

Bupa Care Homes (GL) Limited

Inglewood Nursing Home

Inspection report

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Date of inspection visit: 11 May & 14 May 2015
Date of publication: 21/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 11 May 2015 and 14 May 2015. The first day was unannounced which meant the staff and provider did not know we would be visiting. The provider knew we would be returning for the second day of inspection.

Inglewood Nursing Home provided accommodation for up to 49 people who need help and support. The home was a purpose building two storey Victorian building. There was a lift to assist people to get to the upper floors. At the time of our inspection there were 40 people living at the home.

Our records showed that there was a registered manager at Inglewood nursing home; however we were aware that they had not been in post since February 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 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. Between January 2015 and May 2015 a temporary manager had been in place intermittently. At the time of our inspection the home was being supported by a clinical services manager and an area manager whilst the recruitment of a new home manager was on-going.

We previously inspected Inglewood Nursing Home in May 2014. At that inspection we found the service was not meeting all the standards which we inspected. We found that medicine rounds started late which resulted in medicine being given late and we saw very little

Summary of findings

therapeutic activity taking place. We spoke to the acting manager in post at the time of the inspection about the tensions between staff and the low morale in the workplace and asked them to address these concerns.

At this inspection we found that a number of safeguarding alerts were open with the local authority. Both the local authority and the Care Quality Commission (CQC) had not been made aware of all potential safeguarding within the home. Safeguarding training was up to date.

New care documentation ensured that risk assessments were in place for people who used the service who needed them and were reviewed.

There were sufficient numbers of staff in place to support people who used the service; however this was not always the case during mealtimes. Thorough procedures were in place for the recruitment of new staff.

Medicines were stored safely. People who used the service had access to the medicines they needed. Medicines were given in a timely manner.

The premises were clean. Some areas of the home were a little tired. People who used the service had access to the equipment they needed.

All staff had been trained in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Not all staff we spoke with were knowledgeable about the procedures which they needed to follow should an application needed to be made. This meant that people who used the service may not be safeguarded when they needed to be and their human rights respected.

Staff training was up to date. Staff supervision and appraisals were not up to date.

People who used the service had access to food and hydration regularly during the day. People who used the service were not always prompted to eat because of the strain on staff at mealtimes.

Inglewood had good links with healthcare professionals. We observed these links during our inspection. People who used the service were supported to attend appointments.

New care documentation was personalised and contained the information they needed. Care and support was delivered to people in line with their care needs. People who used the service were not involved in the development and review of their care plans.

Staff took care to ensure that people's dignity and privacy was promoted when care and supported was provided.

Everyone we spoke to who used the service was aware of how to make a complaint. Information was displayed within the home. Records showed that complaints had been dealt with appropriately.

The service was clean and tidy. We saw that action had been taken to improve the standards of cleanliness of the home. Staff had access to personal protection equipment (PPE) such as gloves and aprons. Staff we spoke with confirmed they always had enough PPE.

The regional manager visited the home each month to monitor the quality of the service. However regular audits were not available for inspection.

Meetings for people who used the service, relatives and staff had not regularly taken place.

Consistent leadership had not been provided at the service.

Accidents and incidents had been recorded and monitoring was in place.

Health and safety checks for the building and equipment used were up to date.

We found breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to supervision and appraisal and methods used to monitor the quality of the service. 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 consistently safe.

CQC had not always been informed of potential safeguarding's. Staff training was up to date.

Medicines were safely stored and administered safely. The accessibility of controlled medications delayed the medication rounds on the ground floor.

Staff were recruited safely.

The maintenance of the service was up to date. The service was clean.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff training was up to date. Staff supervision was not up to date and staff had not received an appraisal.

People were supported to have their nutritional needs met however mealtimes were chaotic and not everyone received the support they needed.

Not all staff were confident about the procedures they needed to follow to assess whether someone had capacity or whether a deprivation of liberties safeguard maybe appropriate.

People's healthcare needs were assessed and people had good access to professionals who visited the service regularly.

Requires improvement



Is the service caring?

The service was caring.

People who could communicate with us told us they were cared for. Staff knew the people they cared for well.

People were not involved in their care planning. New care record documentation was personalised.

People were treated with respect and their privacy and dignity were promoted.

Good



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

There was a lack of activities at the home.

The staff culture in the home impacted upon their morale.

There was a good complaints procedure in place. Appropriate action had been taken when needed.

Is the service well-led?

The service was not consistently well-led.

The registered manager had not been in post since February 2015. There had been no consistent leadership in place at the home.

Meetings with people who used the service, their relatives and staff did not take place. There had been no newsletters; however surveys had been carried out.

Audits were not available for inspection. The regional manager visited the home each month to check the quality of the service.

Requires improvement



Inglewood 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.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team about the service.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out on 11 May and 14 May 2015. The first day of the inspection was unannounced; this meant the home did not know we were coming. The second day of the inspection was announced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience. This is a person who has personal experience of using or caring for someone who used this type of care service. During the inspection we spoke with eight people who use the service, two relatives and 19 staff. We also spoke with the clinical services manager and regional manager who were temporarily based at the home as well as a visiting health professional.

We observed care and support in communal areas of the home and spoke with people who used the service in private. Not everyone we spoke to could communicate with us. We carried out a short observational framework for inspection (SOFI). This is a way of observing and reporting the quality of care experience by people who cannot communicate with us. We also looked at 23 staff records and reviewed records which related to the running of the home and the quality of the service.

Is the service safe?

Our findings

People who used the service who were able to communicate with us told us they felt safe living in the home. From our conversations with staff and our observations of care and support given to people we could see that staff provided care and support to people who used the service in a safe manner.

Prior to our inspection we were aware that there were a number of safeguarding alerts open with the local authority. At a local authority meeting we found that safeguarding referrals had not always been made by the home to the local authority and to the Care Quality Commission. The regional manager informed us that all staff would be attending a refresher safeguarding session and upcoming supervision would focus on safeguarding, the role of staff and importance of following procedure. New procedures had been put in place for recording safeguarding's which meant that the home could keep track of all safeguarding alerts and analyse the information to take action to minimise any further safeguarding's at the home. An up to date safeguarding policy was in place. All staff we spoke with demonstrated a good understanding about safeguarding and were able to highlight examples of potential situations and the procedures which they would follow. Not all staff understood their responsibilities when dealing with a safeguarding situation.

Prior to our inspection we found that a number of safeguarding alerts open with the local authority related to behaviours which challenge. When we spoke with staff we found that they had been feeling under pressure because of their perceived workloads and hadn't always been able to devote the time needed to people who used the service. This had led to increased incidents between people who used the service.

A safeguarding alert had been made in relation to inadequate staffing levels. We were aware that staffing levels had been increased prior to our inspection. Staff we spoke with told us they were much happier with the extra staff member. A dependency tool was in place. The nurses we spoke with told us current staffing levels were considered appropriate based on the perceived dependency levels of people who used the service. One staff member told us, "We are better able to cope [with the increased staffing levels] but we still do not have time to spend with the residents." Another staff member told us,

"There is too much work for people." The clinical services manager discussed the home's procedure for managing sickness and absence from work. They told us they preferred to use their own staff and staff from other local homes within Bupa before using agency staff. They told us, they used agency nurses; however they were regular to the home and tended to block book them.

A whistleblowing policy and procedure was in place at the home and all staff we spoke to were aware of this. Not all staff we spoke with were confident in raising concerns because of a lack of confidence which related to the way previous concerns had been managed. The regional area manager was aware of this when we spoke with them. We were confident that they were taking action to address this.

Good recruitment procedures were in place at the home. All staff had received a Disclosure and Barring Services (DBS) check prior to working at the home. This is a check which enables employers to check the criminal records of potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. We could see staff references had been sought prior to employment being offered.

At the last inspection we found that the registered person had not protected people against the risk of care and welfare because of the delays to medication being given. This was in breach of regulation [13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [12 (f) and (g)] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we could see that changes had been made to allow nursing staff to start medicine rounds on time and medicines which needed to be given on time [epilepsy and Parkinson's medicine] were done so.

Good procedures were in place for managing medicines safely. There was sufficient medication in place. Appropriate arrangements were in place for ordering, obtaining and checking medicines upon receipt into the home. Records were in place for surplus medicine and staff told us about the procedures they followed to dispense of surplus medicine. Medical administration records (MARs) were up to date; each MAR sheet included a photograph of the person they related to. This is good practice in ensuring that the correct medication is given to the correct person.

Is the service safe?

As and when required medication (PRN) records were in place. They were protocol information sheets in place; records were person-centred showing why the person may need the specific PRN medication.

The nurses we spoke with demonstrated a good understanding of the processes they followed for ordering medication and checking and signing for medication. Sample signatures were recorded; this meant that the home could check sample signatures against recorded signatures. Medicines were stored appropriately and temperature records showed that these medicines were stored safely. When medicine trolleys were not in use we found them appropriately stored [locked and chained to the wall]. Medicine competency checks [to clarify the knowledge and understanding of people trained to dispense medication to people] were not available for inspection. We found the clinical areas which were used for medicines on both floors were inadequate for their intended purpose. Each of the rooms did not allow for nursing staff to move easily. Along with the storage in each of the rooms, the space needed for medicine trolleys and being able to open them meant that space was very limited. On the second day of our inspection we were told that both medicine rooms in the home would be increased in size and de-cluttered which would ensure a safer working environment for staff.

The service had personal emergency evacuation information available in the reception area of the home. This meant that the home had quick access to information which detailed the help and support people who used the service may need in an emergency. Staff told us they felt confident dealing with emergency situations. The building was secure. All visitors to the home were required to show identification prior to entering the home. All staff wore name badges which also identified their role within the home.

Records were kept of weekly fire alarm tests and monthly fire equipment. There were gaps in the recording of fire panel and escape route daily checks which related to the days when there was no maintenance team on duty. There were no records of any fire drills being carried out at the home. Reviews of the fire log book had not been completed since January 2015. Fire drills are good practice to ensure

that staff and residents were confident in responding to emergency situations. Records showed that the building was regularly maintained and things such as lifts, gas safety and portable appliances checks were up to date. Monthly water temperature checks had been carried out.

All accidents and incidents in the home were logged appropriately however no analysis of these were available during inspection. The regional manager told us this information is logged at head office and they monitor this information. They told us about a person who used the service who was being offered one to one care because of the number of falls they had experienced. We found that this increased support has decreased the number of falls for this person who used the service.

Risk assessments were in place for people who needed them, these included things such as falls, nutrition, infection control and personal safety. Risk assessments were detailed; we could see when people needed support from staff or equipment such as a hoist when they needed support with moving and handling. We saw that the risk assessments people had in place generated a specific care plan which were easy to understand and specific to the person outlining their potential risks. This meant that the home took action to minimise the risks to people who used the service.

Prior to our inspection, there had been concerns about the cleanliness of the building. During our inspection we saw the home was clean and tidy, however the staff room and medicine rooms needed attention. We spoke with the area manager and on the second day of our inspection we saw that action had been taken in the staff room. The staff room had been painted, cleaned, repairs carried out where needed and new flooring had been laid. Plans were in place for the medicines rooms. We saw domestic staff on duty throughout our inspection. Domestic staff were knowledgeable about the requirements of their role and the importance to keeping people and staff safe. All staff had access to personal protective equipment (PPE). Some areas of the home were in need of redecoration and some bedrooms lacked personalisation. During our inspection new flooring was being replaced in some rooms. We saw corridors within the home had been personalised.

Is the service effective?

Our findings

An up to date supervision policy was in place and stated that supervision should be carried out six times per year. We looked at 23 staff records and found that service was not meeting this standard. One staff member told us, “I don’t have regular supervision.” There were no up to date appraisals for staff. Records showed that four group supervisions had been carried out with some staff over the last year for things such as: controlled medication, care documentation, wound care and service user healthcare appointments.

We recommend regular supervision and appraisals are put in place for all staff.

A comprehensive induction programme was in place for staff. Staff spent time shadowing staff within the team to become familiar with practices within the home and to get know people who used the service. The induction program included the role of the care worker, staff development, communication, equality and inclusion, safeguarding and duty of care, person-centred care and health and safety. Training records showed that staff training was up to date. We saw that staff attended training on things such as first aid, fire safety, Mental Capacity Act, safeguarding, moving and handling, Control of Substances Hazardous to Health (COSHH), nutrition and infection control.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed staff had received recent training in the principles of MCA. We found nursing staff had a good understanding about the process which they needed to follow and their responsibilities. We found this was not the case for care staff. They were not aware of their potential roles within this and the restrictions which can be placed on people.

We recommend further support for staff to increase their knowledge and understanding of MCA and DoLS.

The care plans we reviewed contained assessments of the person’s capacity when unable to make various complex decisions. Care plans also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people. When people who used the service had been assessed as being unable to make complex decisions there were records of meetings with the

person’s family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person’s behalf were done so after consideration of what would be in their best interests.

The Care Quality Commission is required by law to monitor and use the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The clinical service manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the service acted within the code of practice for MCA and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The clinical services manager told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. At the start of our inspection it was unclear how many people were subject to Deprivation of Liberties Safeguards (DoLS) because no monitoring tool was in place. At the time of our inspection DoLS had been approved for 14 people who used the service.

The clinical services manager told us the home did not carry out physical restraint on people. They told us, “An admiral nurse within Bupa is supporting the home and will be carrying out sessions with staff in person centred care and managing behaviour that challenges.” This meant that staff were being supported to deal with situations appropriately.

Some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. These records did not always clearly indicate whether discussion had taken place with people’s families when appropriate. We found that approximately 80% of people living at the home had a DNACPR in place. Staff had a good understanding of DNACPR.

From our observations, speaking with people who used the service and looking at care records we could see that people who used the service had regular access to health professionals. We could see health professionals such as district nurses; speech and language therapists, older people’s mental health team and general practitioners were involved in people’s care. During our inspection we observed health professionals visiting people in the home.

Is the service effective?

We saw that Bupa had recently introduced new menus into the home. We looked at the new menus. A new resource had been created for staff which included a rotating four week menu, recipes, nutritional information and a photograph of how each meal should be presented. There was also information about how to adapt meals to suit the needs of residents, for example, grating vegetables in a cottage pie for people who may need a softer texture. Kitchen staff were knowledgeable about how to adapt food for people with specific nutritional needs and gave examples about how to increase the calorific content of foods for people who needed to put on weight. The clinical services manager told us, "Since these menus have been introduced all our residents have put on weight." During our inspection we saw that people who used the service were regularly given snacks and drinks. People who used the service who were able to communicate with us were complimentary about the new menus.

Care plans relating to the support people needed with eating and drinking were in place and specific concerns were highlighted. At our last inspection in May 2014, we found that mealtimes were chaotic. It was a very busy time for staff and we found that some people's food was cleared away without them being prompted to eat. This meant that some people went without eating. At this inspection we were aware that the home had taken action to improve the

mealtime experience for people who used the service. However we found that mealtimes at the home were still very busy. Not everyone who needed support at mealtimes was given it. We found that some people's meals were left on the table in front of them whilst staff went to find cutlery. The upstairs dining room was cramped and impacted upon the space staff had to move around to support people who used the service. We found some people who used the service eating ice cream with their hands and we found that people who used the service who didn't require support were missed and were not given the necessary prompts to eat. This meant that they didn't always eat the food which was provided. We spoke with the regional manager about this. There was a lack of interaction between staff and residents during mealtimes.

We recommend the home reviews the mealtime experience for people and the number of staff needed to support people appropriately.

There was documentation in the new care records which would be copied and given to hospital staff should a person who used the service need to go into hospital. This meant that hospital staff would have access to the information they needed to care and support people who used the service.

Is the service caring?

Our findings

We could see that staff knew the people they were caring for. Staff were able to tell us about the support people who used the service needed, including more personalised information such as how and when people who used the service like support to be offered. Staff had knowledge of the people they cared for, including more personalised information relating to their background which helped them to establish conversations about life histories and life experiences.

Staff spoke positively about the people they cared for. One person told us, “The staff look after me well.” A staff member told us, “There are good carers and support staff in this home. I love working in this environment.” We spoke with the hairdresser who regularly visits the home. They told us, “People are well looked after, clean and appropriately dressed.”

One staff member told us, “The residents are looked after but there are no shared experiences now.” Another staff member told us, “Residents are the good thing about this home.” A relative told us, “My relative was mobile and talkative when they came in here but there is no-one to talk to and they spend most of their time alone. They [staff] haven’t encouraged them to keep moving and now they have given up.”

The home had two dignity champions in place. Staff respected privacy. We saw them knocking on people’s

doors before entering and closing bathroom doors when they were providing support to people who used the service. When personal care was given [providing medicines and taking people for lunch] explanations were given and care was given in a timely manner. People who used the service were not rushed. Staff asked for people’s consent before care was given or looked for non-verbal cues for consent where appropriate.

Care staff spent time with people who used the service when they displayed behaviours which could challenge. Some care staff demonstrated empathy and an ability to de-escalate difficult situations. When we spoke with staff, not everyone we spoke with were confident about dealing with people who used the service who displayed behaviours which challenged.

People who used the service were not encouraged to be independent with their care. Although staff were caring we saw that some care appeared task orientated at times. Staff did not have the time to be able to sit and chat with people who used the service.

We saw an advocacy leaflet displayed within the home. Advocacy is a means of accessing independent advice and support. This was a very small leaflet which was displayed on a noticeboard. Although this noticeboard was in the communal area of the home it was not displayed within an area where it would be seen easily by people who used the service.

Is the service responsive?

Our findings

New care records were being implemented at the time of our inspection. We found these new care records were more person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Information was easy to locate and important information such as allergies were highlighted. Detailed assessment information around the type and levels of support which people needed was recorded. This meant that staff could provide the most appropriate care to people who used the service.

In one record we looked at we saw a two-page list of useful Spanish to English translations had been recorded to help staff improve their communication with a person who used the service who had a Spanish background. This is good practice for ensuring people who use the service feel valued and included in their care and day to day communication with people.

Care plan reviews were in place and we could see they had been updated. We could not always see if people who used the service or their families had been involved in developing and reviewing their care plans. We found that daily records were not stored within the care records of people who used the service. We found that staff were at risk of potentially missing new and updated information. We discussed this with the clinical services manager who was aware of this. They told us daily records are contained within the new care records and this issue would be resolved once all the care records had been transferred to the new documentation. We found detailed information in the daily records of people who used the service which reflected their care plans and their individual needs.

The home did not have a dementia lead. We spoke to the regional manager about this on the first day of our inspection. On the second day of our inspection we saw a poster in the staff room asking for staff to nominating themselves for the role. The poster included a profile for the role.

Good procedures were in place for dealing with medical emergencies. All staff we spoke with told us they felt confident about dealing with emergencies and were aware of the procedures which they needed to follow. First aid training was up to date.

During our inspection we carried out observations, spoke with people who used the service and looked at activities relating to records. Fifteen members of staff told us that activities did not regularly occur in the home. We were concerned that they appeared to be a lack of things going on at the home on the first day of our inspection so we spoke with the regional manager about these concerns.

There was no information displayed in the home relating to activities. On the second day of our inspection, activities timetables and upcoming events had been displayed on the noticeboards on both floors of the home.

We heard negative comments about activities at the home. One staff member told us, "One to one activities need improving." Another staff member told us, "We don't know what the activities co-ordinator does."

On both days of our inspection we saw outside entertainers had been booked to attend the home. We saw that most people who used the service attended these activities. A relative told us, "They have these entertainers, singer and such like, every two weeks or so but otherwise there is just me sitting here with my relative." One staff members told us, "Years ago there used to be a minibus and the residents loved their outings but not anymore." Another staff member told us, "Sometimes at Christmas a group from the community might come in but not the rest of the year."

One people who used the service told us, "Here there are no friends I can make because there are people who need looking after. There is no-one to talk to." Two people who used the service whom we spoke with told us they would like to go out but they were always told staff are too busy. One staff member said, "It would be better if the residents had something to do." Another staff member said, "There is nothing to stimulate them (people who used the service)." One relative told us, "I wish there were some volunteers who could come and be with the residents and chat with them."

We found that people who used the service did not access the local community very often. There have been no trips out over the last year for meaningful activities. The home is located very close to the seaside but no one had been during the last year. A staff member told us, "We do not have time to do things with the residents. If I go to the shop, I will take one of them with me." A relative said there is "Not much to do other than the entertainers that come in."

Is the service responsive?

We spent time with the activities co-ordinator. They told us they used the life histories of people who used the service to establish a relationship and determine activities. As part of their role they were involved in meal times and would assist care staff when they were very busy. They told us about recent action they took to contact the football team on behalf of a person who used the service. The person who used the service was sent some items which they now have displayed in their bedroom.

We met with the activities and well-being lead for the region. They told us about an activities pilot which was being trialled in other Bupa home's and plans for its implementation into Inglewood. They told us they would be supporting the activities co-ordinator to make changes to activities and the types of activities in the home.

Prior to our inspection, the home had not produced a newsletter for people who used the service and their

relatives. A newsletter is a good way of communicating with people and upcoming events and changes occurring at the home. On the second day of our inspection we found the activities coordinator had produced a newsletter which included information about an upcoming birthday, activities and upcoming events over the next couple of months.

An up to date complaint policy was in place which detailed the action staff needed to follow. Further to this the service had a guide to resolving complaints and a guide to categorising complaints. The complaints procedure was on display within the home. A complaints log was in place and detailed the nature of the complaint and the action taken. We could see that the service had taken appropriate action to deal with complaints.

Is the service well-led?

Our findings

In April 2015 the local authority made us aware of their concerns following a visit to the home. These concerns related to a lack of leadership, incomplete care plans, poor staffing levels and poor infection control. The local authority have been supporting and monitoring the home to make the necessary changes. After these concerns were raised, the regional manager based themselves at the home. They had been supported temporarily [3 weeks] by a clinical services manager who had been responsible for implementing more robust systems to ensure the smooth running of the home.

The service had a registered manager in place however they had not worked at the home since February 2015. At the time of our inspection the home did not have a manager, however recruitment was on-going. We were aware that they had been a temporary manager in place for part of this time.

Our discussions with staff during inspection told us the lack of a permanent manager and senior staff was impacting on the running of the home. All staff we spoke with discussed their concerns about the lack of leadership that they had received over the last couple of months. One staff member told us, "We just needed someone to come in and support us." Some staff spoke positively about the new leadership which has been introduced, others felt more needed to be done. One staff member told us, "We have leadership during the week, but there is none on a weekend." Staff told us since the clinical services manager and regional manager had been based at the home they had been a visible presence of management in the home. The clinical services manager told us they had an open door policy which meant that people who used the service, relatives and staff could speak to them at any time. They also told us, "Staff seem to be responsive to changes."

Another staff member told us, "The management hasn't been very good but the regional manager is very good." We found staff are appreciative of the changes being put in place, however they remained apprehensive for the future. During our inspection we spoke with the regional manager who told us they were aware of how staff were feeling about the lack of leadership which had been in place. They discussed plans for a strong management team at the home. This included a manager for each floor in the home. Nurses had already been allocated to specific floors of the

home to increase the consistency of care. They also told us consideration was being given to introducing senior support carers who would be trained to take on specific duties such as dispensing fortified drinks and snacks, dealing with visiting health professionals and supervision which would free up nursing staff to concentrate on their specific nursing duties. We saw the clinical team lead or nurse in charge carried out a daily walk around the home with other key staff in the home to check each area of the home and to discuss any key issues, concerns and daily tasks. This meant that action could be taken quickly where and when needed. We also saw that it is part of the managers role was to carry out a weekly walk around of the home looking at each area of the home including non-clinical areas. Only two records of the weekly walk around were available for inspection which were carried out in March 2015; we could see that actions had been identified in both of these records, but action plans had not been completed.

Staff meetings had not been taking place within the home over the last year. When we spoke with staff they told us they didn't always feel up to date with what was happening in the home, one staff member told us, "We get lots of inspections and we feel put down and feedback is minimal." We found that staff meetings had been reintroduced by the clinical services manager in April 2015 and were scheduled to take place monthly. Meetings for people who used the service and their relatives had also not been occurring at the home over the last year. The clinical services manager told us they had re-introduced meetings and one took place in April 2015. Meetings are important to both share and gather information which can be used to monitor the quality of the service. Meetings give people the opportunity to have a voice, be heard and feel listened to. Staff were very open in expressing their views about the running of the service. One staff member told us, "We have had no proper management for a bit, it's unsettling for staff. We now have low morale. There is no teamwork and no-one to pull things together."

A relative's survey was carried out in the last quarter of 2014. The response rate was low [7 relatives]. The survey highlighted concerns with staffing, food, activities and the environment. The results of this survey were published in May 2015. No action plan was available at the time of

Is the service well-led?

inspection; this meant that we could not see what action the provider planned to take in response to feedback. At the time of our inspection, no survey had been carried out with people who used the service.

Records showed that the regional manager visited the home each month to check the quality of the service. These checks included the quality of care provided, quality of life for people, the quality of leadership and the environment at the home. We could see actions had been put in place where needed. A monthly maintenance audit was carried out by maintenance staff and was up to date. No further audits were available for inspection. Audits help to assess, evaluate and improve the quality of care provided to people. Audits include areas such as care plans, nutrition, wound care, infection control, medication and health and safety.

At our last inspection in May 2014 we highlighted our concerns with the staff culture at the home. We found morale was low and there were tensions within the team. At this inspection we found that no action had been taken to address these issues. All staff we spoke with shared their concerns about cliques within the home and described instances of when people have been singled out or treated inappropriately. One staff member told us, "Morale is up and down with having no manager and we have a clique. This clique will destroy this home." Another staff member told us, "The last two years things have got steadily worse. Morale is low, there is no teamwork."

Staff told us they were concerned about morale at the home. One staff member told us, "Things need to change drastically, they really do." Another said, "There are no rules, no teamwork, no management no authority and no leadership. Everyone does their own thing. There are too

many chiefs saying different things. There are too many family members working here. Morale is rock bottom; there is no laughing, no banter and no good working relationships." We shared the comments we received from staff and asked the regional manager to tell us what action they would take to deal with this. After our inspection we received information from them which informed us about the involvement of their human resources team to deal with the issues identified by staff as well as the reintroduction of staff meetings. On the second day of our inspection we saw that a board of problems and solutions had been displayed in the staff room which asked staff to highlight the problems they thought the home had and asked them to come up with ways of solving the problem. This meant that staff were encouraged to be proactive in taking responsibility for creating change within the home.

There was a breach of Health and Social care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 good governance. Good systems were not in place to assess, monitor and improve the quality of the service. We found that they had been a lack of leadership at the home and action had not been taken to address staffing issues which we highlighted during our last inspection in May 2014. Feedback had not been sought from people who used the service which could help to monitor and improve the quality of the service and regular audits had not been carried out.

The vision and values of the home were on display. Staff were very knowledgeable about the values of the home and how they fitted into their everyday practice. It was clear from speaking with staff and from our observations that the people who used the service were central to the homes values.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	The provider was not regularly monitoring the service by carrying out audits or seeking feedback from staff and service users meetings to improve the quality of the service. Regulation 17 (2) (a).
Treatment of disease, disorder or injury	