

Lister House Limited

Sherrington House Nursing Home

Inspection report

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Date of inspection visit: 9 July 2014 and 20 January 2015
Date of publication: 31/03/2015

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Sherrington House Nursing Home provides accommodation and nursing care for up to 39 people

accommodated over three floors. This includes care of people with learning disabilities or physical health needs. On the day of the inspection 34 people were living in the home.

Comprehensive Inspection 9 July 2014

A registered manager was in place. 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.'

Summary of findings

The experiences of people who lived at the home were positive overall. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. People remarked that the food was particularly good.

However, we found systems and processes to keep people safe required improvement. The home did not have suitable quantities of staff with the required skills and experience. Vacant posts needed to be recruited to, to ensure consistent staffing numbers were maintained. This meant people may experience inconsistent levels of care and support. We found that there was a high turnover of staff and people reported to us that new staff did not always have the skills and experiences to care for them safely. This is a breach of Regulation 22, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Recruitment processes required improvement to ensure all the required background checks on new staff members were consistently applied. For example, staff who had recently been employed at the home did always have references from their last employer. The lack of robust recruitment procedures risked that people were being cared for by unsuitable staff. This is a breach of Regulation 21, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were not managed safely, as we found examples where people had not received their medication which could have resulted in unnecessary discomfort. This is a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home met people's nutritional needs and people reported that they had a good choice of food. Links with healthcare professionals was good and they all stated that the home followed their advice and delivered appropriate care.

The management of care records required improvement. We found there were two formats of care records in use at the home and the information contained in them was not consistent. This meant people may be put at risk, as staff may not have the most up-to-date information on people's care. This is a breach of Regulation 9, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and staff spoke positively about the new manager at the home and told us they listened and acted on comments and concerns.

Quality assurance processes required improvement; the issues we found had not been identified by the provider's own monitoring and audit processes. This is a breach of Regulation 10, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found two notifications which should have been submitted to the Care Quality Commission (CQC) had not been. This is a breach of Regulation 18 Health and Social Care Act 2008 (Registration Regulations) 2010. We spoke with the manager about this and warned them we would take further action if future notifiable incidents were not reported to CQC.

Focused inspection 20 January 2015

Following the previous inspection, the registered manager had left. A new manager had been recruited and was in the process of applying for the registered managers post.

After our inspection of 9 July 2014 the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. We undertook this unannounced focused inspection to check the provider had followed their plan and to confirm that they now met legal requirements in relation to; care and welfare of people who use services, management of medicines, requirements relating to workers, staffing and assessing and monitoring the quality of service provision.

We found the provider had made some improvements in relation to the management of medicines. Protocols had been introduced to assist staff in the administration of "as required" medicines. However, although the recording of medicines had improved we still found some gaps in medication records, and some medicine stock levels did not concur with amounts recorded on documentation. This meant there was a lack of accountability for some medicines.

We found some improvements had been made to staff skill and knowledge and more consistency to staffing levels during the daytime. However we had concerns that

Summary of findings

staffing levels were not always maintained during the night and documentation was unable to provide evidence that night-time staffing levels were consistently maintained.

We found the service was meeting people's care needs and people told us they were well cared for. Care records were being transferred to a computerised system and the process was nearly complete. However, we found there were some shortfalls in the care records which created a risk of people receiving care that was unsafe or inappropriate.

Although the manager had plans to implement a robust quality assurance system we found audits in areas such as medication, staffing levels/dependency, infection control, care quality and care records were not yet taking place which meant risks in these areas were not always being routinely identified and rectified.

We identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we asked the provider to take at the end of the report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

9 July 2014

Some aspects of the service were not safe. This meant people may experience inconsistent levels of care and support. Recruitment procedures designed to keep people safe had not always been correctly followed. The lack of robust recruitment procedures risked that people were being cared for by unsuitable staff.

Medicines were not managed safely and appropriately. People did not always receive their medication, for example we found on two occasions controlled drugs were not administered because staff thought they were not in stock. This could have resulted in unnecessary discomfort to the person.

People told us they felt safe in the home. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity to make decisions were respected.

20 January 2015

The service was not always safe. Improvements had been made to the medicine management system and we found inconsistencies were not as widespread. However stocks of two medicines did not tally with the amount recorded, one person had run out of stock of medication and there were some gaps in the recording of administered medicines.

Robust recruitment procedures were in place.

Improvements had been made to staff skill and knowledge, however the provider was unable to demonstrate to us that staffing levels were consistently maintained during the night time period and some people commented they were sometimes low on numbers at night. This meant there was a risk people received inconsistent levels of care at night.

Requires Improvement



Is the service effective?

9 July 2014

Some aspects of the service were not effective. People told us that overall they received good care. However they raised concerns that new staff did not always have the skills and knowledge to know their needs and preferences.

Requires Improvement



Summary of findings

The provision of training required improvement to ensure staff were provided with up to date skills and knowledge. We found more than half of the staff who worked at the home were overdue training updates in some core training subjects the home said were mandatory.

People reported the food was good. They said they had a good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

People reported that care was effective and they received appropriate healthcare support. We saw evidence which demonstrated that people who lived at the home were referred to relevant healthcare professionals in a timely manner and their advice was carried out.

20 January 2015

The service was not always effective. We found there was no first aid trained staff in place. The provider had taken steps to book over 20 staff on courses commencing in March 2015, but in the interim period, this shortfall meant there was a risk to people who used the service.

Is the service caring?

9 July 2014

The service was caring. People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people and regularly checked them to ensure they were not in need of any assistance.

People reported that they were involved in any decisions which related to their care and they had access to their care plans. Arrangements were in place to provide advocacy services for people who needed someone to speak up on their behalf.

Systems were in place to ensure people received dignified end of life care.

We did not look at this key question as part of our focused inspection on 20 January 2015

Good



Is the service responsive?

9 July 2014

Some aspects of the service were not responsive. Systems were in place to assess people's needs and we saw evidence people's needs were regularly assessed. However, we found inconsistencies with the way documentation was managed which meant staff did not always have access to the most up-to-date information on people's needs. This risked that staff would not always provide the most responsive care.

Requires Improvement



Summary of findings

People told us a range of activities were available and they were able to access the community and see their families.

Most people said their complaints were effectively dealt with, although one person told us staff and management had not listened to them and we concluded that more could have been done to respond more quickly to their particular concerns.

20 January 2015

The service was not always responsive. We found care and support was delivered in line with people's assessed needs and people reported that staff provided them with appropriate care.

However, the recording of key care information was inconsistent which meant there was a risk people would receive inappropriate care or treatment.

Is the service well-led?

9 July 2014

Some aspects of the service were not well-led. People told us the manager listened and acted on any comments or concerns raised. Staff and management we spoke with were consistent when they told us about the key challenges which faced the home. We saw there was an improvement plan in place to ensure the service improved by the end of 2014.

The provider's quality assurance processes required improvement, particularly with regard to records and medication. If robust quality systems been in place the issues we identified during our inspection would have been identified and rectified sooner.

Documentation relating to the management of the service such as training and complaint records required improvement so the service could clearly track staff training and complaints to ensure the service monitored its performance in these areas

20 January 2015

The service was not always well led. The previous registered manager had left, the home had recruited a new manager who told us they were going to apply for the new post.

We found although the provider had a clear vision for the service, and was planning to implement a range of audits and quality checks these had not yet been satisfactorily implemented, which meant risks were not always identified and rectified.

Requires Improvement



Sherrington House Nursing Home

Detailed findings

Background to this inspection

This inspection report includes the findings of two inspections of Sherrington House Nursing Home. We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The first was a comprehensive inspection of all aspects of the service and took place on 9 July 2014. This inspection identified five breaches of regulations.

The second inspection was undertaken on 20 January 2015. This focused on following up on action taken in relation to the five breaches of legal requirements we found. You can find full information about our findings in the detailed key question sections of this report.

Comprehensive Inspection 9 July 2014.

We visited the home on 9 July 2014. We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people who used the service, four relatives, six members of staff and the registered manager. We spent eight hours observing care and support being delivered. 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. We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included notifications and the provider information return (PIR), a document sent to us by the provider with information about the performance of the service. We contacted the local authority safeguarding team to ask them for their views on the service and if they had any concerns. As part of the inspection we also spoke with three health professionals who regularly visit the service.

Focused inspection 20 January 2015

We undertook an unannounced focused inspection of Sherrington House Nursing Home on 20 January 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our 9 July 2014 inspection had been made. The inspection team checked improvements had been made in all areas where breaches were identified.

During this inspection the team inspected the service against four of the five questions we ask about service; is the service safe, is the service effective, is the service responsive and is the service well led? This is because the service was not meeting relevant legal requirements in these areas.

The inspection was undertaken by three inspectors and an expert by experience.

Detailed findings

During our inspection we spoke with 7 people who lived at the home, the manager, seven members of care staff, a registered nurse and one domestic staff. We reviewed the care records of five people who lived at the home and other documentation relating to the management of the service.

Is the service safe?

Our findings

Comprehensive Inspection 9 July 2014

Most people we spoke with told us they thought there were enough staff at the home, for example one person said “They normally come straight away if I call them.” However, some people thought the home could do with more staff at times. For example, a relative raised concerns that staffing levels were inconsistent and not always adequate. They gave us an example of how this had impacted on their relative; “One day, they had not had their breakfast by mid-morning. The carer apologised and said she was on her own and had six other patients to feed.”

On the day of the inspection, staff were visible and people were attended to within appropriate timeframes, for example after pressing their call bell it was answered within four minutes. Also some people were receiving one to one care and we observed staff consistently stayed by their side to keep them safe.

We spoke with the registered manager about staffing levels. They told us they required to employ two further registered nurses and two care workers. They said they were in the process of recruiting to these posts to ensure a full staff team was maintained. We found these vacant posts meant staffing levels were not being consistently maintained. The manager told us there should be two nurses on duty during the day, however on some days the staff rota's showed only one nurse working. A staff member we spoke with told us normally there were two nurses on duty but that there had been occasions when only one nurse was on duty due to insufficient cover being available. They said sometimes the manager was available as the second nurse but this wasn't always the case. This showed there was inconsistency in nurse staffing levels within the home. This meant people could not be assured of a consistent level of care as at all times there were not sufficient numbers of nursing staff.

The registered manager told us they did not use an agency for care staff but “managed” with less staff if someone was unavailable and they were unable to get cover from their staff team. When asked, the registered manager could not tell us what system or tool they used to ensure there were enough staff to meet peoples' needs. Two staff told us there could be times when there were not enough care workers in the building. On the day of the inspection we found the home was one care worker down due to

sickness. A member of staff also told us that the night before the inspection; they were two carers short of the homes target staffing levels. The rotas confirmed that the homes target staffing levels were not always being met. This showed us there was inconsistency in care worker staffing levels within the home. This meant people could not be assured of a consistent level of care as at all times there were not sufficient numbers of care staff.

Two staff members raised concerns with us that the provider had a lot of new staff. They said ensuring they acquired the required skills and experience was one of the key challenges that faced the organisation and that “inefficiencies” in care were a result of this. Nearly all of the people who lived at the home commented about the high turnover of staff. They felt the care was often being provided by people without experience that they didn't know. For example, one person said “It's a slight inconvenience but they've got to learn.” One relative we spoke with was very concerned about the impact this had on their mother. They said “I'm fed up of the constant changes with staff who do not know my mother and her needs”. This relative said they felt they had to start from scratch explaining their mother's needs and preferences every time there was a staff change. Information sent to us following the inspection, confirmed the turnover rate was high with 46% of staff leaving in the last year. This indicated the high turnover of staff was leading to frequent new staff who had not developed the correct skills and knowledge to ensure appropriate care.

We looked at the staff files for four staff members and the home's training matrix. We saw there were gaps in the matrix which showed staff had not received required training in areas which helped staff to keep people safe. These included safeguarding, infection control and food hygiene. We spoke with one new staff member who told us they had received training in manual handling during their induction but had not had any training in the other mandatory subjects. This showed us the manager was not always providing new staff with the skills and knowledge they needed to undertake their role.

This demonstrated to us that the provider did not always have sufficient quantities of appropriately skilled or experienced staff. This is a breach of Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

We looked at four staff files and found proper recruitment processes, which are designed to keep people safe, were not consistently followed. For example, two staff who had recently been employed at the home did not have references from their last employer. In another file, there were no references attached nor any confirmation that a DBS (Disclosure and Barring Service) check had been completed. This person had been in post since March 2014. Prior to the inspection the local authority safeguarding team contacted us with concerns over the recruitment of one individual to the home. During the inspection, we looked at this person's file and found a written reference had not been obtained from their last employer prior to starting work at the home. After the employee started, an unsatisfactory reference had been obtained and although the manager had put in place measures to monitor the staff member's performance as a result of this, the fact it was not identified during recruitment showed the recruitment procedures in place were not sufficiently robust. The lack of robust recruitment procedures risked that people were being cared for by unsuitable staff.

This is a breach of Regulation 21, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they received their medication on time and staff told them about the medication they were taking. However, we found medicines were not always managed safely. We looked at one person's Medication Administration Records (MAR) and found there were gaps in the administration of one medicine on the 4th and 5th July. The nurse on duty could not explain these gaps; this meant we could not confirm whether this person had received their medication on those dates.

Another person's MAR showed the person had not received a prescribed controlled drug on the 4th or 5th July. The MAR stated the drug was not administered as it was out of stock. However, we checked the controlled drugs register and there had been stock in place. We raised this with the nurse on duty who could not explain why this medicine had not been administered. This meant this person did not receive their prescribed medication. This could have impacted on their health and welfare during or after this time period.

MAR charts did not record stock levels for each medicine. This meant staff did not always know when stocks were running low and increased the risk that any theft or unaccounted medication would not be detected. We spoke

with the manager who agreed with our observation that stock levels should be recorded on the MAR. We also found examples of medicines being borrowed from other people's supplies because they had run out of medication. For example, we saw one person had been given medicines borrowed from others on the 8/6/14, 10/6/14 and 29/6/14 and another person had been given medicines borrowed from others on 17/6/14 and 18/6/14. Medicines should only be administered to the person they are prescribed for. This practice of borrowing medicines showed us that the home's stock ordering system required improvement, as people were regularly running out of their prescribed medicines.

We looked at the care plans and medicine records for two people who received "as required" medication for pain relief. Protocols were not in place to tell staff when they should administer these medicines. The lack of any protocol meant there was a risk of inconsistency in the administration of "as required" medicines. For example, we looked at one person's records who had received pain relief medication for the last six days. The nurse on duty said they would not routinely offer pain relief today but was unsure the criteria that other nursing staff had applied on the previous six days.

This is a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with said they felt safe in the home and felt comfortable in the company of staff who assisted them. For example one person told us "I feel safe here, I was really happy when I moved here from the previous place." People told us they had freedom to leave the home, for example to go to the pub or out for a cigarette. People said they felt able to raise any concerns with the manager who they said was often visible and conducted a daily walk round the home.

We saw evidence which confirmed the provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff we spoke with told us they would immediately raise any concerns with their manager and they were confident they would take action to address concerns raised. We found staff understood how to help people with limited capacity to make decisions.

The manager told us that there were no Deprivation of Liberty Safeguards (DoLS) orders in place but was able to

Is the service safe?

show us a recent application they had made to the supervisory body which had been rejected. We looked at how the process had been managed and saw the home had followed the correct procedures. These included conducting a mental capacity assessment, and involving an Independent Mental Capacity Advocate (IMCA) to represent the person. The recommendations of the supervisory body were clearly documented and a plan had been created by the home to work to, to ensure the person was not deprived of their freedom. We found staff were aware of this plan and knew how to work to it.

Disciplinary procedures were in place and we discussed with the manager examples of how the disciplinary process had been followed where poor working practice was identified. This helped to ensure standards were maintained and people kept safe.

We looked at five peoples' care plans and found appropriate risk management processes were in place. We saw risk assessments were in place, for moving and handling, nutrition and pressure area care. Where risks were identified, care plans were put in place which provided information to staff on how to keep people safe. We found some inconsistencies with the way care documentation was managed; this is discussed within the "Is the service responsive?" section of the report.

Findings from the focused inspection 20 January 2015

We looked at the medicines management system. On this occasion we found that whilst improvements had been made there still remained outstanding issues to resolve. There remained some unexplained gaps in MAR charts, balances of medicines held in stock did not always tally when counted and on one occasion the prescribed medicine was out of stock.

We looked at medicine administration records (MAR) for the preceding 15 days. The records showed on six occasions medicines had not been signed for. In looking at the monitored dosage system we saw that no medicines remained on the dates of missing signatures, indicating that the medicine was given but not recorded.

We found that on one occasion the medicine required to be administered had run out of stock the night before meaning the person did not get their medication. However this appeared to be a one off and problems with medication supply were not as widespread as we found at the previous inspection.

We carried out a random sample of supplied medicines dispensed in individual boxes. We found that on two occasions the stock levels of the medicines did not concur with amounts recorded on the MAR sheet.

This meant the provider continued to breach Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Medicines were stored securely and appropriately. This included external topical preparations, oral nutritional supplements and dressings. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use

We saw that following the last inspection, all "as required" (PRN) medicines were supported by written instructions which described situations and presentations where PRN medicines could be given.

We observed the registered nurse administering medicines. We asked the staff member about the safe handling of medicines to ensure people received the correct medication. Answers given along with our observations demonstrated that medicines were given on this occasion in a competent manner.

Some prescription medicines contained drugs that were controlled under the misuse of drugs legislation. These medicines were called controlled medicines. We saw controlled drug records were accurately maintained. The administration of the medicine and the balance remaining was checked by two appropriately trained staff.

We found medicines were kept securely and stored appropriately.

At the last inspection we found documentation required to be retained to demonstrate safe recruitment process such as reference checks was not always present. At this inspection we found improvements had taken place. At least two references had been sought and DBS (Disclosure and Barring Service) checks had consistently completed before staff were allowed to start work. Applicants had attended an interview, completed an application form and proven their identity. Staff we spoke with confirmed these checks had been completed before they were allowed to start work. This helped to keep people safe

At the last inspection we had concerns that there were not sufficient quantities of suitably experienced and skilled staff. We found work had been undertaken to improve the

Is the service safe?

skills of staff and staff were now up-to-date in key mandatory training to such as safeguarding, manual handling and food hygiene. We examined staff rotas for the daytime period. We found rotas showed consistent levels of staff present. We observed care and found call bells were answered within reasonable timescales and we saw an emergency incident handled promptly and calmly by staff. People confirmed they did not have to wait long for assistance during the day, for example one person told us, "At the most they come within 5 minutes but usually within 2-3 minutes." This indicated to us there were sufficient staff. Staff did however tell us that staffing was stretched and they were consistently busy with care tasks which meant they did not have much time to chat with people. One staff member told us, "Not always enough if anything interrupts routine," whilst another staff member described staffing as, "Okay [but] no time to talk to people." Staff told us that nursing staff were available and responsive in looking into any healthcare concerns that staff raised. We concluded that during the day there were enough staff to meet people's basic needs but this meant staff were often rushed and did not have the time to spend quality time with people.

At night time, the manager told us five care workers were scheduled to be on duty, excluding people that had contracted one to one time. However on five occasions in January 2015, only four care workers were shown on duty on the allocation sheets and rotas. We raised this with the manager who told us that staff had been drafted in from the sister home, Lister House Nursing Home overnight, but the rotas or allocation sheets did not evidence this. Two people we spoke with raised concerns that staffing levels at night were not always sufficient, one person told us, "Sometimes there's not enough staff mainly at night. It's not their fault, staff [existing] volunteer but don't turn up. I don't always get my medication on time when they're short." Another person told us they usually get up early helped by the night staff but added if they were short staffed they had to stay in bed until the day shift came on. Given these comments and the fact that the documented evidence suggested that staffing levels were not consistently maintained at night we concluded there were occasions when there were not enough staff.

This was a continued breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service effective?

Our findings

Comprehensive Inspection 9 July 2014

People told us that overall they received good, effective care. However, they raised concerns that new staff did not always have the skills and knowledge to know their needs and preferences. Some people told us this caused them frustration and were able to give us examples of how this had impacted on care. For example, one person told us that they had been left uncomfortable on two occasions as they had been given inappropriate personal care because night staff had not known the correct procedure to follow. The lack of skilled and experienced staff is discussed in more detail within the “Is this service safe?” section of this report.

A system was in place to provide staff with training however it required improvement to ensure staff had the required skills and knowledge to carry out their role. We looked at the training matrix, which showed the training staff had undertaken. Staff had not always been provided with training updates in line with the provider’s annual training programme. This meant they may not have the latest knowledge and skills in key topics needed to deliver effective care. For example, although staff had received safeguarding and food hygiene training in 2012 and 2013 only 39 out of 98 staff were currently up-to-date with safeguarding training, and 48 out of 98 were currently up-to-date with food hygiene. Although some staff said they had received training in infection control and end of life care, it was not formalised on the training matrix. This meant people may be put at risk as the provider did not ensure a consistent and periodic approach to staff training. We spoke with the Human Resource manager who admitted that some training had lapsed and said they had recently been focusing on training all of the staff in dementia awareness.

The registered manager spoke positively about a newly introduced competency tool to manage the performance and development of staff. They told us this provided a more structured mechanism to meet the development needs of staff. The registered manager told us they planned to meet with all staff to roll out this tool. This indicated to us that the registered manager had a clear plan in place to support the development of staff skills.

A programme of annual appraisals was in place to provide staff with support. Supervisions were held when members of staff requested them and we saw evidence that a number of staff had received them in recent months. The provider was in the process of formalising supervisions to ensure all staff received supervision every three months. The staff we spoke with told us they were provided with good support from the registered manager.

People spoke very positively about the food which they said was varied and plentiful. For example one person said “Food excellent, cook very good, lots of choices.” We found people were assessed to determine whether they were at risk of malnutrition and where risks were identified care plans were put in place to assist staff in meeting their needs. For example, in one person’s care plan, we found a healthy living plan had been put in place and agreed with the person to help them maintain a healthy weight. People’s weights were monitored monthly and we saw evidence of involvement of dieticians where weight loss was identified. Prior to the inspection we spoke with a dietician who told us they thought the care at the home was good and that staff followed their advice. They told us that when they had encountered problems management had responded well to their advice. This indicated the home was providing effective nutritional care.

Catering staff said they were provided with a “generous budget” which allowed lots of fresh food, flexibility and choices. For example three choices of meal were available at lunchtime. Information was present in the kitchen to ensure staff met people’s individual needs, such as who required a diabetic diet or their food fortifying. Systems were also in place to meet people’s religious and cultural needs, for example arrangements had been made to supply cultural food. This indicated the home made reasonable adjustments to meet people’s individual needs.

Staff asked people what they wanted to eat shortly before lunchtime which showed a choice was offered. We observed the lunchtime meal and saw staff provided people with appropriate assistance. The atmosphere at lunchtime was pleasant, with staff engaging those they were assisting in conversation. Meals came straight from the kitchen and people said the food was hot. We found drinks were available to people throughout the day, and we observed staff encouraging people to drink to reduce the risk of dehydration.

Is the service effective?

People reported they received appropriate healthcare support. For example people said, “The GP visits every week and anyone can see him.” Care plans showed people were routinely referred to community health professionals such as dieticians, community nurses and doctors. The outcome of these visits was documented to assist care staff in meeting people’s needs. A communication book was also in place which allowed healthcare professionals to flag up any urgent information with management. We spoke with three community health professionals who spoke positively about the care in the home. For example one of them said “They do an extremely good job with my patient,” They said staff listened to their advice and, when there had been issues in the past; these had been addressed, for example through training. This indicated to us that people received good healthcare and links were good between healthcare services and the home.

Findings from the focused inspection 20 January 2015

We did not plan to look at this domain during the inspection. However, during the inspection we found that no care workers were currently first aid trained and management were unable to confirm that nurses were up-to-date with basic life support. This meant there was a risk that staff would not be able to provide appropriate care in an emergency situation. We saw the provider had recently identified this shortfall and had booked staff on training in March 2015. However this shortfall meant that at the time of our inspection, there was a lack of arrangements in place to provide first aid.

This was a breach Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service caring?

Our findings

Comprehensive Inspection 9 July 2014

People were very complimentary about the attitude of staff who they said were kind and caring. One person told us, “Everybody is really good, really professional, never any problems”. Another person said, “Standard of care would score 9 out of 10.” People said staff were friendly and “engage in conversation as well as carrying out care.” People said that staff respected their choices, for example one person said, “I prefer to stay in my room and staff respect this choice. When I want to go downstairs, I only have to ask and they assist me downstairs.”

Seven out of eight people we spoke with said their privacy and dignity was respected. People said when staff were providing personal care, doors were closed and curtains drawn. We observed that this was routine during our observations on the day of the inspection. One person said there had been a couple of instances where their dignity was not respected but that when the issue had been raised, management had taken swift action. This indicated to us that management valued the importance of ensuring people’s dignity.

Our use of the Short Observational Framework for Inspection (SOFI) tool found most interactions between staff and people were positive with no negative interactions. We found people’s choices were respected; staff were calm and patient and explained things well. We found staff asked people their choice around daily living, such as if they wanted to go outside. Our observations indicated that staff knew people’s likes and dislikes for example one staff member said, “here is half a cup with a straw like you like it.” We saw people were asked whether they wanted to wear an apron and their choices were respected. Staff were calm and patient with people and explained things well.

People said they were involved in making decisions about their care. They told us they were aware of their care plans and had input into their reviews.

We spoke with three staff about people’s preferences and needs. Staff were able to tell us about the people they were caring for, any recent incidents involving them and what they liked and disliked. However, some people reported that newer staff did not always know the people they were

caring for. This is discussed further in the “Is the service safe” section of the report. We found the registered manager had a good knowledge of the people who lived at the home, for example their personalities and strategies for engaging with them to reduce conflict. People reported a good relationship with the registered manager. This showed us that the registered manager took the time to regularly engage and interact with people in the home.

We found the home clearly advertised visiting times with signage displayed; stating visits were permitted between 08.00 and 20.00. Visitors could visit anytime within those hours unannounced and could visit outside of these hours with prior notice. People reported they had no problems seeing their families.

The home made advocacy services available to people who used the service. We looked at one person’s care records which showed the involvement of an Independent mental capacity advocate (IMCA). Their involvement had been clearly recorded to help protect the rights of the person who used the service.

The registered manager was able to clearly describe end of life care arrangements in place to ensure people had a comfortable and dignified death. This included consultation with a multi-professional team and relatives. We looked at care plan documentation and saw evidence that advanced care plans were in place where appropriate and care plans were amended regularly with input from multidisciplinary teams. Staff and management we spoke with had a good understanding of ensuring people receiving end of life care and their families were treated sensitively. For example the registered manager told us that if somebody at the end of their life had no family they would make arrangements to ensure a member of staff stayed with them during their final hours.

There were various lounges within the home which families could be taken to for a private or sensitive discussion. The registered manager told us they had recently been on external end of life training and we saw they had plans to further develop the end of life information provided to people. This would ensure people who lived at the home and their relatives were provided with clear information on their end of life care choices.

We did not look at this key question as part of our focused inspection on 20 January 2015.

Is the service responsive?

Our findings

Comprehensive Inspection 9 July 2014

People's records provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. These assessments included diet and nutrition and aiding with mobility. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed their package of care changed. People confirmed to us that their care plans were reviewed and amended to incorporate changes in their needs.

Although we found people's needs were regularly assessed, the way documentation was arranged meant there was a risk that people may not always receive responsive care as consistent documentation was not in place. People's assessments and care plans were contained within both nursing files (for nursing staff) and care files (for care staff). We found updated copies of care plans were not always transferred from nursing files to care files meaning there was inconsistency in the information present in the two files. For example in one person's records, the nursing record had been updated to say they were no longer on a food and fluid chart but this had not been transferred to the care file. This meant care staff did not have the most up-to-date information to deliver responsive care. In this person's care file we also found copies of their key care plans such as communication, eating and drinking and behaviour were missing. The completion of other documents such as 'client belongings' was inconsistent, for example one person's belongings had not been reviewed since 2009.

In another person's records, a particular record had not been updated since May 2014; despite daily records showing recent incidents had occurred. This made it difficult to undertake a review of their recent activity. Care plan updates were also inconsistent. The manager told us they should be reviewed monthly, however some files had not been reviewed since February 2014. Other documents, such as personal histories, were not always completed. The lack of clear information meant care staff may not be aware of changes in people's care needs which could lead to inappropriate care or treatment.

This is a breach of Regulation 9, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People reported that the home was responsive in providing care to meet their changing needs. For example one resident said they had fallen backwards in their room and banged their head. They said they had now been provided with a wheelchair as their mobility needs had changed. We spoke with three healthcare professionals who told us the service was responsive in meeting people's care needs and made changes based on their advice for example to ensure good pressure area care.

People told us they had access to suitable activities. For example, one person said "There is always something going on in the home, I always go downstairs for the entertainment, like the music man." We saw evidence that a range of activities were on offer throughout the week, conducted both by staff and external entertainers.

People reported the home enabled them to access the community and maintain relationships with family and friends without restrictions. We saw arrangements were in place to assist people to access events outside of the home. For example, we observed one staff member took someone out for their birthday to meet their family.

Daily handovers took place so that staff could update the next staff on shift about people's needs and if any changes in their care had been identified. We saw evidence that changes to people's needs were recorded on handover forms to make staff aware, for example we saw it was noted that one resident had been awake all night, so staff could take this into account when caring for the person. Staff we spoke with told us the handover was a good source of information.

The registered manager told us they undertook a walk around of the home each morning and part of this was to listen to people's views and experiences within the home. We spoke with people who confirmed this was the case. We looked at documentation which showed people's informal comments during these walk arounds were logged by the manager and ticked off once any actions required were completed.

Periodic resident meetings were held and these provided another mechanism for people to feedback comments or concerns to management. People we spoke with told us problems raised at these meetings did seem to get dealt with.

Is the service responsive?

All of the people and relatives we spoke with said they felt comfortable in raising any concerns. This was confirmed by examples given of complaints made and the various routes by which this could be done. Feedback about whether complaints were dealt with was mostly positive. For example one person told us, “I tell them if they are doing things wrong and they change it.” People said if staff did things incorrectly, management would flag this up with staff to ensure the task was done correctly in the future. A community health professional also told us they thought the home was good at listening to people and accommodating their comments and concerns.

One person told us they felt staff did not listen to them. They said they had raised two issues with staff and that they felt they had been ignored. The person’s relative also confirmed they had complained about these issues but nothing had been done. We spoke in detail and looked at this person’s care and support and found these issues should have been addressed sooner. We spoke with the registered manager about this, who was not aware of how upset the person was. They said they would take steps to address this issue immediately. This showed that the management of some people’s complaints required improvement.

Findings from the focused inspection 20 January 2015

At the last inspection we found people’s care needs were not always met as an accurate assessment of their needs was not always carried out. At this inspection we looked at five people’s care records. We found the service was meeting people’s care needs. However, there were some shortfalls in the care records which created a risk of people receiving care that was unsafe or inappropriate. The service was in the process of transferring care records from a paper based system to the computerised system and this transition had created some anomalies with the way care information was recorded.

People told us that staff were responsive to their needs and cared for them appropriately. For example, one person told us that if they were ill the carers checked regularly to make sure they were alright. Another person told us that when they were in pain staff helped them to get better.

The records showed people’s needs were assessed before they moved into the home. The information obtained during the assessment process was used to develop care plans. The care plans included information about the

support people needed with all aspects of their day to day lives. For example, mobility, eating and drinking, communication and skin care. The care plans were reviewed every month and in most cases were up to date. In one person’s records we saw they had seen their GP in January 2015 because they were having difficulty sleeping at night. However, the “night care” care plan had not been reviewed or updated to reflect this. The last review was recorded on 18 December 2014 and stated “care plan valid, to continue”.

When people were identified as being at risk, for example, of developing pressure sores there were plans in place to inform staff about the actions they should take to reduce the risk. However, in some cases the care plans were not detailed enough to give clear guidance to staff. For example, in one person’s records the care plan which related to reducing the risk of pressure sores did not provide clear guidance for staff. It stated the person should be helped to change their position “regularly”. The person was assessed as having a low risk of developing pressure sores, however, the lack of clear records for staff created a risk of them receiving unsafe or inappropriate care.

In another person’s records we saw two different nutritional risk assessment tools had been completed within two days of each other. One was dated 10 January 2015 and showed the person had a high risk of malnutrition; the other was dated 8 January 2015 and showed the person had a low risk of malnutrition. The person’s weight records showed they had lost 3kg in weight between 10 December 2014 and 4 January 2015. In the same person’s records we found the recording of their food and fluid intake was inconsistent which meant it was not possible to get an accurate picture of what they had to eat and drink. The manager told us the person often refused food and drinks; however, this was not always reflected in the records. We saw that action had been taken to address the person’s nutritional needs and they had an appointment to have a PEG (Percutaneous endoscopic gastrostomy) tube inserted. However, the conflicting information about the severity of the risk and the inconsistent recording of their dietary intake meant there was a risk they were not adequately protected from the risks of receiving unsafe or inappropriate care.

Is the service responsive?

In three people's care records we found there was no information about their personal histories, social interests or likes and dislikes. This meant there was a risk people not receiving appropriate care to follow their interests and take part in social activities.

At the last inspection we found the completion of other documents such as "client belongings" was inconsistent.

During this inspection we found there were no "client belongings" lists in two people's records and in another person's records the list had not been updated since December 2013.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service well-led?

Our findings

Comprehensive Inspection 9 July 2014

The home had a registered manager in place. We found two notifications which should have been submitted to the Care Quality Commission (CQC) had not been. This is a breach of Regulation 18 Health and Social Care Act 2008 (Registration Regulations) 2010. We spoke with the manager about this and warned them we would take further action if future notifiable incidents were not reported to CQC.

Documentation which related to the management of the service required improvement. For example the training matrix did not contain all of the names of staff currently working at the home and the complaints log had not been updated since February 2014 making tracking complaints difficult.

The manager told us they had plans in place to update people's care records by the end of 2014 and develop a more useable format of care plans to ensure staff and people had access to more concise and meaningful information.

An incident management system was in place. However, the outcomes from incidents were not always documented meaning there was a risk that lessons learnt could be missed. It was also not clear what the thresholds for reporting incidents were and we found some incidents recorded in people's daily records that were not recorded on the home's incident management form. For example when a person who lived at the home had "hit a member of staff." The lack of reporting incidents meant there was a risk that appropriate preventive action might not be taken. There was no analysis of incidents to look for trends and themes.

There was a lack of quality assurance and audit processes, as the problems we found during the inspection had not been identified prior to our visit. For example, there were no medication audits undertaken and we found significant problems with the way medicines were managed. In addition, there were no care plan audits to determine whether information in the nursing and care files were up to date and relevant. This showed us that quality assurance systems at the home were not robust and required improvement to ensure risks were identified and quickly rectified.

This breached Regulation 10, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All the people we spoke with said there was a good atmosphere in the home. For example one person told us, "It's more relaxed here than where I lived before, not so many do's and don'ts." Another person told us, "Good care team, don't fall out, get on well together, staff seem to work well together, are good to you." All those asked knew who the registered manager was and said they popped in to see them on a regular basis. From our observations people seemed relaxed and had a good rapport with staff. The registered manager was highly visible and available to people who lived at the home.

The registered manager was relatively new to the role and had only been registered since June 2014. Staff spoke positively about the registered manager and the changes they had implemented since they took up their post. They said the organisation was now more open and they felt able to raise any concerns and complaints and they were confident they would be actioned. One member of staff told us, "you can talk about your problems with the new manager; there is much better team work now." Both management and staff told us that the home had an open door policy for addressing concerns. The registered manager also worked regular shifts as a nurse and this enabled them to experience the problems faced by staff.

Staff and management of the organisation were consistent in what they thought were the key challenges faced by the organisation. For example, they both said that ensuring better team work especially between day and night staff was needed. Staff said this was a 'work in progress', and a recent meeting had addressed some of these concerns. Ensuring the home had a full complement of staff was also another key challenge recognised by staff and management. A service improvement plan was in place, we saw this provided structured timescales to address these challenges. Staff were all positive about the direction in which the home was going and told us recent improvements had been made.

We found the management operated an on call system to enable staff to seek advice in an emergency. We looked at care documentation which showed this system had been followed to ensure a behavioural problem was effectively managed. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

Is the service well-led?

Resident and staff meetings were in place which were an opportunity for staff and people to feedback on the quality of the service. Staff and residents both spoke positively about these meetings and said management listened to and acted on their comments.

Findings from the focused inspection 20 January 2015

The home did not have a registered manager in place, the last manager left in September 2014. The home had recently recruited a new manager who told us it was their intention to apply for the registered manager's post.

The manager demonstrated to us their vision for the service for further improvement and the implementation of a range of quality checks. However, these had not yet been implemented to ensure the identification and rectification of any emerging risks.

For example, although the manager told us a medication audit was planned for the day of our visit, there had not been a previous one undertaken in recent months to ensure that issues were routinely identified and rectified. This was particularly important given the findings of our most recent inspection in July 2014. During this inspection we found issues such as gaps in signatures and stock balance inconsistencies which should have been identified and rectified through a robust quality assurance system.

The provider was in the process of changing over to an electronic care record system, from which the manager told us they would be able to spend time daily conducting audits on the quality of care and records. However as this was still in transition this had not been completed. We found inconsistencies in risk assessments, recording of food and fluid intake and lack of information on people's likes, dislikes and personal histories. This could have been identified and rectified through a robust system of care quality and care record audit.

We found there was no system in place to monitor client dependency to ensure that staffing numbers were suitable, for example looking at number of staff per floor compared with people's medication needs, mobility and assistance required with continence and eating. There were no audits of staffing levels to ensure they were suitable at particular times of day. For example one person told us they sometimes didn't get their evening medication until after midnight and that sometimes they had laid in bed until 10am waiting for staff but this had not been considered or picked up as part of an audit of nursing or care worker capabilities. There were no plans to consider staffing during breaks, or when staff attending to people in receipt of one to one support required breaks. This meant there was a risk that there may not be enough staff particularly if people's dependencies change.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Systems were in place to seek the views and feedback of people who used the service. Annual surveys had recently been sent out to people who lived at the home and these were in the process of being returned. The feedback from the sample we looked at was positive. The manager told us these would be collated and analysed. We saw "residents meetings" took place periodically and people were asked for views on activities, food and mealtimes.

Most of the people we spoke with said they thought there was a good atmosphere in the home and that staff appeared to get on together with no evidence of conflict or falling out.

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

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

The registered person had not protected people against the risks associated with the unsafe use and management of medicines because the provider did not have appropriate arrangements for storing, recording and administering medicines.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations
2010 Staffing

The registered person had not ensured there were always sufficient numbers of suitably qualified, skilled or experienced persons employed.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity had received appropriate training.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations
2010 Records

The registered person had not ensured that service users were protected against the risks of inappropriate care and treatment arising from a lack of proper information as an accurate record in respect of each service user was not always kept.