

Cotswold Spa Retirement Hotels Limited

Albany Care Home

Inspection report

Albany House
Albany Way
Washington
NE37 1BJ

Tel: 0191 415 3481

Website: www.fshc.co.uk

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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

This inspection took place on 1 September 2015 and was unannounced. This meant that the provider did not know we would be visiting. A second day of inspection took place on 2 September 2015, and was announced. The service was previously inspected on 3 and 10 February 2015, and was not meeting three of the regulations we inspected.

Albany Care Home is a nursing home providing personal or nursing care for up to 38 older people, some of whom are living with dementia. At the time of our inspection there were 27 people living at the service.

The service had a registered manager. However, when we inspected we were told that the registered manager had been transferred to another service operated by the provider. There was an acting manager in place who was applying to become the registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The service was not always safe. Medicine records were not always completed fully, which meant that it was not possible to see when medicine had been administered. There was no system for the management of controlled drugs, and no policy on supporting people who used 'as required medicine'.

Where safeguarding incidents occurred the service did not follow its own policy and ensure that they were thoroughly and properly investigated. This meant that it was not possible to see whether allegations had been substantiated or remedial action taken.

Risks to people were not always properly assessed and documented. There was no central record of people's support needs in emergency situations. The service monitored its staffing needs and this ensured that staffing levels were matched to the dependency needs of the people using the service.

The service had no system in place for monitoring people's mental capacity or for making applications under the Deprivation of Liberty Safeguards (DoLS). This meant that there was a risk that support was being given without people's consent.

Staff received training but did not always find this effective. Records of staff training were not always accurate.

People were offered food and drinks suitable to their dietary needs and preferences, and were supported with their food and nutrition where necessary.

The service treated people with dignity and respect. Some staff were kind and caring and engaged with people in a positive and meaningful way, but others undertook their work focusing on the task rather than the person.

Care plans were sometimes incomplete or contradictory, which meant that care did not always meet people's individual needs. People did not have access to activities that were tailored to their abilities or preferences. There was a complaints procedure in place, and this was advertised at the service.

Audits took place but these did not always result in remedial action being taken or improvements in the service. Feedback from people and their families was not encouraged, and where it was received it was not always acted on. Staff did not always feel supported at the service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Risks to people were not always appropriately assessed and managed.

The service did not always apply its own safeguarding policy, which meant that incidents were not properly investigated.

The service did not have policies and procedures in place to safely manage medicines.

Inadequate



Is the service effective?

The service was not always effective.

Staff did not always receive the training they needed to support people.

The service did not have procedures in place to assess people's mental capacity or to ensure people's best interests were protected without compromising their rights.

People received support with food and nutrition and were able to maintain a balanced diet.

We have made a recommendation about staff training.

Requires improvement



Is the service caring?

The service was not always caring.

People were treated with dignity and respect, and at times the service had a welcoming and homely atmosphere. Some staff knew the people they cared for and interacted with them in a meaningful way. Other staff delivered support in a functional way and without personal, caring interactions.

The service did not promote the availability of advocacy services.

Requires improvement



Is the service responsive?

The service was not always responsive.

People's preferences were not always assessed and care was not planned around them.

People did not have access to activities that were tailored to their individual needs. We have made a recommendation about activities provision.

Requires improvement



Is the service well-led?

The service was not well-led.

Audits were not always carried out. Where they were, issues identified were not always addressed.

Inadequate



Summary of findings

The service did not encourage or use feedback.	
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Albany Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 September 2015 and was unannounced. This means that the provider did not know that we would be attending. A second day of inspection took place on 2 September 2015, and was announced.

The inspection team consisted of three adult social care inspectors and a specialist advisor.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch.

During the inspection we spoke to seven people who lived at the service and two relatives. We spoke with eight members of staff, including the regional manager, the acting manager, a nurse, senior care workers and carers. We looked at six people's care records and 12 people's medicine records. We reviewed six staff files, including records of the recruitment processes. We reviewed the supervision and training reports as well as records relating to the management of the service. We completed observations around the service.

Is the service safe?

Our findings

At the last inspection on 3 and 10 February, we asked the provider to take action to make improvements to its medicines policy by including guidance on 'as required' medicine. We received an action plan from the provider on 1 May 2015 saying that the guidance had been implemented, but this action had not been completed.

We reviewed MARs for 12 people. Eleven of the MARs contained some blank spaces next to people's medicines, which meant that it was not clear whether they had been administered or not. On some MARs there were multiple blank spaces. For example, one MAR contained blank entries for 24 August 2015, 25 August 2015 and 29 August 2015. Another had blank entries on 24 August 2015, 26 August 2015 and 27 August 2015. MARs did not always contain directions on the use of medicines. For example, one MAR contained no directions for use of a barrier cream. Another stated that they were 'awaiting instructions from GP' on the use of an Ibuprofen gel and we noted that this had been the case for eight days. Where care plans contained specific directions on how medicines should be given these were not always followed. One person's care plan stated that they should be offered milk with their medicines due to swallowing difficulties. This was not offered on the medicine round. Another person's care plan directed that their medicines should be in either dispersible or suspension form due to their risk of choking. We saw that they were given their medicine in tablet form.

The service's medicines policies were stored on an electronic system called 'Company Gateway'. Not all staff administering medicines had access to this, which meant that they could not access policy and guidance for support unless a member of staff with the relevant access was present. At the time of our inspection only the acting manager and regional manager had such access. An action plan submitted by the service to CQC on 1 May 2015 read, 'All persons using as required medication to have written guidance as per FSHC policy' and 'All staff who administer medication will be re issued with this policy and supported through supervision to ensure they have read and understood'. Under, 'Date actions will be completed' the action plan read, 'Written guidance already implemented'. There was no policy or guidance covering the use of 'as

required' medicines when we inspected. This meant that it was unclear how people were to be supported in the use of such medicines, particularly people with communication difficulties.

The service did not maintain a controlled drugs register and did not destroy Controlled Drugs that were no longer in use. Controlled drugs are medicines whose prescription, use and storage are strictly governed by law. Two people were still prescribed controlled drugs and their medicines had been correctly ordered and stored. We saw that six people whose controlled drugs had been discontinued still had stocks of medicine at the service. One prescription had been discontinued on 19 March 2015 but the medicine had not been disposed of. By not maintaining a register it was not clear which controlled drugs were lawfully on the premises. We told the acting manager about this and were told that all controlled drug stocks at the service that were no longer in use would be immediately disposed of.

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

We observed a medicine administration round on the nursing wing. The nurse on duty worked on the provider's bank and had only worked at the service once before. The nurse safely dispensed and signed for most medicines and filled in the relevant Medicine Administration Record (MAR). A MAR is a document showing the medicines a person had been prescribed and recorded when they had been administered. The nurse administered medicines with patience and respect, giving appropriate verbal and non-verbal prompting to each person.

The service had a written safeguarding policy. This required that the 'Service Manager (the referrer) must...produce a written record of any allegation of abuse or concern as soon as possible. This should be clear, factual and relevant...' and that 'all actions, phone calls and discussions pertaining to cases are fully documented'. Before the inspection the CQC received a safeguarding notification from the service dated 14 July 2015, relating to the possible neglect of a person through the failure to provide them with drinks. The notification stated, 'The staff on duty were asked if the lady had had a drink today and they said they didn't think so. An investigation is underway as to whether a drink had been given during the night and if not why and if she had then why had records not been completed.' During a telephone conversation with the registered manager on 22 July 2015, the CQC was told that

Is the service safe?

the investigation had found that the person had been given drinks but staff had not recorded these. The registered manager stated that group supervisions would be held to remind staff of their recording responsibilities. At the time of the inspection there was no evidence that an investigation had taken place or that remedial action had been taken.

The training matrix showed that one member of staff had not received safeguarding training. A different member of staff told us, "There is a safeguarding policy here but I haven't had training on it." This meant that the service had not followed its own safeguarding procedure, and that people were not always protected from avoidable harm.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a policy of carrying out risk assessments in areas including behaviour that challenges, tissue damage, reduced nutrition, falls and moving and handling but such assessments were not always carried out. In one care plan, a monthly choking risk assessment had not been carried out since 9 July 2015. In another, a bed rail risk assessment had not been carried out since 25 August 2014 despite an internal audit of the care plan by the service on 23 June 2015 identifying this as overdue. Care plans did not always contain consistent information on risk assessment. One person's choking risk assessment identified them as 'low risk' and stated that they had no difficulty in swallowing. An assessment by the local Speech and Language Therapy team four months later identified that they required all medicines in dispersible or suspension as other forms presented a choking risk. The original choking risk assessment was in place and had not been updated with that information.

Since February 2015, a weekly check had been recorded of fire alarms, fire escape route and emergency lighting. Two unannounced fire drills had been recorded in August 2015. In both cases staff were recorded as having responded to the drill with appropriate speed and actions. The member of staff responsible for fire safety told us that simulated evacuations were being planned and would be implemented in the near future. People in the home did

not have individual personal emergency evacuation plans (PEEPs). This meant that there was no record of the level of assistance each person would need to evacuate the building in an emergency. An emergency contingency plan was available that indicated who was to be contacted in relation to each person in the event the home was temporarily inhabitable, such as after a flood or fire. This record had last been updated in October 2014. A PEEPs overview was available for the home and the people that lived there but it was undated and did not include an assessment of the level of mobility or capacity to understand an emergency although visual and hearing impairments were noted. The overview was not colour-coded, which meant that it was not immediately clear what level of risk an evacuation would present for each individual. We spoke with the acting manager about this. They acknowledged that PEEPs had not been completed and said that they had begun to implement these as a priority.

The service used a computerised dependency tool to assess staffing levels. During the day 1 nurse, 1 senior carer and 4 carers were deployed to cover both floors of the service. At night, 1 nurse, 1 senior and 2 carers were deployed. This was in line with the staffing level generated by the dependency tool. Throughout the inspection there were only a small number of occasions when the call alarm sounded, and these were responded to quickly by staff. This meant people received support in a timely way. The rotas for the previous two weeks showed that staffing was also at that level. The rotas for the following two weeks had some gaps in them. The deputy manager was usually responsible for the rota but was scheduled to be off for three weeks. Staff told us that this had left the rota unstable. One member of staff said, "No-one understands what to do with the deputy off. The rotas change without notice and no-one tells us." The acting manager said that they had been reassured that the rotas were covered in the absence of the deputy manager and would raise this on their return. Staff files contained details of their recruitment, including their employment history, references and enhanced DBS checks.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The service did not have register of people who had received mental capacity assessments and who were subject to DoLS authorisation. Three of the care plans we reviewed contained DoLS authorisations that had expired in July 2015. One of those plans confirmed that the person's DoLS authorisation expired on 22 July 2015. The care plan was reviewed on 29 July 2015 and 6 August 2015 and during both reviews it was noted, '[The person's] DOLS authorisation has ceased from 22/07/15'. No action was taken to undertake a new capacity assessment or DoLS application. There was no system in place for reviewing people's mental capacity, DoLS status or best interest decisions. No central record was held of relevant expiry dates, which meant that new assessments were not arranged. This meant that those people were at risk of having their liberty restricted without lawful authorisation. The regional manager said, "We don't have a DoLS register at the moment, but are implementing the corporate template. I can't say at this stage who has one" and, "We are going to submit 20 by the end of the day...Everyone here will get a capacity assessment to see if they can consent to their care".

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service maintained a training matrix that enabled the acting manager and administrator to ensure staff undertook mandatory training. The matrix was not immediately accessible at the time of our inspection and we were told that due to a change in computer software, not all of the management team had access to it. We found that staff had received training in the moving and handling of people (including the assessment of risk), conflict resolution, first aid, infection control, equality and diversity and fire safety. Staff also received training in person-centred approaches to dementia, oral health and the Deprivation of Liberty Safeguards (DoLS). Not all staff received mandatory training. One member of staff had not been trained in first aid, safeguarding or moving and handling. Another, who we observed providing one-to-one support during a lunch service, did not have a record of training in food hygiene, health and safety or safeguarding.

Staff had received performance-based assessments in infection control. Records were not maintained consistently, such as an infection control assessment that had been filed partially-completed. This meant that the provider was not able to demonstrate that staff were adequately trained in the skills and knowledge needed in their area of work. Staff were content with the training they received. One said, "We do get offered training but there is not really a training schedule". Another said, "There's a knowledge test at the end of each e-learning module that you can't reach without completing all of the tasks. You have to pass the test otherwise you're made to repeat the e-learning."

We recommend that the service reviews how it organises and monitors staff completion of mandatory and relevant training.

The provider had a standardised induction process that included an introduction to people who lived in the home, care plans, the bed rail policy, safeguarding policies and the whistleblowing policy. Induction supervisory periods that had been documented were appropriate to the responsibilities of the individual. For instance, catering staff received introductory sessions in personal protective equipment and food safety management. However, the completion of induction modules had not always been signed off by a trainer so it was not clear if they had been completed. When we asked staff about the induction training they told us that they had not always received it. For example, records indicated that each member of staff had undergone a period of observational supervision that had included an observation of how they interacted with people and the safe use of equipment such as hoists. We asked a member of staff about this and they said, "No I didn't have an induction. They threw me in at the deep end. I was supposed to have two induction days but this didn't happen, I didn't even get a shadowing shift or mentor." Another said,

"I don't know what the whistleblowing policy is. There might be a poster in the staff room but it's never been mentioned to me."

Supervisions records showed that they followed a standardised format and did not include the personalised training or professional needs of the member of staff involved. There was no evidence that staff had been asked for their input and information for staff was given in the form of commands, such as 'Residents to have access to

Is the service effective?

cold drinks at all times.' Where staff had met with the registered manager to discuss problems at work, it was not clear whether they had been supported to address them. Where staff had been identified as underperforming in their role, additional training had been recommended, such as assertiveness and dementia training. Supervision records were maintained inconsistently and it was not clear if this support had been provided. One member of staff told us that supervisions took place every two months, and that they were required to complete a 'job satisfaction form' and identify any training they felt they needed. They said this was followed up, "most of the time", and gave as examples of specialist infection control training at Sunderland Royal Hospital and dementia training.

People ordered lunch each morning, and were asked what they wanted a second time before they ate. Where people had changed their mind they were provided with food of their choice. The cook was knowledgeable about people's preferences and specific dietary requirements, and these were catered for. People were offered hot tea or juice before their meal and juice was offered regularly during the service, with drinks being fortified where required. Staff demonstrated patience and kindness during the food service and took their time to encourage people to enjoy their meal. For example, a member of staff noticed someone struggling to eat their meal and said, "Can you manage [person's name]? Let me help you, I know you like this." Another member of staff noticed a person who looked

hot and asked if they would like a window opened. People were relaxed and content during their meal. One person said, "The food here is nice, the veg looks lovely." However, in some cases we saw staff assisting people with eating without talking to them.

The dining room on the first floor was dirty and poorly kept. Food debris was present on the floor, seating and tables were sticky when touched and had evidence of dried spillages. Staff did not clean the tables before seating people or serving food. Tables were unset and although condiments were on the food service trolley, these were not offered to anyone. The hot food trolley was left unattended for several minutes in the dining room, during which time a person was uncovering and recovering food on it. The pictorial menu on display on the wall displayed only breakfast items. There was a printed menu on display outside of the dining room and the print was very small and did not match the food being offered. The regional manager told us that the dining room would be cleaned that day, and that menus would be updated.

People's care records showed when other health professionals visited people, such as general practitioner, social workers and the Speech and Language Therapy Team. This meant that people received treatment when they needed it and were supported to maintain their health.

Is the service caring?

Our findings

Some staff delivered support in a functional way and without personal, caring interactions. One member of staff sat in a person's room filling in paperwork while the person was repeatedly requesting her meal. We saw another member of staff assisting a person with peg (tube) feeding. The staff member left to get a tissue for the person but never returned with it. Other staff would walk around the service and would pass people without communicating with them. We saw that some staff, when assisting people with eating, did not communicate with them. This meant that not all staff treated people with dignity and respect.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff understood the importance of maintaining people's dignity and respect. Staff knocked on people's doors before entering, and approached people and spoke to them discreetly if they were supporting them in communal areas. One member of staff said, "You treat people the same way that you would want to be treated, for example by closing doors and not discussing things publically."

Some of the interactions we observed between staff and people were positive, kind and friendly. Some staff were alert to people's moods and made an effort to speak to them whenever they could. For example, a carer noticed a person who looked sad and said, "I thought my funny face made you laugh? There you go; I knew I could make you

smile." This showed that some staff knew the people they were supporting and understood their needs. Where they supported people they spoke to them in a friendly and conversational way which focused on the person being assisted rather than the task undertaken. Some staff made an effort to speak to people as they were moving around the service, which created a welcoming and homely atmosphere. One member of staff told us, "The best thing about the job is the satisfaction I feel from care giving and the feedback I get from my residents."

People said they were happy with their care and spoke highly of staff. One said they were "happy and content" and spoke affectionately about staff. Another said that they were very happy, expressed affection for some of the staff and said they were not afraid to speak their mind to the staff when needed. A third said they would, "trust [staff] with my life". A relative said, "The girls are brilliant with [person], always have been. I cannot fault them, they've been brilliant with my dad". Four thank you cards were on display in the home and included comments such as, "Thank you all for the warmth, acceptance and support you have shown me" and "[We received] dedicated care and kindness."

The administrator told us that no-one at the service used an advocate. The service had an 'Advocacy Policy' in place but this was not displayed or advertised anywhere and there was no evidence that people had been made aware of it. We raised this with the administrator, who said that it would be placed in the reception area.

Is the service responsive?

Our findings

At the last inspection on 3 and 10 February, we asked the provider to take action to keep accurate and appropriate records to ensure that people were protected from the risks of unsafe or inappropriate care. We received an action plan from the provider on 1 May 2015 saying that a 'Person centred approach to the completion of care documentation to be instilled in care practice' would be implemented in '3 months' but this action had not been completed.

Care plans were not always fully completed, which meant that some people did not have all of their care needs assessed and received personalised care. One person's care plan was missing mandatory information on sleep and communication needs, which meant that it was not possible to see what those support needs were. The same care plan contained no information on the person's personal hygiene after 16 May 2015. In another care plan, monthly assessments of choking risk, continence, personal hygiene, skin integrity, physical and emotional needs, communication needs, cognition needs and long-term care were blank from 9 July 2015. Some care plans contained contradictory information. One person's moving and handling support had been assessed as requiring one member of staff to assist them to stand. Elsewhere in the same care plan the person was assessed as requiring hoist support for all movements from two members of staff. Another person's care plan assessed their mobility level as being able to walk unaided and transfer with the support of one member of staff. Observations of the person and discussion with staff confirmed that the person was unable to walk or weight bear.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An activities noticeboard was on display in reception area, with two advertised events. Visitors, friends and relatives were invited to these events. Other advertised activities included a monthly church service and three monthly visits from a local library to change the books in a community book collection. During our inspection we did not see a weekly activities plan or any activities taking place in the home. People were sitting in silence in communal rooms for long periods of time without stimulation. We asked about this and a member of staff said, "The activities coordinator is off this week and it's pretty hard without them. There's no back-up so we don't have time to do activities although people prefer to do their own thing anyway and we make sure we spend time with them when they want us to." Another said, "There are so few activities around here, it doesn't really matter that the coordinator is off. When they are here, they tend to help with the tea trolley and at meal times. We don't have time to spend with people. Some relatives complained about the lack of activities and after that I saw them making bracelets but nothing else." A third added, "I don't think there are enough activities. The activity co-ordinator would usually have them doing stuff. I try and find time for one to one activity, but a lot of people don't want activities." We recommend that the service reviews its activities provision, how it seeks the views of people on the activities they want and how activities are promoted within the service.

The last recorded formal complaint had been made in July 2014 and was recorded as resolved in April 2015. The complaints record indicated that it had been upheld although there was no demonstrable learning from this and it was not clear what action had been taken. A short overview of the complaints procedure was on display in the entrance lobby of the home and an electronic tablet was available for visitors and relatives to record concerns and feedback.

Is the service well-led?

Our findings

At the last inspection on 3 and 10 February, we asked the provider to take action to ensure that their systems for assessing and monitoring the quality of services provided were effective and undertaken on a regular basis to ensure that quality and risks were identified, assessed and managed. We received an action plan from the provider on 1 May 2015 saying a plan to create a care file auditing matrix, where actions would be validated by the Regional Manager, was complete. At the time of the inspection this action had not been completed. The acting manager and regional manager were not in post at the time of the last inspection and were not aware of the action plan.

We were told that audits were undertaken by the acting manager, regional manager and nursing staff on the basis of random sampling at the rate of once a week and that the acting manager and nursing staff were responsible for remedial action. Care plan audits had taken place but remedial action was not always taken. A review of one care plan on 23 June 2015 identified that under the 'Psychological and Sleep' section, 'Care plan missing – continuation booklet in place only'. On reviewing this the care plan was still absent and there was still only the continuation booklet in place. In the same care plan the audit identified that the bed rail risk assessment had, 'not been evaluated since 25.08.14'. On reviewing the care plan the last evaluation remained that of 25 August 2014. An audit of the same care plan on the 23 June 2015 found, under the, 'Communication, Hearing and Sight' section, 'Identifies problems (visual and cognitive) but not how to facilitate good communication'. No remedial action had been taken to address this following the audit.

The service held 'Resident and Relative Meetings' but there was no policy on how often these should take place and they were not advertised. The last meeting took place in March 2015. The minutes from the meeting showed that relatives raised concerns about staffing levels, care and the level of activities being provided. One said, 'Disappointed that historically the same issues have been raised but nothing gets done'. Other relatives offered positive feedback. One said, 'positive to see the home getting cleaned up'. Another said, 'Encouraged by this meeting'. Where concerns had been raised there was no evidence that remedial action had been considered or taken.

The systems in place to regularly assess and monitor the quality of services provided were ineffective, and not undertaken on a regular basis. They did not effectively assess and monitor quality, nor did they identify, assess and manage risks relating to the health, welfare and safety of users. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was implementing an electronic quality assurance tool called the 'Meridian System'. We were told that this will allow information from a variety of different audits – including daily walk around by management, people's and relative feedback and medication audits – to be centrally monitored by the registered manager and the regional manager. The regional manager had carried out, 'Regional Manager Quality and Audit Home Visit Reports' which contained details of issues identified and remedial actions to be taken.

Supervision and appraisal meeting minutes between staff and the registered manager showed the management structure was not always supportive of performance issues. In one case a meeting to discuss alleged poor performance had included allegations of blame rather than a robust or evidence-based investigation. Although weekly supervisions had sometimes been scheduled to try and improve performance, these indicated on-going low levels of team working and a problematic relationship between managers and staff.

Staff told us about the recent change of management at the service. One said, "It's been pretty unsettling with four different managers in the last year or so. We have a new area manager who has been great; before she came in we just looked after ourselves." Another said, "The manager who just left didn't care. We told him we were really struggling but we didn't get any help." Staff did not always feel supported to work effectively. One said, "I wanted to go to a staff meeting to talk about the problems in the home but I couldn't because I was on shift and they [manager] couldn't get cover for me. We're told off for not filling in care plans but that takes us away from spending time with people. [Provider's] focus is on the paperwork, not on people."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Care plans were not always fully completed, which meant that some people did not have all of their care needs assessed and received personalised care.
Regulation 9(3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Some staff delivered support in a functional way and without personal, caring interactions which meant that people were not always treated with dignity and respect.
Regulation 10(1)

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The service did follow its own safeguarding procedure by investigating allegations of neglect or abuse so people were not always protected from avoidable harm. Regulation 13(3).

The service did not have a procedure in place for monitoring people's mental capacity or, where appropriate, their Deprivation of Liberty Standards status. Regulation 13(5).

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The systems in place to regularly assess and monitor the quality of services provided were ineffective, and not undertaken on a regular basis. They did not effectively assess and monitor quality, nor did they identify, assess and manage risks relating to the health, welfare and safety of users. Regulation 17(2)(a) and (b)

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The service did not have policies and procedures in place to safely manage medicines. Regulation 12(2)(g)

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete.