Mrs S J Pillow

# Green Bank

## Inspection report

11 Hastings Road
Bexhill on Sea
East Sussex
TN40 2HJ
Tel: 01424 211704
Website: www.greenbankcarehome.com

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## Ratings

| Overall rating for this service | Inadequate |
|---|---|
| Is the service safe? | Inadequate |
| Is the service effective? | Requires improvement |
| Is the service caring? | Requires improvement |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Inadequate |

## Overall summary

We inspected Green Bank on the 2 and 4 September 2015. This was an unannounced inspection. Green Bank provides accommodation, care and support for up to 20 people. On the day of our inspection 14 older people were living at the home aged between 73 and 90 years. The service provided care and support to people living with dementia, risk of falls and long term healthcare needs.

We last inspected Green Bank on 4 and 7 November 2014 where we found the provider was not meeting all the regulations we inspected against. We found people were not protected against risks associated with medicines. There was a lack of appropriate employment checks and a lack of accurate and appropriate records. The provider submitted an action plan which stated how they would meet the regulations. The service was rated as 'requires improvement' and was scheduled a re-inspection within 12 months. However the CQC received information of concern regarding the service in relation to various issues affecting people's care and welfare and the inspection date was brought forward.

# Summary of findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had not protected people's safety by ensuring there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed.

We found areas of the home were not clean and presented a risk to cross infection. We observed a staff member using poor infection control principles whilst handing soiled laundry.

We found people who used specialist mattress equipment to protect their skin from damage did not have these consistently set at the correct settings.

The provider had not ensured maintenance checks were up to date for aspects of the homes, for example we found portable electrical equipment that had not been tested to check it was safe.

Although there were appropriate systems in place for the safe disposal of medicines we found some concerns with the management of medicines. For example the provider had not followed best practice with regard to the management of storage and recording of medicines.

The provider had not ensured people's safety with regard to eating and drinking. For example appropriate health care advice had not been sought in a timely manner for a person who required assistance with eating and drinking.

Although people had a choice of meals and told us they liked their food, one person referred to the food as 'mainly nice' we found the dining experience was not a pleasurable experience for people.

The registered manager had not met their own target for undertaking staff supervision. In the eight months of 2015 seven of the services 16 staff had undergone one supervision.

We found examples where the provider had not ensured people's choice and autonomy had not been respected.

We found the provider had not made adequate provision to ensure people's social needs were met. People told us they would like more to do and be involved in.

There were some quality assurance processes in place however this had not been effective at identifying the areas of concern we found, or at driving improvement in the quality of the service.

Although people and staff generally spoke positively about the registered manager, in their leadership capacity they had not identified the areas of concern we had during this inspection and there were several breaches of Regulations.

However there were several positive areas in the service. The provider ran regular training and refreshers for staff to ensure they had the skills and confidence to support people.

Staff had an understanding of the procedures and their responsibilities to safeguard people from abuse. Staff understood their responsibility in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to on-going healthcare. People told us they were supported to access health professionals such as their GP when required.

People told us staff were kind and we observed positive interactions between people and staff.

People's friends and family were able to visit freely. One told us, "I can pop in anytime, it's never a problem." A complaints procedure was in place and was clearly displayed in a communal corridor.

People's needs had been assessed and all but one person had a comprehensive individual care plans and risk assessments. Although we identified some inconsistencies for some specific areas care plans in the main provided staff with a detailed picture of the care and support people required.

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

• Ensure that providers found to be providing inadequate care significantly improve.

# Summary of findings

• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action.

There were a number of breaches of the regulations. You can see what action we told the 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?**

Inadequate

The service was not safe.

The provider had not protected people's safety by ensuring there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed.

We found areas of the home were not clean and some equipment and practice presented a risk to cross infection.

Medicines were not consistently managed safely.

Maintenance and routine testing for parts of the premise had not been undertaken.

The provider had not taken steps to assure themselves that one member of staff was suitable to work within a care setting.

**Is the service effective?**

Requires improvement

The service was not always effective.

Staff did not have regular supervision with senior staff from the service.

The provider had not ensured all people's safety with regard to eating and drinking.

Staff were provided opportunities to attend a range of training to enable them to support people living at Green Bank.

Staff had a basic understanding of the Mental Capacity Act 2005 and consent issues. Senior staff knew what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

**Is the service caring?**

Requires improvement

The service was not always seen to be caring.

Although we saw positive interaction between people and staff we found people's choice, autonomy and dignity was not consistently promoted.

Relatives and friends told us they were unrestricted as to when they able to visit people

Peoples care records were held securely.

**Is the service responsive?**

Requires improvement

The service was not always responsive.

We found the provider had not made adequate provision to ensure people's social needs were met.

# Summary of findings

Most people's care plans contained detailed information on people's care and support needs.

A complaints policy was in place and displayed in a communal area.

**Is the service well-led?**

**Inadequate**

Green Bank was not well led.

Some systems for quality review were in place however had not identified the areas of concern we found. The audit process was not being used to drive improvement.

The provider had not provided staff with the systems of support by providing regular opportunities to feedback, for example with regular supervision or team meetings.

Accident and incidents were clearly recorded and identified what actions had been taken

# Green Bank

**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.

We inspected the service on the 2 and 4 September 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

We focused on speaking with people who lived in the home, speaking with staff and observing how people were cared for. We looked at care documentation and examined records which related to the running of the service. We looked at six care plans and four staff files, all staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Green Bank. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk to us.

We looked at areas of the home including people's bedrooms, bathrooms, lounges and dining area. During our inspection we spoke with five people who live at Green Bank, three visitors, nine staff, two visiting health professionals and the registered manager.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and members of the public. We spoke with a representative from the Local Authority's contracts and monitoring team. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Inadequate

# Is the service safe?

## Our findings

At our inspection in November 2014 we found aspects of the service were not safe and required improvement. At this inspection we found improvements in some of the areas we had identified as concerning. However despite peoples' comments that they felt safe we found aspects of the service were not adequately protecting people.

On the days of our inspection staffing levels matched what was planned on the staff rotas. Day time staffing consisted of a cook, two care staff and two domestic staff who undertook cleaning and laundry. The senior staff member on duty was either the registered manager or their deputy. The registered manager told us staff who were allocated cleaning and laundry tasks were also required to assist with care when required. They said, "Every one chips in." However we saw domestic staff were required to frequently assist care staff during their shifts. On the first day of our inspection the cleaner assisted care staff with all moving and handling that required mechanical equipment such as a lifting hoist. All care staff told us they felt there were not enough care staff on duty. Of the 14 people living at the service four were spending either all or most of their day on bed rest. These people had more complex and higher support needs and required assistance with daily tasks such as eating and drinking. One staff member told us, "Quite a few residents need two staff to assist them with all their care needs." Staff told us as a result of care staffing levels being reduced a few months before our inspection, their work load had increased significantly. One said, "It's not working well for the residents at the moment, too much to do." We saw there were periods of the day when people were left unsupported for extended periods of time, for example we saw one person gained unsupervised access to the kitchen. We identified this to staff who helped supportthem out of the kitchen. Staff told us they did not have time to regularly sit with people who were being cared for in their beds. One person told us, "The staff are very good, they do their best but they are rushed of their feet." We saw staffing levels impacted on the speed and flow of the lunch time meal service which resulted in people waiting for their food. Staff told us they had raised this issue with the registered manager. The registered manager was unable to demonstrate how they had calculated staffing levels to match people's dependency needs. The registered manager told us they intended to review staffing levels in light of the inspectors' observations and feedback. The issues relating to staff were a breach of Regulation 18 HSCA (RA) Regulations 2014.

Parts of the home were not clean and presented an infection control risk. Cleaning staff told us their routines were impacted by their requirement to assist with caring duties. Cleaning staff did not follow a set cleaning rota instead they cleaned communal areas and responded to parts of the service that required the most attention. Cleaning staff were not provided with documentation to record what areas or rooms they cleaned on their shift. We saw areas that presented a risk to cross infection, for example the ground floor shower room. Sections of the white tiles were dark with a mould like colouring; the extractor fan was not working. The carpet within one of the lounges was unclean and not all of the nail clippings had been removed following a visit from a podiatrist who had cut people's nails. We saw one staff member following poor practice with soiled laundry. Staff moved between two people's rooms with an open bag containing soiled laundry without the use of gloves or an apron. The home had two pieces of mechanical lifting equipment, these were used to assist people to transfer between areas of the home. Each only had one sling which was being used by multiple people. One of the slings had an offensive odour. Domestic staff who interchanged between cleaning and caring for people did not change their uniforms. This meant there was an increased risk to cross infection.

People who had been assessed as at risk of possible skin damage were provided with specialist mattresses. These mattresses are designed to provide relief to skin pressure areas. It is important this equipment is set correctly and in line with a person's weight and manufacturer's instructions. We found three people's mattresses were not set correctly. This placed these people at greater risk of skin pressure damage. The registered manager told us they did not have a system to routinely check and record whether settings were correct.

Risk assessment within people's individual care plans identified a range of health and support care needs had been considered such as mobility, nutrition and people's skin condition. However we found one person who had been living at the service for three weeks had no individual risk assessments in place. They had complex health care needs including a condition that required specific infection

control safeguards. Although the provider had taken physical steps in terms of where this person was located in the home there were no risk assessment undertaken to inform staff of the measures they should take to protect the person or themselves. They also had higher dependency needs in relation to nutrition and skin pressure areas however these risks had not been identified within their care file.

Whilst people's medicines were stored securely and in line with legal regulations, we found discrepancies in the management of controlled medicines and in the medicine administration records (MARs). Controlled medicines for one person had been received into the premises and stored in the controlled drug cupboard but not recorded in the controlled drug register or reflected in the care plan for this person. This meant there was an increased risk these medicines could be taken or lost without staff being aware. We found a number of staff signature omissions (identified as gaps) in medication administration records (MAR). Staff are required to sign on the MAR that the prescribed medicine had been administered to the correct person after it had been taken. These omissions (gaps) had not been identified by the staff administering medicine on the next shift, and had not been followed up to determine whether it was a missed signature or a missed dose. Staff when asked could not confirm whether the medicine had been administered.

Where people received topical medicines such as creams, records were inconsistent. For example one person was prescribed a cream which was to be applied twice a day however their MAR records had multiple gaps. This meant it was not clear when or if this cream had been applied. There was limited guidance provided for staff on the where creams should be applied, such as the use of a body map.

One person who was on bed rest was being assisted by staff to eat and drink. Staff told us and records indicated their health in recent months had deteriorated and all their food was being pureed. This person was being supported to eat and drink via a plastic cup with an extended spout. However during our inspection this person was very sleepy and only opened their eyes for short periods of time. Staff were feeding this person by pouring food in via the spout. This presented a potential choking risk. We reviewed this person's care plan and the most recent advice from health care professionals in relation to their eating and drinking was from December 2014. Within this speech and language therapist (SALT) assessment there was no reference to the use of a spouted cup and it stated that liquids should be 'single sips from open beaker'. This meant the most recent advice from health care professionals was not being followed and the service had not responded to this person's changing needs. The registered manager confirmed this person's health had deteriorated since their last assessment; however they had not arranged a reassessment. During our inspection the registered manager spoke with this person's GP to discuss a reassessment of their needs and wellbeing in respect to eating and drinking.

We reviewed records related to fluid consumption for two people who were being care for in bed. Their fluid intake was being recorded as they had been assessed as at risk of not drinking sufficient amounts. Records indicated these people were having up to 2000 ml of fluid a day. We asked the registered manager how they had established these levels. They had not sought advice regarding possible contraindication with their health conditions or used a calculation tool that would consider these people activity levels or weight. This meant these people may not have been supported to receive the correct amount of fluids.

The issues above issues related to people's safety were a breach in Regulation 12 HSCA (RA) Regulations 2014.

Our inspection in November 2014 found there were environmental risks which had not been assessed by the provider. At this inspection we found the provider had taken some actions, for example installing new radiator covers and covering hot pipes. However we also found new areas of concern. The service had two boilers one of which was new and records regarding its recent installation were reviewed. However the registered manger was unable to evidence any recent servicing or routine maintenance records for the home's second boiler. They told they did not know when it had been last serviced. This meant the provider could not be assured it was in good working order. Not all people's rooms had fire door guards that enable them to remain safely propped open. We identified to the registered manager that some of these doors had been propped open with furniture such as chairs. The posed a potential trip and fire evacuation risk. The registered manager told us the remaining rooms that did not have these door guards fitted were 'on order'. Records identified that the most recent routine electrical testing of appliances (PAT) took place in in April 2014. We found multiple

# Is the service safe?

appliances within the home that had received no PAT test. For example within one person's room there were five appliances that had no test date identified. Within one of the homes' lounges a large electrical pump for the home's fish tank had not received an electrical test. This meant the provider had not assured themselves that any potential faults with electrical equipment had been identified. Within one person's room we saw the vinyl flooring had torn and was lifting away. This person used a walking aid to move around and their feet shuffled, the torn flooring presented a trip hazard. These issues identified with the premises were a breach in Regulation 15 HSCA (RA) Regulations 2014.

However on the day of our inspection care staff were seen to administer medicines safely. The staff member checked the MAR before dispensing medicines tablets. They spent time with each person, supporting them in taking their medicines. They signed the MAR only after they had verified the person had fully taken the medicine. Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN protocols were available for staff, these provided guidance about why the person may require the medicine and when it should be given.

Our inspection in November 2014 identified shortfalls in the recruitment process. We found the provider had taken steps to improve administration around this process for example staff files contained photographs of staff. However at this inspection we found one member of staff did not have a Disclosure and Barring Service check (DBS) in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The member of staff was a contractor who regularly undertook work at the service. There had been no assessment undertaken to mitigate the risks of this person working in the premise unsupervised. This staff member had access to all areas of the service and therefore required a DBS. On the second day of our inspection the registered manager provided evidence they had begun the DBS application for this staff member.

The service had up to date fire procedures in place and personal emergency evacuation plans (PEEPS) were easily accessible for staff and emergency services. Information and guidance was available for staff on fire drills. Weekly fire system checks were undertaken and all staff had been trained in fire safety. However the provider had not considered broader contingency plans related to evacuation. For example, formal arrangements were not in place should people need to evacuate the service and be unable to return after an unplanned emergency such as a fire.

Our inspection in November 2014 found the provider had not always taken appropriate action where risks to people's wellbeing were identified. Records reviewed at this inspection demonstrated that the provider was now notifying the appropriate agencies when safeguarding concerns were identified. Care staff were able to identify their responsibilities to keep people safe from harm or abuse. They had an understanding of the different types of abuse. Care staff told us they had confidence senior staff would take appropriate action if they raised concerns relating to potential abuse. One member of staff told us, "I know our manager would take any concerns seriously." Care staff told us if they were not satisfied with the response from senior staff they would refer issues to the local authority or the CQC.

Requires improvement

# Is the service effective?

## Our findings

At our inspection in November 2014 we found aspects of the service were not effective and required improvement. At this inspection we found some improvements had been made. However despite peoples' comments that they felt well care cared for we found shortfalls in aspects of the service which were not effective in meeting people's needs.

We observed the lunch time meal on both days of our inspection. Some people ate in one of the home's lounges using tray tables and other chose to eat in their rooms. On the first day of our inspection five people ate in the dining room. Staff told us that people who required support usually ate in the dining room. We saw these people were assisted to move to the dining area at 11.55am, however 35 minutes later they were still waiting for their lunch. Whilst they were waiting they had not been provided with a drink. There were no condiments made available and a person was overheard requesting some salt for their meal. There was limited staff interaction with people whilst they awaited their meals. The dining experience for these people was not pleasurable and requires improvement.

Although there was no menu displayed or available to people we saw people were offered a choice of meals for their lunch time meal. We saw people being asked for their preferences in the morning by the cook. The cook had a list of people's preferences and dietary requirements in the kitchen. They were able to describe how they catered for individual needs and explained, "You get to know residents tastes and routines. One person will always prefer spicy flavours and I'll always make sure this is catered for." Staff assisting people to eat were sat at eye level and engaged with them positively and offered encouragement.

The registered manager told us their target was for staff to have two supervisions a year. They stated due to operational constraints this had not been achieved. In the eight months of 2015 seven of the services 16 staff had undergone one supervision each. The registered manager told us they had regular informal conversations with staff to ascertain their thoughts and feelings however these meetings were not recorded. Staff told us they saw the registered manager frequently and could approach them about any issues, however as these informal discussions had not been recorded there were no outcomes or actions as a response to staffs comments. For example staff told inspectors they had raised the issues regarding the impact of the reduction of care staff on shifts but this was not recorded within supervision records. This is an area that requires improvement.

Staff were provided opportunities to attend a range of training to enable them to support people living at Green Bank. The majority of training was classroom based and provided by the local authority. Staff told us they found training useful, one told us, "The sessions are always a good refresher for me." Another staff member said, "I feel confident I have the skills and knowledge to do my job." Some staff had accessed more specialist training which helped them to provide support for people who used the service, for example 'end of life care' and 'medication for people living with dementia'. People told us they had trust in the people they were cared for, one relative said, "The staff are pretty good, they know what needs to be done in the correct way."

The registered manager was aware of their requirements with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 sets out how to support people who do not have capacity to make a specific decision. There were nine DoLs applications awaiting approval from the authorising body. Three other people had an authorised DoLS in place. Staff demonstrated knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Policies and procedures were available to staff on the MCA and DoLS. These provided staff with guidance regarding their roles and responsibilities under the legislation. Care staff understood the principles of the MCA and respected people's rights to make decisions. We saw people being asked for their consent routinely through the inspection. One person said, "I'm not as quick as I used to be but they explain things clearly in ways I understand."

There was evidence people were supported to maintain their health. Each person was registered with a GP and when they did not feel well the doctor was called. One person told us, "My GP is lovely and they will come out when I need them." We saw other health services included an optician, psychiatric nurse and chiropodist. We spoke with a district nurse who visited the home to dress wounds and check on people with skin pressure areas. They told us they felt the service had improved and considered the people whom they were supporting were having their health care needs met.

Requires improvement

# Is the service caring?

## Our findings

During our inspection of Green Bank in November 2014 we identified aspects of the service which were not caring. This was in regard to people's involvement in their care planning. At this inspection we saw additional attention had been given to document how and where people had been involved in their care planning. One person said, "I know about my file, I know about what is in it but I'm not really bothered about the nuts and bolts, but I could if I wanted to." Despite these improvements we found other areas which required improvement which resulted in the service not being consistently caring.

The information of concern which was raised with the CQC prior to our inspection related to peoples autonomy and choice. During our inspection it was confirmed that people had been denied their choices so that prescribed routines could be adhered to. For example, one person had a long standing reluctance to engage with an aspect of their personal care. The provider and registered manager in an attempt to encourage them to comply with what they considered was in this persons best interest, had denied them access to an activity they enjoyed. This person's care plan was well documented with how this situation had been managed. The registered manager had been transparent with their decision making process and had actively involved this person's relative and GP. However the provider had failed to respect this person's individual choice. We spoke with the registered manager regarding this and another example of the services routines impacting on choice and they told us they would review how these were managed and explore alternative options whilst respecting people's choices.

The visiting podiatrist was seen cutting people's toe nails in a communal lounge. One person was vocalising their displeasure whilst they were being attended to. Staff told us this was normal behaviour for this person. However it was evident they were disturbing other people sat in the communal area. The podiatrist told us it was normal for them to attend to people in the communal lounge and would only move to a person's room if they requested. However some people were unable to verbally communicate their wishes and it was not clear if this was their choice and if alternatives had been suggested using alternative communication methods. There was a risk that people's dignity was not being protected.

A failure to respect people's autonomy and dignity is a breach in Regulation 10 HSCA (RA) Regulations 2014.

Staff knew people well. Records identified the home had a low staff turnover. One relative said, "The staff seem to know everyone and their patterns and preferences." We observed positive and kind interactions between staff and people. For example one person was seen to be pulling up their dress whilst seated in a communal area, a staff member responded quickly to protect their dignity; this was done discreetly and with kindness. We saw occasions where staff took time to explain to people and orientate them to the home's routines. One person who usually ate independently asked a member of staff for assistance to eat. The staff member was under taking medicines so was unable to offer immediate support however explained the situation carefully and ensured another member of staff came to support when available. We saw staff knocking on closed doors before entering and using people's preferred names. Care plans identified where people had made a choice regarding their staff gender preferences whilst being supported with personal care. One person said, "I don't mind who helps me but I know I could let them know and it wouldn't be a problem."

During the course of inspection there was a steady stream of relatives and visitors. One told us "I am always made welcome, the staff are good but I question if there are enough." Another said, "I sometimes find it frustrating to gain access via the side gate when returning with a wheel chair." Relatives we spoke to said they felt they were kept informed about changes in people's health or behaviours. One said, "The manager will give me a call if there is something they know I would want to be aware of."

Although there were paper copies of care plans available staff routinely used an electronic system to access peoples care notes. The registered manager told us each staff member had their own unique log on to the system which meant they were able to protect people's personal information. They said, "I can see which member of staff has inputted individual records." We observed staff using electronic tablets to complete people's daily care records.

Requires improvement

# Is the service responsive?

## Our findings

Our inspection in November 2014 found the service was not consistently responsive to people's needs. We found that recent changes in people's needs were not always accurately reflected within their care plans. Although we found there had been improvements in aspects of record keeping in relation to care plans we again found areas that required improvement with regard to specific detail that would provide guidance for staff. For example we found shortfalls in the documentation for one person who was under the care of the District Nurse for their wounds. Their care plan in respect to skin care provided no information for staff on what support they were receiving from the District Nurse. It did not provide information on the wounds status or any areas they would need to be aware of, for example signs that the wound was deteriorating. This meant there could be a risk staff would not know when to seek assistance from external health care professionals. This is an area that requires improvement.

The home had two lounges. During our inspection we saw the majority of people spent their time in one of these. The registered manager told us all staff were jointly responsible for providing and supporting people with activities. There was no published activities timetable displayed for people or their relatives. The registered manager showed us a document that had suggestions for each day but these were not followed on the days of our inspection. Bookings with external activity providers consisted of a motivation to music session once every two weeks and a monthly visit from a 'pat dog'. On the first day of our inspection we saw one staff member engaging a person with a 'foam alphabet' activity and another staff member playing dominos with a person. People's main focus was the television in the lounge. People told us they would enjoy more activities. One person said, "There is never much going on, it would be nice to have more happening." One relative told us, "There isn't a great deal to engage or stimulate other than the telly." A staff member told us, "At the moment there isn't much time to spend on activities."

The minutes from the most recent residents meeting in May 2015 identified that one person had suggested they would like an entertainer to visit. Care plans did not capture people's personal interests in detail and there was no activities co-ordinator in place to develop the activities on offer or spend time with people on a one to one basis. The lack of regular meaningful activities which met people's social needs was a breach in Regulation 9 HSCA (RA) Regulations 2014.

For the majority of people care plans contained detailed information on a wide variety of aspects of their care. Care staff told us they referred regularly to this information and it assisted them to support people and respond to their needs. Personalised information about individual daily routines was recorded, for example, what time people liked to get up and what equipment would be required for walking. One person's care plan identified they liked to go into the kitchen and makes themselves a drink. Staff told us this person did this as part of their daily routine. People's medical history was recorded comprehensively within care files and we were told this assisted senior staff when reviewing care plans on a monthly basis to determine what changes had occurred. Every interaction people had with health care professionals was recorded. Staff also had clear guidance on why people had been prescribed medicines and what they were for.

The provider had displayed the services complaint policy on a noticeboard. The complaints log showed there had been no recent complaints recorded. We saw historic complaints had been responded to and the actions that had been taken to resolve them were recorded. We spoke to people about how they would raise concerns if they had any. Most people said they would speak to the registered manager. One person said, "They (the registered manager) are about most of the time and I would tell them." Another person said, "I would speak to a carer if I was not happy about something." A visiting relative said they would 'pop their head' into the office to raise issues that needed resolving.

Inadequate

# Is the service well-led?

## Our findings

Our inspection in November 2014 identified there were shortfalls in the providers auditing system. Although corrective action was evident for some of the issues the previous inspection had highlighted, we found the current auditing processes had failed to identify the issues of concern we found at this inspection. We reviewed the home's audit folder; we saw audits were undertaken for the environment which covered areas such as the laundry and the kitchen. An environmental audit for the communal toilets and bathrooms was completed by the deputy manager on a weekly basis. The most recent audit indicated the shower room on the ground floor was 'fairly clean' and the tiles and sealant were in 'good' order. This meant the audit had not been effective at identifying the short falls we identified with the cleanliness of this area. The room audits did not provide a robust system which ensured identified tasks were completed. For example one room audit acknowledged corrective action was required with a dirty commode. There was a date written for when this task was required to be completed however the audit had no section to mark if this had be actioned. We raised this issue with the registered manager who accepted that the audit required a 'sign off' date for each corrective action.

The medicines audit had a text box within it that identified 'Recording', all medicines audits reviewed showed this box was blank and therefore had failed to identify any issues with recording in the home's MAR. For example highlighting missed staff signatures which meant the audit process was not effective.

On the day of our inspection a member of staff became agitated and raised their voice to another member of staff. This was out of ear shot of people. The registered manager went to investigate with this staff member. We reviewed this staff member's file included was a letter which referenced a previous incident where they had sworn at colleagues. This staff member had not received supervision since 2012. This meant the registered manager had not addressed and performance managed these issues through supervision and the risk they may impact on wider staff cohesion.

The most recent staff meeting had been in October 2014. Staff meetings provide an opportunity for staff to share operational information and provide updates on individual people. Staff told us although they considered the communication between them generally worked, one said, "It would be nice to have meetings more often."

There were clear reporting systems in place for the recording of accidents and incidents. These reports contained detailed information on what had occurred and the actions taken. However, there was no clear evidence to indicate there was learning from these events. There was no audit process which would serve as a tool to review or analyse patterns or trends.

The most recent satisfaction survey had been undertaken in March 2015. The response rate was low. Two people and three relatives had responded. There was no system to collate responses or evidence as to how the provider had responded to the comments raised. For example one person had requested a jug of water in their room. A separate survey had been distributed to health care professionals who had regular interaction with the service. One had responded and their comments were seen to be positive.

The issues and the concerns identified through the inspection process directly relate to the service's leadership. For example the failure to recognise care staff numbers were not sufficient to meet peoples identified needs. Failing to recognise the shortfalls with infection control, routine maintenance such as PAT testing and that a member of staff did not have adequate recruitment checks. These are a breach of Regulation 17 HSCA (RA) Regulations 2014.

Staff told us they generally felt supported by the registered manager and they were available if required. One member of care staff told us, "If something is not right we will always call them to check." Another staff member said, "They will go out of their way for residents and staff." People told us they felt the home generally 'ran well' and their comments and suggestions were usually listened to. One person said, "This is a nice place to live, the staff are kind." People said the registered manager was approachable and available. We were told, "The manager pops round to see me," and, "The manager is very nice." Visitors told us they were always able to speak to or contact a senior staff member if they had any concerns. One visitor said, "The manager knows the residents well and always takes an interest." The provider had ensured there were systems in place for

Inadequate

# Is the service well-led?

people to raise formal complaints and concerns. The service's complaints procedure was clearly sign posted around the home. There had been no recent complaints received.

The provider had established a philosophy of care for the service; these were published on the home's website.

Although staff were not directly familiar with the philosophy feedback from people, staff and visitors was that the service provided a 'homely' atmosphere. One person, "It can have a nice family feel to the place."

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 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>**The registered provider had failed to ensure peoples treatment and care was meeting their needs.**<br><br>Regulation 9(1)(b) |

This section is primarily information for the provider

# Enforcement actions

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>The registered provider had not protected people against the risks associated with the unsafe use and management of medicines.<br><br>Regulation 12(2)(g)<br><br>The registered provider had not ensured people's safety and welfare had been protected by adequately assessing risk and mitigating the risk. 12(2)(a)(b)<br><br>The registered provider had not taken steps to ensure the risks associated with infection control had been managed. 12(2)(h) |

**The enforcement action we took:**
Warning Notice.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>The registered provider had not ensured there was sufficient numbers of suitably qualified, skilled and experienced staff deployed in order to ensure people's safety and welfare.<br><br>Regulation 18(1) |

**The enforcement action we took:**
Warning Notice.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect<br><br>The registered provider had not ensured peoples autonomy and choice and dignity was respected.<br><br>10(1)(2)(b) |

This section is primarily information for the provider

# Enforcement actions

**The enforcement action we took:**
Warning Notice.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br><br>The registered provider had not taken steps to ensure the premises were properly maintained. 15(1)(e) |

**The enforcement action we took:**
Warning Notice.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The registered provider did not have an effective system to regularly assess and monitor the quality of service that people receive.<br><br>Regulation 17(2)(a)(b)(c) |

**The enforcement action we took:**
Warning Notice.