

Mrs R Halsall

Malvern Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Inadequate



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 20 August 2015 and was unannounced. At the last inspection on 13 January 2015 we found three breaches in regulations which related to staffing, medicines and quality assurance. The overall rating for the service was “inadequate.”

Following the inspection we received an action plan from the provider detailing how improvements would be made including timescales. In July 2015 the provider informed us they had not met the original timescales and provided new timescale within which the necessary improvements

would be made. On the 30 July 2015 we met with the provider and discussed our concerns about the service and their improvement plans. At this inspection we found some improvements had been made however we identified further breaches in regulation.

Malvern Nursing Home provides accommodation and nursing care for adults with complex mental health

Summary of findings

needs. There were 24 people using the service on the day of inspection. The service is located in a residential; area of Bradford approximately three miles from the city centre.

We found although some improvements had been made to the way medicines were managed some concerns still remained as we found the audit system in place had not highlighted one significant discrepancy we found on a medication administration record (MAR). We also found that although new medication policies and procedures had been introduced the protocol for medicines prescribed as and when required (PRN) fell short of the guidance given by the National Institute for Health and Care Excellence (NICE).

We found the staff recruitment and selection procedures were robust which helped to ensure people were cared for by staff suitable to work in the caring profession. In addition, all the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

We saw that arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GP's, hospital consultants, community mental health nurses, opticians, chiropodists and dentists.

We found since the last inspection more emphasis had been placed on staff training and a new supervision and appraisals system had been implemented to ensure staff received the support required to carry out their roles effectively. However, we saw not all staff had yet benefitted from this new approach to supervision and appraisals.

We saw people's care plans and risk assessments were person centred and the staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose. However, we found inadequate staffing levels were significantly impacting on the ability of staff to consistently deliver good person centred care.

We found that although since the last inspection the provider had maintained the number of nursing hours required they had recently reduced the numbers of support workers on the afternoon shift by one. They had also delayed the appointment of an activities co-ordinator for financial reasons. This meant that people who required a staff escort were not always able to go out into the community and/or join in any meaningful social and leisure activities. In addition we saw examples of institutional care and poor practice which denied people choice or curtailed their independence.

We found since the last inspection the provider had improved the quality assurance monitoring systems in place and there was evidence to show people who used the service were involved in the quality assurance process. There was also evidence to show that the provider had started to review all the policies and procedures in place to ensure they provided staff with accurate and up to date information.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

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.

Medication policies and procedures were in place. However, we found in one instance medication had not been recorded correctly on the medication administration record (MAR). We also found the protocol for medicines prescribed as and when required (PRN) fell short of the guidance given by the National Institute for Health and Care Excellence (NICE).

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

However, the provider had failed to maintain the staffing levels for care staff which had impacted on the care and treatment people received. This matter was rectified by the provider shortly after the inspection.

Requires improvement



Is the service effective?

The service was not consistently effective.

There was a planned programme of staff training, supervision and appraisals in place to ensure staff had the skills and experience to meet people's needs. However, not all staff had benefitted from this new approach to supervision and appraisals.

We saw documentary evidence which demonstrated that people were referred to relevant healthcare professionals if appropriate and staff always followed their advice and guidance.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

Requires improvement



Is the service caring?

The service was not consistently caring.

We saw staff interacted with people in a kind and calm manner and people appeared at ease and relaxed in their company.

However the needs of some people were not consistently being met. The staff we spoke with told us this was because staffing levels did not always allow them to deliver person centred care.

Requires improvement



Is the service responsive?

The service was not responsive.

Inadequate



Summary of findings

We saw people had access to the full range of NHS services and staff worked closely with community based healthcare professionals in specific areas of people's care.

We saw care plans were person centred and specific for the individual. We saw that people's care plan and risk assessments were reviewed regularly and whenever there were significant changes in their physical or mental health.

Whilst the care plans reflected people's needs we found in practice little person centred care was being delivered and the service did not provide people with a therapeutic and stimulating environment.

Is the service well-led?

The service was not consistently well led.

We found since the last inspection the provider/manager had stepped down from the role manager. An acting manager had been appointed until the post was filled on a permanent basis.

We found lines of communication and accountability between the senior staff team had improved since the last inspection and people were now clear about their roles and responsibilities.

In addition, improvements had been made to the quality assurance monitoring systems and some but not all policies and procedures had been updated to ensure they provided staff with accurate and up to date information.

However, the acting manager recognised further improvements were still required if the service was to be managed effectively and in people's best interest.

Requires improvement



Malvern 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.

This inspection took place on 20 August 2015 and was unannounced. The inspection was carried out by two inspectors. One of the inspectors was also a specialist advisor in Mental Health.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home.

We usually send the provider a Provider Information Return (PIR) before the inspection. 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. We did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at ten people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with six people who were living in the home, five care staff, the cook, the acting manager and the assistant manager.

We also contacted the local authority safeguarding and commissioning teams. We were informed by the commissioning service that on the 23 April 2015 they had taken the decision to suspend the commissioning of any contracts with the service for contractual reasons. We were informed the registered provider had addressed the concerns raised and the suspension had been lifted on the 4 August 2015.

Is the service safe?

Our findings

At the previous inspection in January 2015 we found a regulatory breach in relation to medicines as nursing staff did not always follow the correct procedures when administering medicines and medicines were not always administered as prescribed. At this inspection we found, although improvements had been made, medication was still not always administered as recorded on the person's medicines administration record (MAR).

For example, on one occasion we found medicines were being given contrary to the prescribers recorded wishes. We saw the person had been prescribed an anti-psychotic injection every two weeks. The prescribing doctor had identified the potential need to supplement the injection by prescribing a supplementary medicine to be given up to twice a day if required towards the end of the cycle i.e. in the three days prior to the next dose. We found on 10 occasions since 15 June 2015 the medicine had been administered incorrectly. On these occasions the medicine had been administered in the period immediately after the injection of. The assistant manager told us the medicine had always been prescribed to be taken three days before or after the injection but acknowledge the qualified nursing staff had not realised it had been recorded incorrectly on the medication administration record (MAR).

Following the inspection we received written confirmation from the Consultant who had prescribed the medication that historically the medicine had been prescribed to be taken three days before or after the depot injection. They confirmed they had now amended their records to reflect this and informed the persons GP. However, the audits systems in place had not highlighted that the information on the Medication Administration Record (MAR) was incorrect.

We inspected medication storage and administration procedures in the home. We found the storage cupboards were secure, clean and well organised. We saw the controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Medicine fridge temperatures were taken daily and recorded. The treatment room was locked when not in use.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These

medicines are called controlled medicines. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.

We saw evidence people were referred to their doctor when issues in relation to their medication arose. We saw any changes to medicines in care plans and on MAR sheets were signed by care staff.

We saw all as necessary (PRN) medicines were supported by written instructions which described situations and presentations where PRN medicines could be given. However the protocol fell short of the guidance given by the National Institute for Health and Care Excellence (NICE). We brought this to the attention of the acting manager who confirmed this matter would be addressed..

We saw most medication was administered via a monitored dosage system supplied directly from a pharmacy. However, some medication not able to be put in the monitored dosage system was administered from individual named boxes. We carried out a random sample medicines dispensed in individual boxes and found on all occasions the stock levels of the medicines concurred with amounts recorded on the MAR sheet. We examined records of medicines no longer required and found the procedures to be robust and well managed.

When we inspected the home in July 2014 we found the service was running on minimum staffing levels and there was a heavy reliance on agency staff. At the last inspection January 2015 we found the provider had increased the number of support workers on day duty from four to five. We saw evidence which showed the provider had also agreed to increase the qualified nursing hours by 21 hours per week. This was because the clinical lead nurse considered the service was not safe without the additional hours.

In July 2015 we received information that the provider had reduced the number of support workers by one on the afternoon shift for financial reasons. This was discussed with the provider at a meeting held with them on the 30 July 2015. We were told at the meeting the reduction in staffing hours was not because of financial difficulties but

Is the service safe?

because the suspension placed on the service by the local authority commissioning service had impacted on the occupancy levels. The provider told us the staffing levels in place were sufficient to meet dependency levels of people who used the service. They told they would monitor the situation and staffing levels would be increased if necessary.

However, on this inspection we saw the minutes of a senior staff meeting held on the 27 July 2015 at which the provider had told senior staff that the current staffing levels could not be sustained financially and the advertised activities co-ordinators post would not be filled. Although some members of the senior staff team raised concerns about the implication of reducing staffing levels it was agreed that the changes would take place for an initial period of twelve weeks. It was also agreed that during this period the impact on the care and support people received would be monitored and additional staff could be brought in if people needed to attend such things as outpatient's appointment.

We saw evidence that the acting manager had put in place a monitoring tool which highlighted the number of accident and incidents to determine if the reduced staffing levels impacted on people's safety. We saw there had been no significant increase in the number of accidents and incidents.

However, there were clear indications that people's ability to access community based activities was being restricted by insufficient staffing levels. For example; records showed that on five occasions people had requested an escort to allow them to go out into the community and on all occasions the request had been declined due to staffing levels.

Through our assessment of both people's dependency levels, our observation of care delivery, and discussions with the acting manager and assistant manager we found there to be insufficient staff to meet people's needs. For example; records showed that seven people needed staff to assist them with their personal care needs and in one case it was specifically recorded that the person needed that level of support five times a day. Other people were in need of high levels of support to protect them from harm or to ensure others did not come to harm because of their known behaviours. In addition, one person required a one

to one staff ratio for fourteen hours during the day and another person required two support workers to assist them to ensure the staff were protected from false accusations.

The reduction in staffing levels on the afternoon shift also meant people were not being supported to pursue activities and interests of their choice because of restrictions imposed through inadequate numbers of staff. Our observations indicated people were at risk of social isolation because of mental incapacity, profound mental illness, physical disability or lack of family support. The inadequate staffing levels did nothing to mitigate this risk.

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

Following the inspection we received confirmation from the assistant manager that the staffing levels on the afternoon shift had been increased to one qualified nurse and five support workers and would now remain at this level. We also received confirmation that an activities co-ordinator was going to be employed.

We saw there was a recruitment and selection policy in place. The assistant manager responsible for staff recruitment told us as part of the process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service. We looked at three employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made.

We saw the service had policies and procedures in place to safeguard vulnerable adults. All the staff we spoke with demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies

Is the service safe?

they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy.

We completed a tour of the premises as part of our inspection. We inspected six people's bedrooms, two bath and shower rooms, the laundry and various communal living spaces. All upper floor windows had window restrictors in place. All radiators were protected to protect people from the risks associated with hot surface temperatures. Hot water taps were controlled by thermostatic valves (TMV's) which protected people from the risk of scalds. Maintenance records showed TMV's were subject to regular checks and recalibration. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We found all floor coverings were appropriate to the environment in which they were used. All floor coverings were of good quality and properly fitted thus reducing the risk of trip hazards. We saw Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked room out of the reach of vulnerable people.

We inspected the service records of the stair-lift, hoists, gas safety, electrical installations, water quality, fire detection systems and fire appliances and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

We saw risk assessments were in place in relation to people care and welfare and reviewed on a regular basis. Where people were identified as being at risk of harm, assessments were in place and action had been taken to mitigate the risks. For example, one person was assessed as being at risk of choking. We saw the initial assessment

had resulted in the person being referred to a speech and language therapist (SALT). The SALT had contributed to the risk assessment by advising the addition of thickeners to liquids to help prevent choking. We observed suggested mitigating actions were being utilised to protect the person from harm.

We looked at a sample of care plans for people who we saw had bed-rails attached to their beds. Assessments of people's needs demonstrated bed rails were used only to prevent people falling out of bed or where people were anxious about doing so. We saw families had been included in discussions prior to bed-rails been used. We saw risk assessments were carried out to ensure the potential risks of using bed rails were balanced against the anticipated benefits to the user.

Many people at the home were diagnosed with a severe mental disorder, were at risk of self-harm, self neglect and had a history of having being detained under the Mental Health Act 1983. As such people's care was coordinated under a Care Programme Approach (CPA). This approach ensured a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs. We saw CPA meetings took place with all relevant health and social care professional in attendance. We also saw appointed Independent Mental Health Advocates (IMHA) were in attendance.

We saw a number of practical steps were in place to address the potential risks of cross infection. For example, anti-bacterial gel dispensers were located throughout the home. We observed all staff washed their hands appropriately between tasks and had disposable gloves and aprons to support people with their personal care tasks. Staff had undertaken training in infection prevention and control. This meant the staff had the knowledge and information they needed to minimise the risk of the spread of infection which they demonstrated during the day of our inspection as they carried out practical tasks.

Is the service effective?

Our findings

At the previous inspection in January 2015 we found a regulatory breach in relation to the lack of training and support workers received. We found that a number of support workers needed to update their mandatory training and supervision meetings with individual member of staff to discuss their training and personal development needs did not take place on a regular basis. .

At this inspection we found the provider had improved the training opportunities for support workers and put in place a planned programme of supervision and appraisals. The assistant manager told us not all support workers had yet benefitted from having a one to one supervision meeting with a senior member of staff but we saw evidence the programme was being adhered to. The acting manager told us they intended to send out anonymous questionnaire to all support workers once everyone had attended a supervision meeting to access the level of engagement they had with the process and to identify areas for improvement.

We saw that the provider had planned two full training days for support workers to update their mandatory training and the assistant manager and four qualified nursing staff had attended a level 1 course on supervision and appraisals. The assistant manager told us the course had been informative and they now felt better equipped to provide support workers with the level of support required.

The assistant manager told us the majority of training was provided by an external training provider and all new staff shadowed more experienced staff until they felt confident and competent to carry out their roles effectively. We saw that in addition to mandatory training staff received training on managing challenging behaviour, mental health awareness and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We also saw support workers had recently attended on a course on low level intervention. Low Level Intervention is a strategy used by staff to de-escalate disruption behaviour and conflict situations.

The support workers we spoke with told us the training provided was good. They said the introduction of a planned programme of one to one supervision meetings had been beneficial and allowed them to discuss their training and personal development needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People, when appropriate, were assessed in line with DoLS as set out in the Mental Capacity Act 2005 (MCA). We were told five people using the service were subject to authorised deprivation of liberty. A further five authorisations had been sought but with no outcome as yet. The care records we looked at demonstrated all relevant documentation was securely and clearly filed. We saw on two occasions the best interest's assessor had recommended conditions be attached to the authorisation. We saw care plans had been constructed to ensure the conditions would be acted upon and be subject to regular review.

Where people were subject to DoLS relevant person's representatives (RPR's) were seen to have been involved in decision making and involved in the regular reviews of care needs.

We reviewed the care records of two people with a mental illness who had previously been detained in hospital under Section 3 of the Mental Health Act 1983. We saw that at the time of admission to the service the person had been discharged from hospital on a Community Treatment Order (CTO). CTO's were introduced to the Mental Health Act 1983 by the Mental Health Act 2007. These orders allowed people to be discharged into a community setting whilst still being subject to mandatory conditions. Any breach of these conditions can lead to recall into hospital and detention under Section 3 of the Mental Health Act 1983. We spoke with the acting manager about the CTO and conditions involved. They had a thorough understanding of the conditions and the part they played in supporting the person to maintain the conditions. This was of particular importance in one case as the person was also subject to DoLS. Our scrutiny of the conditions attached to the CTO demonstrated there to be no conflict with the requirements of the DoLS.

We saw care plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions. The correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the

Is the service effective?

healthcare professional completing the form. The support workers we spoke with knew of the DNACPR decisions and were aware these documents must accompany people if they were to be admitted to hospital.

There was evidence within the care records we reviewed to show people had access to other healthcare professionals involved in their physical and mental health such as GPs, district nurses, dentists and the mental health professionals. The acting manager told us the staff team had a good working relationship with other healthcare professionals and always followed their advice and guidance.

We saw nutritional risk assessments were routinely carried out and people's weight was monitored on a monthly basis. We spoke with the cook and it was apparent they had a very good understanding of people's dietary needs and preferences. The cook confirmed they encouraged people to eat a varied and balanced diet and no restrictions were placed on the catering budget. People we spoke with told us they were happy with the food provided. One person told us "The food is really good, there is lots of choice and it is really tasty."

Is the service caring?

Our findings

People who were able told us staff were helpful and approachable. One person said, “On the whole I can’t complain, I have my own room and I can generally do what I want.” Another person said, “The staff are OK’ I don’t have to worry about anything, it’s all laid on for you.” People also told us they could see their visitors whenever they wished. One person told us “My family are important to me so it is good to know they can visit at any time.”

All the people living at the home were diagnosed with a mental illness or an acquired learning disability. Many were exhibiting signs and symptoms of a psychosis which made it difficult for them to understand our questions. Some people were showing signs of hallucinations or delusional thinking which was severely disrupting their perception, thinking, emotions and behaviour. Because of this we undertook detailed observations of the care and support delivered by staff.

We observed many people had no structure to their days and sat around neither engaging with other people or staff. We saw little evidence of staff interaction that would lead to a stimulating or therapeutic environment being available or taking the opportunity to encourage people to participate in either spontaneous or planned activities that might have encouraged their independence. This was discussed with the assistant manager who told us people were encouraged to participate in a variety of activities but many showed no interest in doing so, but acknowledged more could be done to create a more stimulating environment. This had also been the case when we last inspected the service in January 2015. **This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw when one person became distressed about a missing item of clothing and they were immediately reassured by a member of staff who went with them to find the clothing. We saw the person shortly afterwards and they were much calmer and thanked the staff for helping them.

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people’s dignity and privacy. For example, by

always asking them for their consent before assisting with their personal care needs. We observed people were comfortable in the company of staff and staff responded to their requests for assistance in an appropriate manner. We saw support workers always called people by their preferred name and knocked on their bedroom door before entering the room.

However, staff told that they had little time to engage with people who used the service on a one to one basis because they were always so busy. One support worker told us “I am sure more could be done to support people to lead a full and active life. However, it is sometimes very difficult to motivate people especially people who have been in care a long time. They become institutionalised and don’t want to engage with you or change their life style. We then get accused of failing to meet their needs when sometimes it is actually the system that has failed these people.”

Another member of staff told us “I know we are at times criticised but we do try hard to make sure people are safe and well cared for. However, it is sometimes difficult for new support workers who have perhaps only worked in a traditional older people’s home to understand the complex needs of the people we care for.”

Is the service responsive?

Our findings

We looked at ten people's care records to determine compliance with the Mental Capacity Act 2005. We looked at two people's care records in more detail to determine if all aspects of their care needs were being met.

We found the care plans in place were person centred, with individual information on people's wishes in relation to how their care was provided. The care plans showed how people liked to spend their time and how they liked to be supported. Care planning was influenced by both the homes care staff and the outcome of CPA reviews. This led to a well-constructed care plan derived from a broad input of relevant people. Whilst the care plans reflected people's needs we found in practice little was being delivered. Our discussion with the acting manager and assistant manager demonstrated the care planning at the home was being created by people with high ideals yet lack of resources was significantly impacting on their ability to deliver good person centred care. **This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw in one care plan a person had been assessed at being at risk of boredom if not adequately stimulated. This boredom was noted as being the cause of the person absconding from the home. During our inspection we noted the person was not engaged in any activity which may prevent boredom. Indeed for the entire day the person wandered aimlessly around the home.

We also witnessed one person who was agitated throughout the entire day. The person wanted to go out into the community yet without the necessary support workers this was not able to be done. We saw every attempt the person made to have their needs delivered was met with comments designed to placate. The person was subject to DoLS yet the conditions attached did not preclude the them being taken into the community with an escort. Staffing levels would not allow this to take place.

With the exception of four people engaged in colouring in a book we saw no evidence of anything approaching a therapeutic environment. Even the people colouring in the book were without any staff to give direct encouragement or guidance.

We saw examples of institutional care and we saw routines resulting in inadequate standards of care and poor practice which denied people choice or curtailed their independence. On a notice board in the dining area we saw a list of times when people could have a cigarette and at what times people could have a drink. During the day we witnessed people coming to the office at the appointed time to be given one cigarette at a time. **This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We also saw the allocation of staff was not focussed around people's individual needs and preferences. For instance people's care plans recorded the need to be engaged in activities. The need for a care co-ordinator had been recognised yet the provider had stopped the appointment due to affordability.

We saw little evidence of people being engaged by support workers in one-to-one interactions or support workers providing listening time for people. We observed that very few people had been helped to retain their ability and enjoyment in life. We saw no interaction between people with most preferring to sit alone or in a communal lounge. Many people's day was driven by the time they could have their next cigarette. People said very little and some lacked motivation with staff giving little encouragement on a one-to-one basis.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with. We saw evidence that at the last "resident meeting" held in June 2015 people had been asked if they had any concerns and that the complaints procedure was discussed at every meeting. The acting manager told us that people were actively encouraged to air their views and opinions of the service but many were reluctant or not interested in raising concerns or complaints about the care and treatment they received.

Is the service well-led?

Our findings

At the previous inspections of the service in July 2014 and January 2015 we found that the provider/manager and senior management team did not share a common understanding of the key challenges, concerns and risks associated with managing the service. We also found that they lacked of a shared vision of the aims and objectives of the service and there were no clear lines of communication or accountability within the senior management team.

We also found that although the provider/manager visited the service most days they only worked about 10 hours per week in total. In addition, the provider/manager told us when they did work they only carried out administrative tasks and took no responsibility for the day to day management of the service or the care, treatment and support people received.

When we met the provider/manager on 30 July 2015 they informed us that they were stepping down from the role of manager and were looking to appoint a Registered Mental Nurse (RMN) to become the registered manager.

Although the provider/manager was on leave at the time of this inspection the acting manager told us they had been offered the post and although they decided not to accept the offer they had informed the provider/manager that they would act up until a new manager was appointed. Following the inspection we received written confirmation from the provider/manager that they had started the recruitment process for a new manager who once in post would be registered with the Commission (CQC).

However, we were concerned that the provider had reduced the staffing hours at the home for financial reasons without taking into account how it would impact on people's care, treatment and support. Whilst we acknowledge the provider was monitoring the situation and we received confirmation following the inspection that the hours had been reinstated, action should have been taken sooner to address this matter as there were clear indications that people's needs were not being met. **This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We spoke with the acting manager and assistant manager about their roles and responsibilities and they told us since the last inspection they had worked hard to establish clearer line of communication and accountability within

the service. They told us they now had more defined roles and worked together to ensure there was a more consistent approach to managing the service. Both the acting manager and assistant manager told us they were committed to improving the service. However, they acknowledged that they were reliant on the provider to put sufficient resources into the business if the service was to move forward.

We found that improvements had been made to the internal audit system and found improvements had been made to the quality assurance monitoring systems. For example; we saw the acting manager monitored accidents and incidents on a weekly basis and also completed a monthly analysis report. The assistant manager told us they looked for trends and themes and we evidence that action was taken to address any concerns raised. This included putting risk assessments in place, updating care plans, providing specialist equipment or making referrals to other healthcare professionals.

We saw since the last inspection the provider had put new systems in place to manage people's personal finances and money kept in safekeeping which the assistant manager audited on a regular basis. We also saw medication audits had been implemented to account for the accurate recording of medicines in stock and the signing of all medicines administered. However, the audit had failed to detect the shortfalls in the medication system highlighted in the "Safe" section of this report.

We looked at the policies and procedure files and saw that a number of the policies and procedures which had been out of date at the last inspection had been updated. The assistant manager told us the policies were being reviewed systematically to ensure they were fit for purpose and provided staff with accurate and up to date information. The assistant manager told us senior members of staff had been allocated specific policies and procedures to update in line with their skills and experience.

In addition, the assistant manager told us as part of the quality assurance monitoring process it was their responsibility to send out annual survey questionnaires to people who used the service, their relatives, staff and other healthcare professionals to seek their views and opinions of the care and support provided. The assistant manager confirmed the information provided was collated and an action plan formulated to address any concerns or

Is the service well-led?

suggestions made. However, the assistant manager confirmed that the response from the last survey carried out in October 2014 had been very poor and insufficient people took part in the survey to make it of value.

The assistant manager confirmed that the survey questionnaires for 2015 were due to be sent out in the near future and every effort would be made to encourage people who used the service and their relatives to complete them. The assistant manager told us that staff questionnaires and healthcare professional questionnaires would be sent out at the same time so the complete overview of people's experience of the service.

We saw that both staff and residents meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service. The support worker we spoke with told us things had started to improve

but the reduction in staffing levels on the afternoon shift and the lack of an activities organiser had impacted on service delivery and staff morale. They told us with additional resources they would be able to spend more time engaging with people either on a one to one or groups basis and provide a more stimulating environment. One member of staff told us "This could be a very good home, we know what is wrong but need the staff and leadership to put it right, hopefully things will now improve."

We saw the provider had the current CQC rating on display at the entrance to the home and in the dining area.

We found the acting manager and assistant manager were open and honest with the inspectors about where they recognised improvements were still required. They told us they realised they had a task ahead of them to improve the service but were confident they could meet the challenge provided the provider put the right resources in 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

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

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
The registered person did not have suitable arrangements in place to ensure people received person centred care to meet their needs and reflect their preferences.

Regulated activity

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

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
The registered person did not have suitable arrangements in place to ensure people were treated with dignity and respect.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed to meet people's assessed needs.