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Applegarth Care Home

Inspection report

24 Huntercombe Lane North
Maidenhead
Berkshire
SL6 0LG
Tel: 01628 663287
Website: www.excellentcarehomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Applegarth Care Home is registered to provide accommodation and personal care for up to 19 older people. On the day of our visit there were 18 people living in the service.

This was an unannounced inspection on 28, 29 October 2014 and 3 November 2014. At our previous inspection in December 2013 the provider was meeting the requirements of the law in all the standards.

The service did not have a registered manager in place at the time of this inspection. The registered manager left the service on the 10 October 2014. A new manager had

recently been recruited. At the time of our inspection they had not as yet submitted an application to register with the Care Quality Commission. 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 and associated Regulations about how the service is run.

Senior management told us in the summer of 2014 there was a high turnover of staff. This had an impact on the

Summary of findings

way care records were managed and reviewed during that period. This meant people were placed at risk of receiving unsafe or inappropriate care, treatment and support.

Risk assessments identified risks were not always managed and reviewed. For example one person had been assessed at high risk for pressure sores. There were no records to show how staff were managing and reviewing the identified risk.

Records were not always kept secure and up to date. This was seen in medicine records and cleaning checklists.

Staff did not have effective induction, supervision, appraisal and training.

People were assessed to identify the risks to their nutrition and hydration needs but these identified needs were not always monitored and managed. For example, care records showed one person had lost weight over a three month period. There were no records to show how this was being managed and monitored by the service.

Staff demonstrated good understanding of the Mental Capacity Act 2005 and had attended relevant training. However, care records showed consent was not always obtained in line with the legislation and records of mental capacity assessments undertaken were not located promptly when required. The service did not meet the requirements of the Deprivation of Liberty Safeguards as they had not submitted any applications to the supervisory body. This meant people may have been unlawfully deprived of their freedom.

People were not always treated with dignity and respect. We observed two people's rooms were used to store additional items that belonged to other people and the service. Management told us they had obtained consent from the people but did not understand that were infringing on people's personal space. People gave examples of how staff treated them with dignity and respect. We heard various comments such as, "I am assisted with washing and dressing and I cannot fault them in any way they help me and I feel I keep my dignity" and "They make suggestions about what I wear and ensure I look smart at all times." During the inspection we observed friendly interaction between staff and the people they supported. People moved freely around the home and those who were less mobile received support from staff when it was required. A staff

member was heard getting feedback from people in regards to their food preferences. People were actively engaged in the discussion and were given time to express their opinions. People told us staff were compassionate.

People's individual care needs were not being regularly reviewed. A relative told us, "Mum has a care plan, but it has not been reviewed recently." This was supported by our review of care records and what staff had told us. For example, one care record showed no review of care was undertaken for a person. One staff member told us care plans were reviewed every month but this had stopped due to staffing issues. This meant the service was not responsive to people's changing needs.

The service did not promote an open and inclusive culture and quality assurance systems were not robust enough and did not drive improvements in the quality of care being provided. For example, some people told us they were not aware of the recent changes in management. We found there were no systems to log, monitor and review complaints received. Although feedback was sought from staff, external agencies, and people who used the service, there were no analysis of the feedback received and of actions taken in response to the feedback received.

People told us they felt safe in the service and knew what to do if they had concerns. Staff received relevant training and were able to demonstrate they would take appropriate action if alleged or suspected abuse occurred. There were enough staff to provide care and support to people who used the service.

People spoke positively about how the service met their nutritional and hydration needs. We heard comments such as, "The meals are very good", "Tasty", "Hot when served", "Portion sizes are good and you can ask for more if you wish", "You do have a choice of meal and I usually have fish instead of meats" and "I do have my cultural foods." An observation of the lunch time period showed staff were aware of people's food preference and ensured their individual needs were met. People were given choice and the food offered was healthy and well balanced.

People were appropriately supported by staff to gain access to healthcare professionals. The home manager told us the General Practitioner (GP) visited the home weekly or when urgently required. This was supported by

Summary of findings

one person who commented, “I can see the doctor if I feel I need to do so, but more often or not I do not need to go to the surgery, because we have a GP that visits every Friday.”

People told us staff responded promptly when they required assistance. Most people said they never had to make a complaint. One person who had complained, felt confident that management would take the appropriate action to resolve their concerns. The complaint policy and procedure was clearly displayed in people’s rooms and in the reception area.

We observed staff carrying out the administration of medicines in line with the service’s management of medicines policy. The service was clean and tidied throughout.

The home had adaptations in place to cater to people’s physical needs. For example, handrails and mobility aids to assist people with standing were available in various parts of the home.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People were placed at risk of harm because the service did not use safe recruitment procedures.

People were placed at risk of unsafe or inappropriate care because records were not always kept secure and regularly updated.

There were sufficient staff to provide care and support to people who used the service.

Requires Improvement



Is the service effective?

The service was not effective.

Staff did not always receive professional development, supervision, training and appraisal.

People's rights were not being effectively protected because the service did not act in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People spoke positively about the choices of food and drink available to meet their needs. However, care records showed some people identified at risk of poor nutrition and hydration were not appropriately supported.

Requires Improvement



Is the service caring?

The service was caring however people's dignity was not always respected, this was because some people's personal space were being infringed.

People spoke positively about the home. A relative told us the home was comfortable and people told us staff were kind and understanding and the home met their needs.

Requires Improvement



Is the service responsive?

The service was not responsive.

People's individual needs were not regularly assessed and met.

Care plans captured people's preferences and life histories and ensured staff took these into account when they provided care and support to people.

Requires Improvement



Is the service well-led?

The service was not well-led.

The service did not promote an open and inclusive culture. This was because changes in management were not communicated effectively with people who used the service.

Requires Improvement



Summary of findings

Quality assurance systems were not robust. For example, there were no systems in place to register, monitor, review and learn from complaints received.

The service sought feedback from people on various aspect of the service but there were no reports to show what action was taken in response to feedback received.

Applegarth Care Home

Detailed findings

Background to this inspection

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

An unannounced inspection was carried out on 28 & 29 October 2014 and 3 November 2014.

The inspection team consisted of an adult social care inspector 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. The expert by experience's area of expertise related to older people, carers of older people and people who had dementia.

Before the inspection we reviewed all the information we held about the service. We looked at the notifications the

provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. We asked the provider to complete a Provider Information Return (PIR). The PIR is information given to us by the provider. This enables us to ensure we are addressing potential areas of concern and any good practice. The registered manager did not complete the PIR and we took this into account when we made judgements in this report. They also failed to respond to our request for additional information about the people who used the service within the timescale we set them.

During our visit we observed the way staff interacted with people. We spoke with 12 people, one relative, two senior care workers, one care worker, an activity co-ordinator, manager, operational manager and the proprietor. We looked at three care records, five staff records and records relating to management of the service. 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 to us.

Is the service safe?

Our findings

People were placed at risk of harm because recruitment and selection processes were not safe. Relevant checks, which included criminal record checks and obtaining references before staff were able to work, had been undertaken. However, there was evidence to show this practice was not robust. For example, in one staff member's file we saw a fully completed application form but there were no references and no evidence to show a disclosure and barring service (DBS) check had been undertaken. The manager told us the normal practice in the service was to use new staff members' previous DBS checks until the new ones were issued. We saw no evidence of the staff member's previous DBS and there was no evidence to show a new DBS had been applied for. The manager informed us no risk assessment had been undertaken on the staff member whilst they awaited the outcome of the DBS check. We asked the manager to provide the missing information to us. The manager was unable to provide this information during or after our visit. This meant people could not be confident the service would follow safe recruitment practices.

This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they felt "safe" in the home. We heard various comments such as, "I do feel safe and know what it means and I have not felt threatened by staff and I am well looked after", "I came here and did not know what to expect, because I needed help in my daily life, and I am so pleased that I came, because, yes I am safe and get good care". One relative told us, "Mum has been here for over two years and I have seen the staff care for her and I have no reason to think she is not safe."

Staff had undertaken relevant training and were able to explain what they would do if they suspected abuse had occurred. Signage of the local authority's safeguarding team and relevant external agencies contact details was displayed in the reception. We looked at the service's safeguarding adults policy and saw it contained no information as to what procedures staff should follow if there were allegations of abuse or they suspected abuse

had occurred. This meant staff may not follow the correct procedure when dealing with alleged or suspected abuse. We noted no safeguarding notifications had been received from the service in the last year.

Staff told us they had effective systems to manage risk. One staff member commented, "We have various risk assessments; moving and handling for people at risk of falling and when people want to go out. These are very effective because they help us to know how to keep them safe."

However, people were placed at risk of unsafe and inappropriate care because identified risks were not regularly monitored or reviewed. For example, one person was assessed at high risk of developing pressure damage on 14 July 2014 but there was no records to show the risk was reviewed in August, September and October 2014. Another care plan showed a person was assessed at high risk for falls. The moving and handling risk assessment tool dated on 21 March 2014 stated the risk should be reviewed on a monthly basis. We found no records of any monthly reviews undertaken from that date up until the time of our inspection.

This was a breach with Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us there had been staffing problems during the year, but these problems had now been addressed after the service had undertaken a recruitment drive. During our visits we observed there were enough staff to provide care to people. The staff roster for August and September 2014 showed there were sufficient staff covering shifts. One staff member commented, "I am happy because we now have enough staff." This was supported by one person who commented, "I note the names of staff on duty and I know that there is enough staff on duty during the day and at night".

We observed staff responded promptly when they were called. Each bedroom had a call bell system. One person commented, "They never delay in coming if you call for assistance." Another person told us, "My view is, if you ask for help there are no delays."

One person told us they were confident in how staff managed their medicines. They commented, "The staff give

Is the service safe?

me my medicines, I am aware of the reasons for taking them, because the doctor explained why, and I have no concerns how staff manage my medicines.” The manager told us medicines were only administered by senior care workers. We spoke with senior care workers who confidently explained the process of how they stored, handled and administered medicines. A review of medicines administration records (MAR) showed they were signed and dated by the relevant staff to confirm medicines had been appropriately prescribed. During our visit we observed senior care workers administered medicines in line with the service’s management of medicines policy.

During our inspection we found the home to be clean. The decoration through out was of a good standard and free from unpleasant odours. However, we found one of the communal bathrooms had not been cleaned satisfactorily. The cleaning checklists displayed in the communal bathrooms and shower were not kept updated. For example, we saw staff had signed and dated the shower and bathrooms as being last cleaned on 3 and 4 August 2014. This was rectified after we brought it to the home manager’s attention.

Is the service effective?

Our findings

People were cared for by staff who did not have effective induction, supervision, appraisal and training. Staff spoke positively about their induction and training. They told us they were able to shadow more experienced staff and the training received was good. The manager told us they undertook three month reviews for new staff. We found no documentary evidence to support this in staff records. One staff member told us they had spoken to the registered manager in regards to identified training needs and highlighted specific courses that would enhance their skills to best support people. We noted this was recorded in the staff member's last yearly appraisal dated 28 June 2013. However, we saw no evidence to show what action had been taken to address this and no further appraisal had been undertaken. One staff member told us supervision had not happened for a long time. A review of staff supervision records supported this. For example, the last supervision recorded for one staff member dated back to 2012. There were no records of supervision undertaken for two staff members who had recently joined the service. This meant the service was not effective in supporting staff to develop in their job roles.

A review of staff training records and the service's training matrix showed some staff had attended refresher training in infection control; safe moving of clients and fire training. However this did not consistently happen for all staff. For example, one staff member had last attended manual handling training on 23 November 2012 and another staff member had last attended fire safety training on 9 December 2012. There were no records to show whether these staff members were scheduled to attend refresher courses in the near future. The manager told us they were aware of the concerns identified and was in the process of taking action to address them.

This was a breach with Regulations 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not always act in accordance with the Mental Capacity Act 2005 (MCA). The MCA ensures the human rights of people who may lack capacity to take particular decisions are protected. Staff demonstrated an understanding of the MCA and staff records confirmed they

had undertaken relevant training. One staff member commented, "Some people may have capacity to do various things but may not be able to do make specific decisions." However, care records showed the service failed to assume a person had the capacity to make specific decisions. The person's care record showed consent was sought in regards to various aspects of their care and support. A member of the person's family signed to give consent in regards to these specific areas. There were no documents to show the family member had the legal power to consent on the person's behalf. No mental capacity assessment had been undertaken to show whether the person lacked capacity to make specific decisions and there were no records to evidence decisions agreed were made in the person's best interest.

Where a mental capacity assessment had been undertaken, this was not recorded. For example, the care record for another person stated a mental capacity assessment had been undertaken to assess the person's ability to make a specific decision. It also stated a best interest meeting had also occurred which involved the person's family member, general practitioner and the service's regional manager. The manager was unable to provide with records of the outcome of this meeting. People could not be confident the service would always act in accordance with the MCA.

This was a breach with Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence to show consent had been sought and obtained for some people before care, treatment and support was delivered. For example, one care record showed a person had agreed to staff storing and dispersing their medicines and for their family to be involved in their care reviews, these were signed and dated by the person.

The service was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or it is necessary to keep them from harm. Providers of care homes are required to submit applications to a 'Supervisory Body' for authorisation when they believe a person's liberty is being restricted. The operations manager and the home manager acknowledged they were aware of the recent Supreme

Is the service effective?

Court Ruling. This ruling determined what arrangements made for people who lacked capacity to give consent, amounted to them being deprived of their liberty. We observed people's liberty were being restricted because doors were locked and some people without capacity were unable to leave the building. At the time of our visit no applications had been submitted. This meant people may have been unlawfully deprived of their freedom.

This was a breach with Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People could not be confident they would always receive appropriate support when risks associated with nutrition and hydration were identified. Action was not always recorded where people were identified at risk of poor nutrition or dehydration. For example, one person's monthly weight record chart showed they had lost weight in July, August, September 2014. It was noted their nutritional care plan was last reviewed on 27 June 2014. There were no records of what action staff had taken and whether the person was referred to a healthcare professional in response to this person's weight loss.

This was a breach with Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were provided with choices of food and drink which met their needs. People gave positive comments about the food. We heard comments such as, "The meals are very good", "Tasty", "Hot when served", "Portion sizes are good and you can ask for more if you wish"; "You do have a choice of meal and I usually have fish instead of meats". "I do have my cultural foods."

During the lunch period we observed the service had a dedicated dining room, which had easy access to the kitchen and aided distribution of meals. A notice board clearly displayed the menu of the day. Signage instructed staff to ensure they wore aprons at all times was displayed. We saw staff had followed this instruction throughout the lunch period. The dining table was set with place mats, tumblers, cutlery and crockery and drinks were on offer throughout the lunch period. Hot drinks were also offered

at the end of their meals. The meal was well presented and people were given a choice of a healthy balanced meal with a dessert. A vegetarian option was also available. Some people had an alcoholic drink with their meal. One person commented, "We are offered a drink at meal times every day which is really nice."

A certificate dated 7 August 2014 from the local authority certified the home had contributed to the well being of the people through the, "Sing for your life" project. This project helped to increase the appetite of people with dementia, through singing.

People received support by staff who were qualified to meet their nutritional needs. We noted a staff member was standing in for the chef on one of the days we visited. The staff member told us they had received appropriate training, a review of their training records confirmed this. The staff member was able to demonstrate a good understanding of how to provide a healthy balanced meal and was aware of people's food preferences. For example, they explained the dietary needs for people who had allergies or who for health reasons were on specific diets. We looked at the nutritional care records for these people which confirmed what the staff member had told us.

People were appropriately supported by staff to gain access to healthcare professionals. The manager told us the GP visited the home once a week or on request if there it was an emergency. This was supported by one person who commented, "I can see the doctor if I feel I need to do so, but more often or not I do not need to go to the surgery, because we have a GP that visits every Friday". Another person told us, "The staff support me when I had to go to my hospital appointments with transport and hospital cards I think are put in the home's diary to remind them of my visit, I am pleased with their work". A relative commented, "Mum felt unwell and the home was concerned about her, I was informed and an ambulance was called, she was treated and sent back to the home after a few days, I thought at the time how efficient they were".

The home had adaptations in place to cater to people's physical needs. A ramp was available which gave people with mobility needs access to the sun lounge and the garden. Handrails and mobility aids to assist people with standing were also available in various parts of the home.

Is the service caring?

Our findings

People spoke positively about the home and told us staff were caring, compassionate, kind and understanding. We heard comments such as, “Very nice people”, “I feel that they do their best to make me comfortable.” A relative told us the home was, “Comfortable”

People told us staff treated them with dignity and respect. We heard comments such as, “I am assisted with washing and dressing and I cannot fault them in anyway they help me and I feel I keep my dignity”, “They make suggestions about what I wear and ensure I look smart at all times”, “We have a hairdresser that comes once a week to do our hair. I get my done and this makes me feel good”, “I am called by my Christian name and I am happy with that”, “They are all very respectful and kind.”

However we found people’s dignity was not always respected. We observed two people’s rooms were used for storage. Their rooms contained items that belonged to other people who lived in the home, as well as items that belonged to the service. For example, one person had three wheelchairs left in their rooms during the day. The manager told us the person did not spend a lot time in their room during the day and the people who used the wheelchairs would retire back to the rooms, before the person returned to their room in the evenings. Another person had items that belonged to the service in their room. The home manager stated the person did not spend a lot of time in their room and only used it to sleep in. The

manager and operations manager told us both individuals consented to this. This did not show the individuals were being treated with respect and dignity because their personal spaces were being infringed.

There was friendly interaction between staff and the people they supported. People moved freely around the home and those who were less mobile received support from staff when it was required.

People were supported to express their views. A staff member told us resident’s meeting were held every quarter. This gave people the opportunity to discuss every aspect of life in the service. We heard staff getting feedback from people in regards to their food preferences. People were actively engaged in the discussion and were given time to express their opinions. A review of resident’s meeting notes showed people were actively involved in making decisions about the care, treatment and support received. People fed back they were happy with the care and support received.

Staff told us they were able to develop caring relationships with people by spending quality time with them. This was observed during the social events where staff participated in activities with people. Staff and people sang songs together, listened to music and played bingo.

We observed staff knocked on people’s bedroom doors and only entered when given permission.

People’s rooms had personal items that included family photographs and were made to feel homely. We heard comments such as, “I have my own fridge and this keeps my drinks cool, which is real good” and “It feels like home from home with some of the bits I brought from home.”

Is the service responsive?

Our findings

People's individual needs were not being regularly assessed. A relative told us, "Mum has a care plan, but it has not been reviewed recently." This was reflected in all the care records we looked at. For example, one care record showed a person had expressed a desire for their family to be involved in their monthly care reviews. There were no records to show this had happened as there were no monthly reviews in the person's care plan. One staff member told us care plans were reviewed every month but this had stopped due to staffing issues. People could not be confident the service would always respond to their changing needs.

There were breaches with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans captured people's preferences and life histories and ensured staff took these into account when they provided care and support to people. For example, one person's care record showed they did not want personal care to be carried out by male staff members. This was confirmed by a senior care worker who told us about this person's preference in regards to personal care and how they ensured female staff members were allocated to carry out the task.

People were supported to engage in meaningful social activities. The morning activity of card bingo was well

attended and led by the activities coordinator, who was assisted by the two care workers. We saw there was good rapport between them and the people who participated. We heard comments such as, "It keeps you from getting bored" and "I do like it especially if I win". An activities board was displayed in the main living area. This displayed all the social events scheduled for the month. The activities co-ordinator told us people who were restricted to their bedrooms were also visited to ensure their social needs were met. We spoke with people who were restricted to their rooms and they confirmed this. People had the freedom not to participate, we saw some people preferred to do other things during these events and were able to without any distraction.

People knew how to make a complaint and told us they felt confident to do so if they had to. One person commented, "I have two complaints that I have discussed with the senior manager. The manager said today that they would be taking action to both my concerns and I have every confidence that he will act." A relative told us, "I have never had to make a complaint and should the occasion arise I would speak to the manager". A review of the complaints policy and procedure outlined clearly what staff should do if they received a complaint and what people should do if they wanted to complain. The complaints procedure was displayed in the reception area and in people's bed rooms. Staff told us they would refer people and those who represented them to the manager if concerns were raised. We saw complaints and compliments slips were available for people and those who represented them to use in the reception area.

Is the service well-led?

Our findings

The service did not promote an open and inclusive culture. This was because changes in management were not communicated effectively with people who used the service. One relative told us, “I was unaware that the manager has left and a new one has started.” Another person commented, “I am aware that the manager has left and we have a new one, we were not told officially, but the information came via a rumour”. One person told us, “The previous manager came and said good-bye before she left and I know that they are trying to recruit a new manager internally.”

Prior to our inspection we had asked the provider to complete a Provider Information Return form (PIR). This contained information about the operation of the home. The provider told us they had not received it however, further checks confirmed it had been sent to the registered manager who failed to respond. Therefore, the PIR could not be used to inform our judgements in this inspection.

It is a legal requirement for services and registered managers to notify the Care Quality Commission (CQC) of any changes that may have an impact on the services being delivered. We received no notification from the service to inform us of the impact the low staffing numbers had on the care, treatment and support people received. At the time of our visit, the registered manager had not submitted an application to de-register from being a registered manager for the service. This meant the provider had not ensured CQC had been appropriately informed about events that occurred in the home.

Quality assurance systems were not robust and did not drive improvements in the quality of care being provided. For example, people told us they had made complaints but the service did not have a complaints register to log, monitor and review the complaints received and to see if there were any areas of learning. Care plan audits were not undertaken regularly. The last recorded audit was dated 19 February 2014. This checked to see if care provided met people’s changing needs. It highlighted areas of concern

but did not identify the specific care plans the concerns referred to and therefore we were unable to see if appropriate action had been taken. Infection control audit for October 2014 indicated it was 100 % satisfactory. The audit failed to pick up on the issues we found during this visit.

Staff told us they were supported by management. One staff member talked positively about the manager and told us they had, “good communications with them”. The staff member told us senior management were helpful and addressed an issue they had. Another staff member commented, “The support I get now has improved recently. When I first started I was left to get on with it. The manager has an open door policy, so you have access to them when needed.”

The service sought feedback from staff, external agencies, people who used the service and those who represented them. Staff feedback sheets dated June 2014 showed staff felt supported and listened to. One staff member commented, “Regular meetings are always a good thing to address any issues and find solutions.” Minutes of staff team meetings showed they did not regularly occur. For example, there was only one meeting held for care workers on 22 January 2014 and one for senior care workers on 6 May 2014. All staff attended a meeting on 22 October 2014 to be introduced to the new manager. One external agency fed back that communication with the service was, “Very good.” We looked at residents feedback sheets dated 23 February 2014. This showed people’s feedback on the food and the recent refurbishment of the home. Various comments included, “The menu is balanced”, “I am happy with the variety of meals I receive”, “I would like blackcurrant juice sometimes” and “The shower room is small”. We saw no report to show what actions had been taken to address the feedback given.

This was a breach with Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The service did not ensure people's welfare and safety because care plans and identified risks were not being regularly monitored and reviewed. Regulations 12 (a) (b).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not have a robust system to monitor the quality of the service provided. There were no systems to capture, monitor and review complaints received. The service did not return the provider information as requested by the CQC. There were no evidence of actions taken in response to feedback received. Regulations 17 (1), (2) (a), (e) and (3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The service did not follow the Mental Capacity Act 2005 legislation in regards to obtaining consent. The service was not meeting the requirements of the Deprivation of Liberty Safeguards as no applications had been submitted to the Local Authority for people whose freedom were being restricted. Regulation 11 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Action we have told the provider to take

The service had not ensured staff were of good character prior to employment. Regulations 19 (1) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not always receive professional development, supervision, training and appraisal. Regulation 18 (2) (a).

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not always record what action was taken where people were identified at risk of poor nutrition or dehydration. Regulations 17 (2) (d).

Regulated activity

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People's individual needs were not being regularly assessed. Regulation 9 (1) (a), (b), (3) (a), (d).