

Silverdale Care Homes Limited

Healey Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of Healey Lodge Nursing Home on 24 and 25 June 2015. Healey Lodge Nursing Home provides accommodation and personal care for up to 24 people. The service provides nursing care. At the time of the inspection there were 24 people accommodated in the home.

The service is located on the outskirts of Burnley town centre and is on a main bus route. Shops, pubs, churches, the library and other amenities are within walking distances. Accommodation is provided on two floors. On the ground floor there is a lounge and a dining area with a lounge on the first floor. The majority of bedrooms do

not have en-suite facilities although suitably equipped bathroom and toilet facilities are available on both floors. There are gardens, including a patio area, with two car parks for visitors and staff.

The registration requirements for the provider stated the home should have a registered manager in place. There was no registered manager in post on the day of our inspection as the previous registered manager had left in May 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

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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.

A new manager had been in post for one week and was undertaking training to support her with this role.

At the previous inspection on 15 July 2014 we found the service was meeting all the regulations we looked at. Prior to this inspection visit there had been anonymous concerns raised regarding staffing levels, training and the delivery of people's care. We brought our planned inspection forward.

During this inspection we found people were happy with the home and with the approach taken by staff. People said, "I am looked after really well", "I am very comfortable here" and "Staff are very kind to me." Two visitors said, "Staff are pleasant and helpful" and "Staff are very good." Although one person said, "Staff don't seem to have much time these days; I feel a bit neglected sometimes." We observed people were comfortable around staff and seemed happy when staff approached them. Staff responded to people in a caring and considerate manner and we observed good relationships between people.

People told us they were confident to raise any concerns although there were mixed opinions about whether they would be listened to. People said, "There are lots of things that could be made better; they just don't ask", "I told them what was wrong and nothing has been done" and "They listen sometimes". It was clear from our discussions with people living in the home and their visitors and from looking at records that a number of concerns and complaints had been raised but had not been recorded or acted on.

Staff had an understanding of abuse and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered.

We looked around the home and found some areas were well maintained whilst other were in need of improvement. A member of staff said, "This is a lovely home but things have fallen behind recently."

The number of shortfalls we found indicated quality assurance and auditing processes had been ineffective. Checks on systems and practices had been completed by the previous manager but matters needing attention had not always been addressed. However, there was evidence that monitoring of systems and practices had re-commenced.

We found a number of appropriate checks had been completed before staff began working for the service. However, we found examples that the home's safe and fair recruitment policy and procedures had not been followed. We also found people's medicines were not always managed in line with the home's safe procedures.

We looked at how the service trained and supported their staff. We looked at the records of two recently employed staff. We found neither staff had received a basic induction into the routines and practices of the home and had not received any mandatory safety training. We noted agency nursing staff were used to take charge of the home. However, there were no records to demonstrate they had been given a basic safety induction and introduction to the home. Without appropriate training and induction staff could place themselves and others at risk.

Most of the existing staff had received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. However some of this training needed to be updated. We were shown a revised training plan which included attended training and planned updates. There were also gaps in the provision of formal one to one supervision sessions. This meant shortfalls in staff practice and the need for any additional training and support may not be identified. Following discussion with staff we made a recommendation the service obtained support and training for the management team, regarding effective supervision and support for staff.

People told us the home did not have enough staff. They said, "Staff are a bit short on the ground. The worst is after 2pm. If you want to go to the toilet there is no-one around. The nurse is sometimes nearby", "I have had to

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wait to go to bed. I have a routine but if they are busy then I have to wait” and “They don’t seem to have time these days.” Another person said, “I do my best to look after myself but staff will come if I need help.” One relative said, “Sometimes there just aren’t enough staff.”

Whilst we did not see any evidence of people’s needs not being met we were concerned people may be left unattended for periods when staff were providing care and support in other areas of the home. We discussed this with the manager, the area manager and the owner. We were told staffing numbers were kept under review and we were shown a recent staffing analysis. Following our inspection we were told staffing levels had been increased in the afternoon.

During our visit we found a number of areas that presented a risk of cross infection. However they had already been noted as part of the recent audit. We made a recommendation that the service followed appropriate advice and guidance regarding infection prevention and control matters.

People told us they enjoyed the meals. During our visit the meals looked appetising and hot and the portions were ample. The atmosphere was relaxed with friendly chatter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. Care records included information about people’s dietary preferences and any risks associated with their nutritional needs.

Each person had a care plan which included information about the care and support they needed, their likes, dislikes and preferences and their ability to make safe

decisions about their care and support. We were told the information in people’s care records was being improved to be more person centred and to reflect more of people’s preferences and routines. Some people had been involved in discussions about their care plan and the care and support they needed and wanted.

People were involved in a number of activities although the records were not reflective of the activities taking place. We observed people sitting outside enjoying the sunshine, some group discussions and people being accompanied on a walk to the park. One person said, “There hasn’t been much going on until recently; I prefer to read my paper or watch TV so it doesn’t affect me.” People told us they were able to keep in contact with families and friends.

People’s views and opinions were sought through day to day conversations, during reviews of care plans and from the annual customer satisfaction surveys. Resident and relative meetings had not routinely taken place for some time although some people told us they had been kept up to date and involved informally.

During this inspection visit we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to ineffective quality assurance and auditing systems, provision of training and induction, management of people’s medicines, management of people’s concerns and complaints and failure to maintain a safe and suitable environment. You can see what action we told the registered provider to take at the back of the full version 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?

The service was not consistently safe.

Staff had received safeguarding vulnerable adults training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they were happy with the approach taken by staff.

People told us they were left unattended for periods of time. Staffing levels were increased following the inspection visit.

People received their medicines on time and accurate records were in place for the ordering, receipt, storage and disposal of medicines. However, people's medicines were not consistently managed in accordance with the home's safe procedures.

Requires improvement



Is the service effective?

The service was not consistently effective.

We found agency staff and new staff had not received appropriate induction and training to ensure people's safety. There were some gaps in the provision of training and supervision for existing staff.

We found a number of areas were in need of attention to ensure the environment was clean, safe, appropriate and comfortable for people to live in.

The service had policies and procedures in place to underpin an appropriate response to the MCA 2005 and DoLS. Appropriate referrals had been made to help ensure people receive the care and treatment they need.

People's dietary preferences and any risks associated with their nutritional needs had been assessed. People told us they enjoyed the meals and we observed them being given appropriate support and encouragement with their meals.

Requires improvement



Is the service caring?

The service was caring.

People told us they were happy with the approach taken by staff and we observed staff responding to people in a kind and friendly manner and being respectful of people's choices.

Staff took time to listen and respond appropriately to people. People using the service told us they were able to make decisions and choices.

People had been involved in ongoing decisions about care and support and information about their preferred routines had been recorded.

Good



Summary of findings

Is the service responsive?

The service was not consistently responsive.

People told us they were confident to raise their concerns but there were mixed opinions about whether they would be listened to. People's concerns and complaints had been raised but had not always been recorded or acted on.

Each person had a care plan that was personal to them which included information about the care and support they needed. People were aware of their care plan and had been involved in the review of their care.

People were supported to take part in a range of suitable activities, both inside and outside the home. People were able to keep in contact with families and friends.

Requires improvement



Is the service well-led?

The service was not consistently well led.

The registered manager for this service left in May 2015. A new manager had been recruited and had been in post for one week prior to our visit. The registered provider had taken reasonable steps to recruit a manager to be registered with the commission.

The number of shortfalls that we found indicated quality assurance and auditing processes had not been effective. Checks on systems and practices had been completed but matters needing attention had not been addressed.

There were systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration and changes had been made as a result of this.

Requires improvement



Healey Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The unannounced inspection of Healey Lodge Nursing Home took place on 24 and 25 June 2015. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. We looked at information that had been sent to us from one 'share your experience' form and four staff. We also contacted the local authority contract monitoring team for information.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people living in the home and three visitors. We also spoke with a member of nursing staff, two care staff, two cooks, the domestic and laundry staff and the new manager. A registered manager from another home in the group, who was acting area manager, was in attendance during our inspection and we also spoke with the owner following the inspection.

We observed care and support being delivered by staff. We looked at a sample of records including two people's care plans and other associated documentation, three staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, people's medication records, policies and procedures and audits. We also looked at recent reports and recommendations made by the fire safety officer and the environmental health officer.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. People living in the home said, “I am looked after well enough”, “I’m happy with most staff”, “I’m comfortable here” and “Some of the staff are very good.” Although one person said, “Staff don’t seem to have much time these days; I feel a bit neglected sometimes.” A visitor said, “The staff are nice to people.” During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was caring and patient.

We looked at how the service managed people’s medicines. We found there were no records to support nursing staff who administered medicines had received appropriate training. Regular checks on their practice had not yet been undertaken to ensure they were competent. The manager showed us an example assessment that would be introduced, in line with the organisations procedures, to monitor staff competence.

Care records did not clearly show people had consented to their medication being managed by the service on admission or whether they were able, or wished to, self-medicate. Where medicines were prescribed ‘when required’, guidance was not always clearly recorded to make sure these medicines were offered consistently by staff. We noted some external medicines such as creams and ointments were being applied by care staff but signed as given by nursing staff; this could result in people not receiving the correct treatment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home currently operated a monitored dosage system (MDS) of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was stored securely in a designated room with appropriate storage for refrigerated items. Policies and procedures were

available for staff to refer to and these were being reviewed to reflect current practice. We observed the morning and lunch time medicine rounds were completed in a timely way.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage and disposal of medicines. Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person’s controlled drugs and found they corresponded accurately with the register. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had been recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. There were clear instructions on the MARs, medicines were clearly labelled and codes had been used for non-administration of regular medicines.

There were records to support ‘carried forward’ amounts from the previous month which would help to monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use. Some people’s medicines had been reviewed by their GP which would help ensure people were receiving the appropriate medicines. We saw checks on the medication system had been undertaken.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. Individual risks had been identified in people’s care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. We noted people’s injuries or bruising had been recorded although it was not clear whether they had been monitored or resolved. This would help to make sure people were looked after properly. The manager assured us she would monitor this as part of the care plan audits.

There were safeguarding vulnerable adults procedures and ‘whistle blowing’ (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult’s procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was available in the office although was not included with the whistleblowing and safeguarding vulnerable adults

Is the service safe?

procedures for staff to refer to. The manager told us she would address this. There was information about recognising and reporting abuse displayed in the hallway for people living in the service and their visitors to read. Staff told us they had received safeguarding vulnerable adults training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed this. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

We looked at the recruitment records of two members of staff. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Written references had been obtained. However, a written reference from a previous employer had not been obtained for one person and a record of the interview had not been maintained on either file. This was not in line with the home's safe and fair recruitment policy and procedures.

Prior to the inspection we were told staffing numbers had been reduced. People living in the home gave us examples of how this had affected the care and support they received. One person said, "Staff are a bit short on the ground. The worst is after 2pm. If you want to go to the toilet there is no-one around. The nurse is sometimes nearby" and "If you want to talk to staff they don't have the time." Another person said, "I have had to wait to go to bed. I have a routine but if they are busy then I have to wait" and "They don't seem to have time these days." Another person said, "I do my best to look after myself but staff will come if I need help." One relative said, "There just aren't enough staff." Another said, "Staff are not always around in the lounge; it's a worry."

Staff were concerned about the reduction in staffing numbers as the 4pm – 10pm shift had been removed some weeks ago. They told us there had also been a change to working patterns and an increase in the documentation related to people's care. We noted two care staff were still

completing documentation after their shift ended. Staff told us they often had to stay over time to ensure the records were completed and ensure people received the care they needed.

We looked at the staffing rotas. A registered nurse was available 24 hours a day. There were four care staff on duty from 8am - 2pm and three care staff from 2 - 8pm. A cook, cleaner and laundry staff were available every day. The activities person was currently on leave and care staff had recently been designated a 10 – 4pm shift to cover this role. Any shortfalls due to leave or sickness were covered by existing care and ancillary staff which ensured people were cared for by staff who knew them. However, during our visit we noted the number of staff attending to people's personal care needs was reduced after 2pm due to staff lunch breaks. We were also concerned that people would be left unattended for periods when staff were providing care and support in other areas of the home or behind closed doors and when helping people with their meals and drinks. We discussed this with the manager, the area manager and the owner. We were told staffing numbers were kept under review and were shown a recent staffing analysis. However, following the inspection visit we were told an additional 2 - 4pm shift had been introduced. We were told this would be monitored.

We noted agency nursing staff were being used to cover shifts although this was not recorded clearly on the rota. The home had received confirmation from the agency that they were fit and safe to work in the home.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas and generally found the home was clean and odour free. However, despite a regular deep cleaning schedule, we noted an offensive odour in three bedrooms and a number of stained carpets. Following the inspection we were told quotes for two bedroom carpets had been obtained. We found rough woodwork and plaster in areas of the home and damaged flooring in a bathroom. Also we found a damaged toilet seat and a torn bed rail protector. All of these presented a risk of cross infection. The manager and area manager showed us a detailed audit that had been completed earlier this month. The audit had identified a number of areas for improvement and included our areas

Is the service safe?

of concern. They had discussed their findings with the owner who had given approval for improvements to be made although no timescales for action had yet been recorded.

Infection control policies and procedures were available. Records showed less than half of the staff team and neither of the domestic staff had received infection control training. There was no designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date.

We noted staff hand washing facilities, such as liquid soap and paper towels were available in the majority of bedrooms and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of waste.

A domestic and a laundry person worked each day. A range of detailed cleaning schedules had recently been introduced. We were told sufficient cleaning products were available. There were audit systems in place to support good practice and to help maintain good standards of cleanliness. People living in the home told us, "My room is very clean" and "The cleaners work very hard to keep everything clean and fresh." However on the day of our inspection one visitor raised concerns about the cleanliness of their relatives room. Their concerns were promptly responded to.

Prior to our inspection we were told there was only one hoist available. The manager told us they had been waiting for a replacement part and she had been in regular contact with the engineers. The engineer repaired the hoist on the first day of our inspection. We saw equipment was safe and had been serviced. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation. There was key pad entry to the home and all visitors were required to sign in and out which would help keep people secure and safe.

In March 2015 the environmental health officer had given the service a one star rating for food safety and hygiene which meant major improvements were necessary. The manager and the cooks advised all the recommendations had been completed, although there was no action plan for this; we were told a follow up visit would be requested.

In May 2015 the fire safety officer had found a number of shortfalls and had issued an enforcement notice. We noted recent communication from the fire safety officer advising all the recommended work and required training had been completed.

We recommend the service follows appropriate guidance regarding the safe and fair recruitment and selection of staff.

We recommend the service follows appropriate advice and guidance regarding infection prevention and control matters, provides all staff with appropriate training and identifies a lead person in this area.

Is the service effective?

Our findings

Healey Lodge Nursing Home is located on the outskirts of Burnley town centre and is on a main bus route. Shops, pubs, churches, the park, the library and other amenities are within walking distances. Accommodation is provided on two floors. On the ground floor there is a lounge and a dining area with a quiet lounge on the first floor. People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. Bedrooms were single occupancy with bathrooms and toilets located within easy access or commodes provided where necessary. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

There were gardens and patio areas for people to use, although the gardens were overgrown. A smoking area was provided for staff and people living in the home. People expressed concerns that they were left unsupervised outside without a call bell and it was difficult to attract staff attention and also that the entrance and exits were not wheelchair friendly. We discussed this with the manager and the owner who gave assurances this would be reviewed and a door bell would be fitted as a matter of urgency. Following the inspection visit we were told this had been completed.

We looked around the home and found some areas were well maintained whilst other were in need of improvement. We did not enter all areas of the home. We were told improvements would normally be done as and when needed although there was no development plan to support plans for ongoing improvements to the home. We found a bucket on the stairway where there had been a leak from the roof. The carpet was threadbare on the steps and the lamp was constantly flickering over the two days of our visit. There were a number of stained ceilings from previous leaks. A number of carpets in people's bedrooms were grubby and stained although following the inspection we were told quotes for two bedroom carpets had been obtained. We did note some carpets had been replaced with more suitable flooring. We were told the first floor lounge was also used as a staff room which was not appropriate. We noted a large hole in the carpet, a fridge in the corner of the room and various mismatched furniture. Following the inspection we were told a quote to replace

the carpet in the lounge and to repair the stairs carpet had been obtained. Woodwork and walls were damaged in some areas of the home. A member of staff said, "This is a lovely home but things have fallen behind recently."

There was a maintenance person and a gardener. A system of reporting required repairs and maintenance was in place. However, it was clear that needed improvements had not been recognised, reported or acted on. Also the shortfalls we saw had not been noted as part of previous quality assurance checks.

The manager and area manager showed us a detailed audit that had been completed earlier this month. The audit had identified a number of areas for improvement and included our areas of concern. They had discussed their findings with the owner who had given approval for improvements to be made although work had not yet commenced and there were no timescales recorded.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection visit we were told new staff had not received any induction training. We looked at how the service trained and supported their staff. We looked at the records of two recently employed staff. We found neither staff had received a basic induction into the routines and practices of the home and had not received any mandatory safety training. We also looked at the records of agency staff who were left in charge of the home. There were no records to demonstrate they had been given a basic safety induction and introduction to the home. This could place people at risk if the nurse in charge was not aware of the emergency procedures. The manager showed us an agency induction form which would be introduced in line with the organisations procedures. Without appropriate training and induction staff could place themselves and others at risk.

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

Prior to our inspection visit we were told staff had not received mandatory updates in training. From our discussions with staff and from looking at individual training records and the training matrix, we found most staff had received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding vulnerable adults, moving and handling,

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dementia awareness, fire safety, infection control, first aid, food safety, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However some of this training needed to be updated and there were a number of gaps in the overall training record. We discussed this with the manager and the area manager who were already aware of this. We were shown a revised training plan which included existing training and planned updates; fire safety training had already taken place following a recent recommendation from the fire safety officer. During our inspection we saw staff registering for training sessions. Most staff had achieved a recognised qualification in care and records showed other staff were working towards achieving this.

Records showed there were gaps in the provision of formal one to one supervision sessions. This meant shortfalls in their practice and the need for any additional training and support may not be identified. The manager and area manager were aware of the gaps in the provision of supervision sessions for staff and the plan was under review for this. We also noted the current one to one record meant that discussions were one sided with no opportunity for self-appraisal. One member of staff described one to one sessions as 'a disciplinary meeting'. The area manager was aware of this and alternative records were being sought.

Staff told us handover meetings, handover records and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff had access to a range of policies and procedures to support them with safe practice.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are good; there is always a choice", "I enjoy my meals; I always get enough to eat", "I am offered a supper; there is always something I can have", "If I don't like what is on the menu they will make me something else" and "They involve us in changes to the menu; the menu is varied."

The menus and records of meals served indicated people were offered meal choices and also alternatives to the menu had been provided on request. The weekly menus were displayed in the dining room. One person told us the

menus were too confusing and too high to read from a wheelchair. The cook advised the menus were being revised and table menus were being developed following discussions with people living in the home.

During our visit we observed breakfast and lunch being served. The dining tables were appropriately set and condiments and drinks were made available. People were able to dine in other areas of the home if they preferred and equipment was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. The atmosphere was relaxed with friendly chatter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS.

The new manager expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. Appropriate applications had been made which would help to ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives although this was not always clearly recorded in the care plans. People's consent or wishes had not been obtained in areas such as information

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sharing, gender preferences and medicine management. The manager gave assurances this would be reviewed as part of the care plan audit. This would help make sure people received the help and support they needed and wanted.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Prior to the inspection we were told people's records were not being completed properly. We looked at two people's care records in relation to positional changes, diet and fluid intake and continence monitoring and found they had generally been completed properly although we discussed a number of gaps with the manager.

We recommend the service seeks support and training for the management team, about providing effective supervision and support for staff.

We recommend the service seeks advice and guidance about obtaining and recording people's consent to care and treatment.

Is the service caring?

Our findings

People who we spoke with told us they were happy with the home and with the approach taken by staff. People said, “I am looked after really well”, “I get what I need and I can do what I want”, “I am very comfortable here” and “Staff are very kind to me.” Two visitors said, “Staff are pleasant and helpful” and “Staff are very good.”

During our visit we observed staff responding to people in a caring and considerate manner and we observed good relationships between people. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee their care and support. From our observations and from our discussions with people, we found staff had a good understanding of people’s needs. We noted calls for assistance were promptly responded to and staff communicated well with people.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. One person said, “I can suit myself. I can have a lie in when I want and get up when I want” and another said, “Everyday is different; the staff just get on with what needs doing.” There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

We looked at two people’s care plans and found they, or their relatives had been involved in ongoing decisions about care and support and information about their preferred routines had been recorded. This helped ensure people received the care and support they both wanted

and needed. However, whilst one visitor said, “I am kept up to date with any changes”, another told us they were not informed when their relative had fallen. The manager addressed this under the complaints procedures.

The service had policies in place in relation to privacy, dignity, independence, choice and rights. Staff were seen to knock on people’s doors before entering and doors were closed when personal care was being delivered. We were told people were offered a key to their bedroom door and noted one bedroom was locked. One person told us they preferred their door to be locked when they were out and staff complied with this request. We observed staff using people’s preferred titles and names. We saw people were dressed smartly and appropriately in suitable clothing. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us they tried to remain as independent as possible but staff would assist when needed.

During our inspection visit we observed people receiving foot care in the lounge. This was not respectful of people’s privacy and dignity. We discussed this with the manager who advised she had already spoken with the visiting healthcare professional and advised that this was not acceptable. During our visit we noted people were seen by their GP in private.

Prior to our inspection we were told people’s information was not kept confidential. We were told they had been able to see people’s care notes as they had been left unattended on a desk in the hallway. They also told us that during their discussions with the nurse people’s records were left open on the desk. During our inspection we did not notice any care records being left out on the desk however the manager assured us this would be monitored to ensure people’s information remained safe and secure.

Is the service responsive?

Our findings

People told us they were confident to raise any concerns although there were mixed opinions about whether they would be listened to. People said, “There are lots of things could be made better; they just don’t ask”, “I told them what was wrong and nothing has been done”, “I am happy to speak up. I speak to the nurse who will try to resolve my concerns” and “They listen sometimes”. We noted one person discussing their concerns with the manager on the second day of the inspection.

There was a complaints procedure in the hallway advising people how to make a complaint to the service and to CQC and how and when they would be responded to. However, there were no contact details of the other agencies who could be contacted, such as the local authority and the local ombudsman. We were told people who used the service and their visitors were encouraged to discuss any concerns during day to day discussions with staff and management and also as part of the annual survey.

The complaints record showed there had been one complaint made directly to the service over a 12 month period; records showed the service had responded in line with procedures. It was clear from our discussions with people living in the home and their visitors that a number of concerns and complaints had been raised but had not been recorded or acted on.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at pre admission assessments and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. The assessment covered all aspects of the person’s needs, including personal care, mobility and daily routines. If the admission was planned for, people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

Each person had a care plan that was personal to them which included information about the care and support they needed. Information included likes, dislikes and preferences, routines, how people communicated, risks to their well-being and their ability to make safe decisions about their care and support. We were told the information in people’s care records was being improved to be more person centred and to reflect more of people’s preferences and routines.

The care plans had been updated by staff regularly and in line with any changing needs. A visitor told us they were kept up to date and involved in decisions about care and support. Records showed some people living in the home had been involved in their care planning. One person told us they had recently had a review of their care plan and had been involved in discussions about their care and support. The manager told us care reviews were currently being done with people’s involvement.

Prior to our inspection we were told there were no activities taking place. The manager told us the activities person was currently on leave and recently care staff had been rostered to provide activities for people. Records showed some activities had taken place and weekly planned activities such as biscuit decoration, walks in the park and garden and bingo were displayed on a board in the entrance. We found this information was not up to date or reflective of activities taking place. People said, “There hasn’t been much going on until recently; I prefer to read my paper or watch TV so it doesn’t affect me” and “I have my books, that’s all I need.” On the first day of our visit we observed people going out for walks and people sitting in the gardens enjoying the sunshine. We heard lots of chatter and laughter. We noted the activities person was also involved in providing care during the day. On the second day we observed a small group of people chatting about vintage cars and another person being taken for a walk in the local park.

People told us they were able to keep in contact with families and friends. Visiting arrangements were flexible. One person said, “My relative visits and is made to feel welcome”. A visitor said, “Everyone is friendly.”

Is the service well-led?

Our findings

The registered manager for this service had left in May 2015. A new manager had been recruited and had been in post for one week. The registered provider had taken reasonable steps to recruit a manager to be registered with the commission. The manager had previously worked for the service as a team leader and was undertaking training to support her with this role. People described the manager as 'very nice' and 'easy to talk to'. One person said, "She is still learning." The manager was being supported by a registered manager, who was also the area manager, from another home in the group.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective. Monitoring had taken place although this had been ineffective and had not ensured the registered manager was achieving the organisations required standards in the day to day running of the home. We were told the registered manager from the other home was acting as an area manager and had conducted monitoring visits on behalf of the registered provider. We were told the records of the visits and of any previous monitoring that had taken place were missing from the files. Following the inspection we were sent a copy of an action plan dated 14 March 2015; this showed areas for improvement had been noted but not acted on. The manager and area manager had re-commenced checks on a number of systems and practices.

Checks on systems and practices had been completed by the previous registered manager as part of the contractual arrangements with commissioning agencies but matters needing attention had been recognised but not yet addressed. During our visit we found matters needing attention in relation to the environment, training and induction, recruitment, complaints, staffing, medicines management and infection control. This meant the registered providers had not identified risks and introduced strategies, to minimise risks. The fire safety officer and environmental health officer had also identified a number of areas for improvement; these had recently been addressed. However, we would expect such matters to be

identified and addressed without the intervention of other agencies. The provider did not have suitable arrangements in place for assessing and monitoring the quality of the service and then acting on their findings.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had notified the commission of notifiable incidents such as deaths, safeguardings and serious injuries in line with the current regulations. Accidents and incidents which occurred in the home were recorded, analysed to identify any patterns or areas requiring improvement and shared with the appropriate commissioners.

People's views and opinion were sought through day to day conversations, during reviews of care plans and from the annual customer satisfaction surveys. Resident and relative meetings had not routinely taken place for some time; we were told meetings had been planned but people had not attended. Some people told us they had been kept up to date and involved informally. The manager gave assurances that three monthly meetings would be introduced for people living in the home and their relatives. This would help to monitor their satisfaction with the service provided.

Records indicated the last staff meeting had been held in July 2014 and had not been held on a regular basis. Staff told us they had been kept up to date informally with management changes but had not attended formal meetings. Staff told us, "The home is improving but there have been too many changes to the routine, the staffing and the paper work. Too much at once", "It will take time to get better", "It's a lovely home with a great team but we are not always listened to" and "They listen to us more now but things have changed so fast." Staff were provided with job descriptions, contracts of employment and policies and procedures which would help make sure they were aware of their role and responsibilities. The manager gave assurances that staff meetings would be re commenced; this would enable staff to formally raise their views and opinions.

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
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
The provider had failed to keep all areas of the home in good order. Regulation 15 (1)(e).

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider had failed to provide appropriate induction and mandatory training for new staff. Regulation 18 (2) (a).

Regulated activity

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

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
The provider had failed to act on people's concerns and complaints. Regulation 16 (1).

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The provider had failed to operate effective quality assurance and auditing systems. Regulation 17 (1)(2)(a).

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The provider had failed to manage people's medicines in line with safe procedures. Regulation 12 (2)(g).