

Priyas Limited

Chardwood Rest Home

Inspection report

127 Eastbourne Road
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Pevensey
East Sussex
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29 January 2016

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Chardwood Rest Home is a detached property close to the seafront in Pevensey Bay, a village close to Eastbourne. It provides care and support for up to 15 older people with care needs associated with age. This includes some low physical and health needs and some support needs for people with mild dementia and memory loss. Chardwood Rest Home provides some respite that includes supporting people while family members are on a break or provide additional support to cover an illness. Chardwood Rest Home also provides more complex needs to people, including people who are at risk of pressure area damage and people who live with diabetes. At the time of this inspection eight people were living at the home.

There is a registered manager at the home who is also one of the owners and the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection at Chardwood Rest Home on the 26 February and 3 March 2015 where we found improvements were required in relation to the safe management of medicines, recruitment practice, staff training and supervision, the assessment and planning of care to meet people's individual needs and the quality monitoring systems. The provider sent us an action plan and told us they would address these issues by July 2015.

We undertook this inspection on 27 and 29 January 2016 to check that the provider had made improvements and to confirm that legal requirements had been met. We found improvements had not been made and the provider was not meeting a number of the regulations.

Medicines were not always managed safely. Records were not accurate and systems did not ensure that variable dosage medicines and other prescribed medicines were given as required.

Recruitment records did not confirm the provider had assured themselves that staff working had relevant checks undertaken to ensure they were suitable to work with people at risk.

Suitable environmental risk assessments and measures put in place to ensure people's safety within the home had not been established.

Suitable training had not been provided to all staff to ensure they had the knowledge, skills and competence to undertake their designated responsibilities within the home.

People did not have clear and accurate person centred care plans to reflect all their care needs. We could not be assured that staff knew and understood people's individual care needs.

The registered manager had not established quality monitoring systems across the service. Ways of reviewing the care and improving the care and quality of the service were not in place. She had not addressed breaches of regulations identified at the last inspection and remained in breach of five regulations.

Feedback received from people and their representatives was positive about the care, the approach of the staff and atmosphere in the home. Staff were kind, friendly and patient with people. Staff were mindful to people's privacy and dignity, taking account their individuality.

People had a variety of food available at mealtimes. Meals were unrushed and people were encouraged and supported to eat independently. There were systems to monitor people's diet and to support them in maintaining good nutrition.

Systems for sharing information between staff were established. Staff understood their responsibilities to identify and respond to any safeguarding issue. Regular and appropriate contact with health care professionals took place, to ensure people's health care needs were responded to.

People had their choices and preferences responded to by staff who understood their responsibilities in ensuring they gained consent to care. The registered manager had a working knowledge of the Mental Capacity Act 2005.

The registered manager had a high profile in the home and managed by regular contact with staff people and relatives. She lived on the premises and staff knew where she was if they needed her.

We found 5 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. We are considering further additional enforcement action in relation to Regulation 17.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- ☐ Ensure that providers found to be providing inadequate care significantly improve.
- ☐ Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- ☐ Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action.

CQC are taking enforcement action to ensure that the provider provides safe and effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

The provider had not ensured the service had suitable environmental risk assessments. All measures were not put in place to ensure people's safety.

The registered provider had not followed an established robust recruitment procedure.

Medicine records and a lack of procedures identified that medicines were not always managed safely. People were at risk of not receiving the correct prescribed medicine as records were not clear or accurate.

Staff knew how to recognise forms of abuse and were confident with reporting procedures. There were suitable emergency procedures in place.

Is the service effective?

Requires Improvement 

Some aspects of the service were not effective.

Staff had not received appropriate training and support to carry out their designated roles within the home.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to have access to health care services as when they required them.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff who knew them

and responded to their individual wishes.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Some aspects of the service were not responsive.

The registered manager had a good knowledge of the people who used the service. However, people's care plans did not fully reflect people's care and support needs. Staff did not have clear guidance on how to meet all people's needs in a person centred way.

People could partake in some entertainment and to follow hobbies and interests in the home.

There were systems in place to raise concerns and complaints with the provider.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Systems to monitor the quality of the service and address identified breaches to the regulations had not been established.

The home had identified values and objectives that were shared with staff.

The provider was available and approachable and committed to running the Chardwood Rest Home.

Inadequate ●

Chardwood Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 and 29 January 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were following up on a previous inspection that had raised a number of concerns about the service, and responding to information received.

After the inspection we contacted GPs from the local practice.

During the inspection we spoke with eight people who lived in the service who were able to share their views, along with four relatives. We spoke with three care staff, the chef and the registered manager. We also spoke with a two specialist nurses who were visiting people in the home.

We observed lunch and supper in the dining room. The inspection team spent time observing people in areas throughout the home and saw the interaction between people and staff. We attended a staff handover

when staff changed shift.

We reviewed a variety of documents which included three care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at Chardwood Rest Home. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at four recruitment files and records of staff training and supervision. We read medicine records and looked at policies and procedures, accidents and incidents and quality assurance records.

Is the service safe?

Our findings

People were positive about feeling safe whilst living at Chardwood Rest Home and commented on feeling safe and secure. Relatives were also confident that people were safe. This included living in a safe environment and being provided with safe care. People felt that the home was secure, the front door was locked and any visitors were asked to sign in when entering. Despite this positive feedback, our own observations and records showed that people were not always protected from the risk of harm.

At our last inspection on 26 February and 3 March 2015 we found medicines were not always managed safely and records did not support accurate and consistent administration of medicines. The provider had not assured themselves as far as possible that all employees were of good character and were fit to work in Chardwood Rest Home. These were breaches of Regulations 13 and 21 of HSCA 2008 (Regulated Activities) Regulations 2010.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by July 2015. At this inspection we found improvements to meet the requirements had not been established. This meant the provider was still not meeting the requirements of Regulation 12 and 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures continued not to ensure all suitable checks were completed before staff started to work in Chardwood Rest Home. Two new care staff were working at night unsupervised. One of these staff members only had one reference. Each had a reference from their previous employment that contained little information and indicated that both would not be re-employed. The provider had not followed this information up to gather further relevant information to assure themselves these staff were suitable to work with people who may be at risk. In addition one of these staff did not have a recent disclosure and barring checks DBS check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

When people had been employed with information of concern on their DBS there was no evidence that this had been discussed with the member of staff. The provider had not taken steps to assess the possible risks of employing people with a previous police record including completing a risk assessment to ensure the safety of people in the home.

The registered manager told us another staff member was working in the home under 'supervision'. Records confirmed that references had been received for this staff member but a DBS had not been received. The duty sheets recorded that an allocated staff member was working with them. However there was no procedure to clarify what 'supervision' meant and observations confirmed there were times when they were supporting people on their own. This included going into people's rooms when delivering meals.

The provider had not assured themselves as far as possible that all employees were of good character and were fit to work in their care home. This is a breach of Regulation 19 of the Health and Social

Systems and procedures did not ensure medicines were administered safely and in a consistent way. The medicine procedures were limited and did not provide clear guidelines for staff to follow. For example there was no procedure for medicines that have changing amounts like warfarin. We found a tablet of Warfarin had been administered on one day when it should not have been administered. This may have impacted on people's health and well-being as medicines had not been administered as prescribed. There was no procedure for the safe storage and administration of controlled drugs. The registered manager told us a supply of the medicine had been received into the home the week before the inspection and been returned to the pharmacist as it was not used. There was no record of this controlled drug being received or being returned and this case demonstrated a lack of safe procedures when handling medicines.

A number of people were prescribed medicines 'as required' (PRN). People took these medicines only if they needed them, for example, if they were experiencing pain. The Medicine Administration Records (MAR) had a separate sheet to record these medicines. However individual guidelines for the administration of PRN medicines were not in place for each person. These guidelines record why, when and how the medicine should be administered, for example maximum four dosages in 24 hours. The lack of clear guidelines for staff to follow meant medicines may not be given in a safe and consistent way.

Medicine records relating to topical creams were not clear and did not ensure people received their creams as prescribed. For example, one person had been prescribed three different creams. There was no guidelines in place to explain to staff when, how or where these creams were to be administered. The chart in this person's room indicated that a cream was being applied but did not record what the cream was. The registered manager had not established a system to ensure people received their prescribed creams as prescribed which may have affected the health of people.

The provider had also not responded to all health and safety legislation to ensure the safety of people using the service. They had not undertaken a full environmental risk assessment so could not be assured all risks had been identified and responded to. For example cleaning substances used in the home had not been risk assessed and there were no systems in place to ensure the safe use of these substances in accordance with COSHH regulations. Which require any substances hazardous to health are stored and managed safely to ensure peoples safety, We also found a number of radiators without guards that were not low surface temperature radiators accessible to people. This included radiators in people's en suite facilities. There was no evidence that the risks associated with these had been assessed. This meant that people could be at risk from burning themselves on hot radiators. We also found the hot water accessible to people was not checked to ensure it was delivered at a safe temperature and any risk of scalding had been reduced. There was no evidence the passenger lift had been thoroughly checked to ensure it was safe. This meant that people may be at risk from injury when using the passenger lift. In addition, systems had not been established to ensure people were safe from the risk of Legionnaires disease. There was no evidence that the risk of this disease had been assessed or that any suitable controls had been put in place. This would include systems to check water is being stored at the correct temperature and the water system is clean.

The issues around medicines and safety of the environment were a breach of 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Chardwood Rest Home was clean and there was evidence of on-going redecoration to the environment. People appreciated that the home was clean and odour free.

There were systems in place to deal with an emergency. There was guidance for staff on what action to take

in the event of a fire or other emergencies that affected the home, including relevant contact numbers for staff to contact. Each person had personal evacuation and emergency plan in place and these were kept centrally for easy access in the event of a fire. The service was staffed day and night with enough staff to respond to an emergency. The registered manager had ensured a suitable fire risk assessment had been completed following the last inspection. Advice given during visits from the local fire brigade had been responded to effectively to ensure suitable fire safety procedures were in place. This meant as far as possible people would be protected in case of an emergency at the service.

People said there was enough staff to look after them and when they rang the call bell for assistance this was responded to quickly and they did not have to wait. One person said, "They are always there when you need them." Some people had access to a call bell in their rooms and some wore an alarm around their neck to summon help if they needed it. One person called out and said they were always responded to.

The staffing arrangements ensured two staff members worked in the home every day. These staff were supported by an allocated staff member who undertook the cleaning on week day mornings. A chef worked each week day morning. At weekends and in the evening, catering duties were undertaken by the care staff. The registered manager often worked as an additional staff member to cover times when staff numbers were lower this included the weekends. Recently due to staff shortages, they had been covering a large number of the shifts. The nights were covered with one care staff member with the registered manager providing additional support and advice if required as they lived in the adjoining property.

Staff told us there were enough staff to meet people's needs on each shift. The registered manager reviewed the staffing arrangements regularly as they had an overview of the people's individual needs and any increasing dependency. They told us staffing levels would be increased in response to changes in the occupancy or dependency of people.

All staff understood their responsibilities to keep people safe from abuse and were able to describe what steps they would take if they had any concerns about people's safety. Staff had received training on safeguarding in the past, but not since they had worked for the current provider. Staff said they would report any concerns or any allegation to the registered manager in the first instance. They also knew the correct reporting procedures and said they would not hesitate to report if they needed to. The registered manager had a good working knowledge of the local safeguarding procedures.

Is the service effective?

Our findings

People expressed confidence in the skills and abilities of the staff working at Chardwood Rest Home. One person said, "The staff know what they are doing." People felt relaxed with and able to approach staff and that they provided the care they wanted and needed. Despite this positive feedback we found the registered manager had not ensured staff working in the home had suitable skills to provide the care and support required by people living in the home.

At our last inspection on 26 February and 3 March 2015 we found staff had not undertaken suitable training to provide them with the skills and knowledge to look after people effectively. This was a breach of Regulations 23 of HSCA 2008 (Regulated Activities) Regulations 2010.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by July 2015. At this inspection we found improvements to meet the requirements had not been established. This meant the provider was still not meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff turnover and changes had been high, particularly over the past two months. Four new staff had been recruited with three of them starting work in the last three week. Also a further staff member had been working in the home under supervision for the past three weeks. Only one of these staff members had evidence that any induction training had been undertaken. Two staff members who had not undertaken any induction or competency assessment by the registered manager were working at night on their own. The registered manager had not assured themselves that staff employed to care and support people had the required skills to do so safely. For example three of these staff members were giving people their medicines without any competency assessment completed. One of these staff was observed to sign for medicines on the MAR chart before it was given to the person. This staff member said that they normally signed for medicines before giving them so they did not forget to sign later. This demonstrated that not all staff had appropriate skills to support people with medicines safely. Medicines should be signed for following administration to ensure records are correct and reflect whether the person took them or not.

When the registered manager was asked to provide evidence of the training undertaken by staff they confirmed a basic training programme had not been established. There were some records relating to training undertaken, including fire training and effective communication. However there was no other evidence that the registered manager had ensured staff had completed appropriate training. For example, some people had a dementia and exhibited some behaviour that could challenge, staff had not received training on dementia and behaviour that challenged. We also found that when the chef was not working in the home the care staff undertook catering duties including the preparation and cooking of food. There was no evidence that staff had completed food and hygiene courses to ensure they completed these duties safely.

The provider had not assured themselves that staff had the skills to care and support people living in the home. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

Staff told us they felt they were supported and said the registered manager was always available and provided support and guidance whenever required. Staff who had worked in the home for a number of months said they had received supervision with the registered manager and they had been able to share views and discuss the possibility of training and development. The registered manager showed us the supervision procedure and documents used to record these sessions. However they confirmed a schedule and programme to ensure this system was in place for all staff was yet to be established.

All feedback about the food was positive and indicated that people enjoyed the food provided. People told us the food catered for their individual choices and preferences and the portions ensured enough food. One person said, "The food's good, there's a very good cook here." Another made the comment "Very nice, lovely" when leaving the table after lunch. Relatives were also complimentary about the food and felt this had supported the health needs of people. One said, "The food always looks appetizing and they also look to provide food that will be eaten."

Most people ate lunch in the dining room, which provided an environment that allowed people to sit in small groups and to talk with each other. The dining room was well presented and staff ensured people had drinks and condiments available. Two people chose to eat their meals in their own room and this choice was respected. Mealtimes were relaxed and unrushed and staff encouraged people to eat their food with minimal support. Staff asked if they wanted their food cut up first before offering further support. When people needed more assistance this was provided in an appropriate way. Staff responded to people's own pace, waiting until people had finished chewing and swallowing and checking which food they would like next.

The chef knew people well and was able to describe individual likes and dislikes which they had also recorded. One person told us, "I don't like fish, they know that and I get something else. If you don't like something you can have something else." The chef spoke to people on a daily basis to ensure they had meals that met their needs and preferences. Records were used when people's food intake needed closer monitoring and health care professionals were contacted when people's nutritional needs were a concern. For example concerns around a person's weight loss had been referred to the GP for a referral to a dietician.

The registered manager had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Other staff had not received recent training on this Act, although they had a basic understanding about gaining consent and ensuring people who did not have capacity were supported in making decisions in relation to their care and treatment.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager demonstrated a working knowledge of the MCA. They had applied for a DoLS authorisation in the past and worked with the local assessment team to minimise restrictions to liberty. There was one DoLS in place which reflected the level of supervision provided. The home had information and guidelines in place for staff to refer to.

People were supported to maintain good health and received on-going healthcare support. People were

supported to keep their original GP following admission to the home, if possible. People said that they could see the GP when they wanted to and were supported in attending hospital appointments.

One person said, "The doctor comes if I need to see him." Relatives were confident that when needed health professionals were contacted when needed. Records confirmed that staff liaised effectively with a variety of health care professionals who were contacted regularly for advice and referral onto specialist care if required. On the day of the inspection the registered manager was in contact with a local GP as a person was unwell.

During the inspection a community nurse was attending to one person. She confirmed they liaised closely with the staff around the care needed that included regular contact and discussion around people's health care and management. This had included discussions around pressure area care to prevent skin damage. A visiting GP confirmed effective communication was maintained with staff that benefited the care of people in the service.

Is the service caring?

Our findings

People were supported by kind and caring staff. People spoke well of the staff at Chardwood Rest Home and said that they were treated with kindness. One person said, "You get kindness, care and attention, you want for nothing. If you're in pain they do their best to ease it." Relatives were also complimentary of the staff and their approach to people. One said, "All I have ever seen is kindness."

Staff spoke to people warmly and with a friendly manner. In the afternoon a care staff member went to ask each person what they would like to eat later. The member of staff made sure that they were at the same height as the person when speaking and checked that they had understood their choices correctly. Staff spent time individually with people and positioned themselves in order to demonstrate that they were really listening to people. For example maintaining eye contact and lowering themselves to a height that suited them when seated. One staff member responded sensitively when one person said they had not had a drink when an empty cup had recently been removed. Another drink was sourced and this person was re-assured and not contradicted. This showed that staff had a good natural understanding of the sensitive approach required with people who had some memory loss.

Staff approached people in a sensitive, pleasant way, staff did not rush people and supported them in a way that promoted their independence and supported their individual choices. Several people were keen to point out that they were still able to do things for themselves, and wanted to continue this and to have control over the care that they received. For example people were supported as they wanted. One person told us "I wash myself and dress myself. So far I haven't had a shower or bath. I don't want to have one I do not want to get my legs wet." People told us they were able to make their own choices and decisions about their care and how they spent their time. People moved around the home freely spending time in areas as they wanted. People were dressed in clean clothes according to their own personal taste. Some of the men were unshaven and this reflected their own choice. Staff offered choices to people throughout the day, this included choices about food, drinks and what people wanted to do. Records confirmed that staff asked people about who they wanted to represent them and details about powers of attorney were recorded.

Staff helped people to maintain their privacy and dignity. People had their own rooms and some had chosen to personalise their rooms with their own belongings. This resulted in rooms that looked and felt personal to the individual. Bedroom doors were kept closed when people received support and throughout the day, if they wished. We observed staff knocked at doors before entering and where possible waited for a response before entering. When people received visitors staff made sure they were able to see them in private allowing them the privacy they needed for conversations.

People were supported to maintain relationships with friends and family. Visitors were always welcome at the home and we saw evidence of this throughout the inspection. Relatives we spoke with told us they could visit at any time and staff were welcoming. One person said "The staff are very friendly, we're offered teas, coffees and snacks." The registered manager confirmed staff were attending a funeral following a recent death in the home. This was important to staff and family and showed a kindness and level of respect for

people.

Is the service responsive?

Our findings

People told us they were able to do as they wished and had control over what they did during the day. They told us they were in control of the care they received. Care was directed by the registered manager who knew each person well and their individual care.

At our last inspection on 26 February and 3 March 2015 we found people had their care needs assessed but the care plans did not reflect all the care needs of people. We could not be assured that staff understood the care needs of people and would take a consistent and appropriate approach to care and support provided to them. This was a breach of Regulation 9 of HSCA 2008 (Regulated Activities) Regulations 2010.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by July 2015. At this inspection we found improvements to meet the requirements had not been established. This meant the provider was still not meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the care records did not confirm that people's needs had been fully and individually assessed. Care records were incomplete and did not provide staff with guidelines on how to care for them. Staff turnover at the home had been high with four new staff starting work within the last month. This meant staff may not provide appropriate care in a consistent way. For example, one person who moved into the home for respite care on 7 December 2015 did not have any risk assessments or care plans in place. Discussion with the registered manager confirmed this person needed an individual approach to respond to her emotional needs that impacted on her health. Another person who had complex care needs had limited care documentation in place. There was no care plan to reflect their assessed care needs and some risks had not been assessed. For example, there was no care plan to guide staff how to meet this person's personal care needs, to care for a urinary catheter or to prevent pressure damage to this person's skin which had been identified to be at risk. For care plans that were in place evidence of a person centred approach was limited. Specific individual guidelines were not reflected and evidence of people's involvement was not recorded. For example care plans did not provide individual guidelines to meet personal care.

There was a lack of accurate, up to date person centred care documentation to support staff in understanding and providing appropriate care. These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were assessed before they moved into the home to make sure staff were able to provide them with the care and support they needed. Since the last inspection the registered manager had changed the care documentation and was in the process of transferring and updating the care documentation.

Some people told us there was little to do while others were satisfied with the activity and entertainment in the home. Comments received included, "There's nothing to do, no activities, no exercises here. I watch telly," "I'd like to chat to some of the other patients," and "Actually television is the main thing I do, I don't know what we'd do without it." A relative reflected and told us "There's not much stimulation, it seems very

sleepy, not very alive." Stimulation for people is vital to maintain an interest and to maintain levels of wellbeing and purpose for people. For some people the level of activity was good and individually tailored to meet their needs for other people the activity was limited and identified as an area for improvement following this inspection.

There was a programme for structured entertainment and activity displayed in the home. Some people liked the formal sessions that included quizzes and bingo. Other people preferred to organise and be involved with things that interested them by themselves. This included following interests and hobbies they had before moving into Chardwood Rest Home. For example, one person was a keen gardener. He maintained most of the garden area at the home and was growing seedlings in his room ready for the new season. Staff supported this hobby, which was very important to him. His comments included, "I like gardening, I'm glad the manager lets me do the garden. I love it and enjoy it." Some people continued to get a daily newspaper which they enjoyed reading. One person said that there was a quiz sometimes which was enjoyable. On the day of the inspection the activities were limited to the television and a movie.

People said that they would be happy to raise concerns or complaints if they needed to. People said they did not have any complaints at the moment, but if they did they knew who to report them to, they said they were always happy to speak to the registered manager. One person said, "I suppose I'd tell manager if I had any complaints. She's the boss woman. I think she'd listen." There was a complaints policy at the home. Relatives were confident that any concern they had would be dealt with quickly and appropriately by the registered manager. There was a book to record complaints in and a complaints box was located in the communal space asking for feedback on the service provided. This encouraged people to pass on their views in an anonymous way if they wanted to. There had been no formal complaints during the past year. Where the home had received letters of thanks and compliments we saw these were available for staff to view, which meant they were aware of feedback about the care and support provided.

Is the service well-led?

Our findings

People knew who the registered manager was and told us they were available, approachable and a good leader. One person said, "The manager is excellent, very devoted. I hold her in great respect. I do think she runs the place well and I see her every day when she's here." People told us they were happy living at Chardwood Rest Home and their comments included, "If I won the lottery I wouldn't move from here" and "It's very very good, nice and comfortable."

At our last inspection on 26 February and 3 March 2015 we found there were no systems in place for monitoring the quality of the service provided at Chardwood Rest Home. The provider could therefore not be assured people were receiving safe and effective care that met their individual need. This was a breach of Regulation 10 of HSCA 2008 (Regulated Activities) Regulations 2010.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by July 2015. At this inspection we found improvements to meet the requirements had not been established. This meant the provider was still not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People knew who the registered manager was and told us they were available, approachable and a good leader. One person said, "The manager is excellent, very devoted. I hold her in great respect. I do think she runs the place well and I see her every day when she's here." People told us they were happy living at Chardwood Rest Home and their comments included, "If I won the lottery I wouldn't move from here" and "It's very very good, nice and comfortable."

Despite people's positive feedback we found the leadership of the home had not established effective systems in order to review the quality of the service, its facilities or the standard of the care provided. The provider therefore had no overview to maintain quality of care. There was no audit system to review the care documentation, recruitment practice and staff qualifications skills or competency. An audit on the MAR charts had been completed for one week only and therefore had not identified when practice was not safe. An infection control audit had not been concluded with an action plan to address the shortfalls identified that included improvements needed to maintaining and ensuring effective hand washing for all staff. This demonstrated that the registered manager had no effective system to understand the potential risks to quality or what areas needed improvement. Despite an action plan being provided following the last inspection the provider had not completed all of the actions breaches identified had not been addressed at this inspection.

The registered manager told us quality surveys had been devised but had not been given to people and their representatives to gain their views. There was no evidence of feedback from people with care plan reviews and when we asked for minutes of meetings held with people and their relatives these were not provided. This demonstrated that systems to gain feedback from people who used the service or their representatives had not been developed to improve outcomes for people. The registered manager told us she had regular dialogue with people and their relatives on the care provided and this was supported by relatives who told

us they were kept up to date on their relatives care and support. However this was not recorded to ensure effective on-going communication.

The lack of quality review and monitoring is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff turnover remained high and a stable staff team had not been fully established at Chardwood Rest Home. The registered manager told us she had found it difficult to recruit and retain the calibre of staff required. She also told us recruitment to a senior management post within the home had been unsuccessful.

The registered manager talked about developing a quality service at Chardwood Rest Home. She worked in the home nearly every day and demonstrated a full commitment to the home. However due to staffing problems and the impact this had on time and resources meant she had not been able to develop the service and to ensure effective management systems.

Staff said the registered manager was supportive and gave clear guidance. Staff told us the registered manager's approach was direct and knew how she wanted things done. One staff member said, "You know exactly where you stand. I prefer that. I enjoy working here, the staff are all friendly." We observed the registered manager worked with the staff during the inspection. There was a relaxed and open atmosphere between them with the registered manager involving themselves in direct care and providing advice to staff.

Information on the aims and objectives of the service care and people's rights were recorded within the 'statement of purpose' which was available to people, staff and visitors. The philosophy of care was recorded as providing people with a secure relaxed and homely environment in which their care, wellbeing and comfort is of prime importance. Staff talked about providing a home where people were respected and enjoyed a home-like environment. During the staff handover staff were involved in discussions and reflected on people's comfort. Staff handovers supported an open culture for sharing information.

The registered manager had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations. The registered manager was aware of the need to establish a system to ensure staff in her absence were aware of what notifications were required. As well as responding appropriately to notifiable safety incidents that may occur in the service and to promote an open and transparent response to people and relatives.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not taken appropriate steps to ensure people received effective safe and appropriate care that met their individual needs and their rights.</p> <p>Regulation 9 (1)((a)(b)(c) (3) (a)(b)</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with the unsafe use and management of medicines.</p> <p>People who used the service were not protected against the risks associated with premises and equipment.</p> <p>Regulation 12(1)(2)(a)(b)(e)(g)</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring reports to be provided to the CQC on a monthly basis. These are to cover all the regulations of the HSCA and identify any shortfalls and action plans to ensure regulations are fully met.</p>

The enforcement action we took:

Positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who used the service were not protected against the risks associated with unsafe or unsuitable staff as effective recruitment and selection procedures were not followed and thorough checks were not undertaken.</p> <p>Regulation 19(1)(a)(2)(a)(3)(a)</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received appropriate training, professional development and supervision.</p> <p>Regulation (18)(1)(2)(a)</p>

The enforcement action we took:

Warning Notice