to demonstrate how they regularly sought the views of people who used the service and took regard of any complaints, comments and views made. The last residents meeting conducted at the home was dated 20 November 2013, where minutes had been recorded. We were told that annual questionnaires were sent out to people who used the service, relatives and family health professionals, though none had been sent out recently. We saw no evidence of any completed questionnaires. There was a comments book in the hallway, which enabled people to make any comments about the quality of service. We looked at the complaints policy and procedure which was also displayed in the home. We noted no formal complaints had been made or recorded.

Although people told us they would address concerns directly with the covering manager or staff, it was not clear to us how the service responded to such concerns and complaints. The covering manager told us that concerns raised by people who used the service or their families or staff were dealt with directly with by the manager and people concerned. The covering manager confirmed that such matters were not documented.

We found that the registered person did not have effective systems in place to monitor the quality of service provision. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was currently absent through a prolonged period of sickness. The covering manager who was a registered manager at a sister home told us they divided their time between two homes. This meant the manager was not always available to provide guidance to staff when they needed it and monitor what was going on at the home. One member of staff told us; “The covering manager is here about three times a week. The management set up at the moment is not good as the manager is running another home and our manager is not due back for some while.”

Due to the dual role undertaken by the covering manager visibility of leadership with the home was limited. One person who used the service said “I don’t see the Manager, but I’ve no need to complain. I’m quite happy here.” A visiting relative told us that they weren’t sure who the manager was, but that the care was good here and that they were happy that their X was there. We spoke to staff about the availability of management during the night time

Requires Improvement

Is the service well-led?

when advice or guidance was sought. One member of staff said "I think the manager is available if we need anything. If we need help we call the NHS 111 helpline or the emergency number."

Staff told us they felt they could contribute to the running of the home and were listened to by the covering manager if any concerns were raised. We looked at minutes from a staff meeting in September 2014, where a number of issues were discussed including safeguarding and confidentiality.

From our observations during the inspection and speaking to staff and the covering manager, it was apparent the current management arrangements were not effective in providing a service that was able to demonstrate good leadership.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People who used the service were not protected against the risks associated with safe management of medications.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider did not have effective systems in place to monitor the quality of service provision.**