Five Acres Nursing Home Limited

Five Acres Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Five Acres Nursing Home is registered with the Care Quality Commission (CQC) to provide care for up to 32 older people, who may be living with dementia. At the time of our inspection there were 28 people living in the home.

This inspection took place on 12 December 2014.

The service has a 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.

People felt safe living at the service and were relaxed in the presence of staff.

Staff were aware of their responsibilities to keep people safe and report any allegations of abuse.

Summary of findings

Risk managements plans were in place to protect and promote people's safety. However, they were not consistently maintained or updated, so as to be a reflective guide to people's current needs.

Staff did not commence employment until robust checks had taken place, in order to establish that they were safe to work with people.

There were adequate numbers of staff on duty to support people safely.

Medicines were managed safely and the systems and processes in place ensured that the administration, storage, disposal and handling of medicines were suitable for the people who lived at the service.

People were not protected against the risks associated with infection control. Some areas of the home posed a risk of cross infection to people and staff.

Staff training and supervision was not always adequate and did not give staff the skills they required to meet people's needs.

Where people lacked the capacity to make decisions, we found that the systems in place to support them were not always used effectively.

People had adequate amounts to eat and drink and were able to get snacks and fluids throughout the day. There was a good choice of meals available.

People had access to healthcare professionals when required, so that any additional health needs were appropriately met.

Staff cared for people and took time to engage with them. Staff knew the needs of the people they were caring for, despite a lack of documentation to support how their care should be provided.

People's privacy and dignity was maintained by staff that ensured that care was delivered in a respectful manner and an appropriate setting.

People's care plans did not always reflect their current needs and had not been kept up to date following any changes to their condition.

There were systems in place for responding to complaints.

The registered manager had not monitored the quality of the service provided. There were not appropriate systems in place for gathering, recording and evaluating information about the quality and safety of the care the services provided.

At this inspection we identified breaches in relation to Regulation 12, 20 and 23. You can see what action we told the provider to take at the back of the full version of the report.<Summary here>

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?

Requires Improvement

The service was not always safe.

Staff had been trained in safeguarding and knew how to report any concerns regarding possible abuse.

Recruitment systems were in place to ensure staff were suitable to work with people. There were sufficient numbers of staff to meet people's needs.

The service did not have robust infection control systems in place to maintain appropriate standards of cleanliness and hygiene.

Medication systems and processes were safe and supported staff to keep people safe and free from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not well supported through a system of regular training, appraisal or supervision.

Staff had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS.) Some improvement in the supporting documentation was required.

People were supported to take an adequate dietary intake, with nutritionally balanced food.

People had access to health and social care professionals to make sure they received appropriate care.

Is the service caring?

Good

The service was caring.

There was a calm and friendly atmosphere within the home.

People's decisions were respected and we observed that their dignity was protected.

Positive interactions were observed between people and staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There were plans in place to support staff to meet people's assessed care needs; however these were not always updated or reflective of people's current needs.

People were not consistently supported to take part in a range of activities in the home.

Summary of findings

Systems were in place so that people could raise concerns or issues about the service.

Is the service well-led?

Requires Improvement

The service was not always well- led.

The service had a registered manager in place but the leadership and direction they gave staff was not always positive.

There were no systems in place to make sure staff learnt from events such as accidents and incidents, whistleblowing and investigations.

Quality assurance systems were not embedded and audits were not consistently undertaken.

Five Acres 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 the 12 December 2014 and was unannounced. The inspection was undertaken by a team of three inspectors.

Prior to this inspection we received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and healthcare professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service, how people were supported during meal times and also during individual tasks and activities.

We spoke with five people who lived at the service and five relatives. We also spoke with the registered manager, the deputy manager, one registered nurse, four care staff, and a member of catering and domestic staff.

We looked at ten people's care records to see if their records were up to date and reflected people's needs. We also looked at other records relating to the management of the service, including quality audit records.

Requires Improvement

Is the service safe?

Our findings

Prior to our inspection we received information that some areas of the service were not kept clean. During our inspection we observed that appropriate standards of hygiene and cleanliness had not been maintained. One person said that their bedroom was often dirty, with dusty surfaces and sticky floors. A visitor told us they often found their relative's bedroom to be, 'grubby'. We found there were some areas in the premises that required attention to ensure people's safety and to reduce the risk of infection control.

A bathroom on the ground floor contained a commode, with a faecal stained bowl underneath it and a faecal stained cot bumper on top. We asked staff why they had been left there and had not been cleaned and were told that there was nowhere else to leave them. We did not receive an explanation as to why they had not been cleaned. People and staff were placed at risk of cross infection because of unhygienic equipment and inadequate cleaning.

We spoke to one person who told us that there was not always accessible soap and paper towels to wash their hands. We observed that one toilet on the ground floor had a soap dispenser which contained congealed soap. There was a supply of paper towels on top of the bin which meant people could not be guaranteed that these were clean for them to use after having washed their hands.

In another toilet, the flooring was coming apart from the wall, which left an area where bacteria and dirt could get trapped. This posed a risk that the area may not be cleaned effectively as debris could become trapped.

We spoke with staff who had used a bathroom on the top floor to provide personal care to someone, about whether it was normally as unclean as we observed it to be. They told us that it would be cleaned later in the day by the cleaner on duty. We found a missing rubber seal around the edge of the bath which had left exposed areas of black rubber. It was difficult to identify whether the black areas were mould or where the rubber had begun to perish. The lack of an effective seal meant that the rim of the bath could not be cleaned effectively and was a potential risk of infection to people because of this. Within the bath there was hair and dust and the shower chair which supported people to get in and out of the bath, had an area of warped plastic at the bottom edge, which was discoloured and not easy to clean.

Behind the bath we found dead flies and the old seal, left lying on the floor. There was further evidence of dust behind the bath and a small faecal stain on the main bathroom floor. In all the bathrooms and toilets we inspected, we found that the air vents were clogged with dust and grime. The provider could not be assured that these areas were clean and hygienic or that they could be appropriately sanitised which posed an infection control risk to both staff and people.

When we spoke to people in the conservatory, we found two chairs which were black and stained, and covered in crumbs under the cushions. The registered manager told us that the chairs which had trapped dirt and were soiled belonged to individuals and not the home. We were told that the people concerned wanted to keep their chairs; however, no effort had been made to clean them as part of the regular, daily cleaning schedule.

We spoke with a cleaner about their roles and responsibilities within the home. They told us that there was a team of cleaners who were responsible for cleaning the home on a daily basis and that they tried to ensure it was kept clean in all areas. The registered manager told us that audits in relation to infection control and cleanliness had not been completed; this meant that staff could not identify the areas we had identified independently. We observed that although on-going cleaning was in operation, there was a need for deep cleaning and further attention to detail to ensure that the cleaning was carried out efficiently. This meant that people were not consistently cared for in a clean, hygienic environment and so were potentially at risk of cross infection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe at the service. One person said they had no concerns about their safety at all. They said, "I know I am kept safe here." Another person told us that they had previously not felt safe due to a person wandering into their room, but they felt staff had addressed the issue and told us that they now felt safe. Two visitors believed their relative and other people at the service were kept safe because of the actions of staff. It was apparent that people

Requires Improvement

Is the service safe?

felt safe and that when this was not the case, that staff took action to address this. To further emphasise to people or their relatives, the action that they could take when they had concerns about their safety, we saw some guidance and information displayed. However it was not displayed in a prominent position and not in formats that would be suitable for all of the people living at the service. We spoke with the registered manager about this who told us they would move the information to a more accessible place.

Staff talked to us about their responsibility to recognise and report any abuse. They were able to give examples of what they considered to be abuse and neglect and told us they would always report any incidents to the deputy manager who would ensure that safeguarding matters were reported to the Care Quality Commission (CQC) and to the safeguarding team at the local authority.

One member of staff said that where people were at risk of harm, risk management plans had been developed to protect them. Staff and the deputy manager told us that they knew there were minor issues within the records, but that they understood the risks that people faced and knew what to do to promote their safety. We saw there were risk assessments in place for people who were at risk of falls; poor mobility, malnutrition and pressure damage but found that these were not consistently updated to ensure they remained reflective of people's current risk factors. For example, a person who was at risk of falls and had fallen in August 2014 had not had their falls risk assessment reviewed since June 2014. There was no evidence to demonstrate that the risk assessments had been reviewed to ensure the person's on-going safety.

People were inconsistent in their comments about whether staff numbers in the service were suitable. One person said, "Staff do their best but they are sometimes understaffed." Another person however told us, "There are staff around to do things for me." Staff told us that staffing was an issue as there was not always sufficient staff on duty for them to be able to meet people's needs in a timely manner or in a thorough way. One member of staff said, "Most of us work hard, we try hard to get done what we need to but it is not always easy. More staff would mean that we could spend better time with people and get to talk to them, rather than just doing what we need to."

The registered manager told us that there were five care staff, plus a nurse on duty in the morning, four care staff plus a nurse in the afternoon and two care staff and a nurse overnight. We were told that the staff numbers were based upon people's dependency levels. The deputy manager told us that staff levels were assessed on a regular basis and that if people's needs changed, that staffing numbers would be increased. We found that individual dependency levels were detailed within people's records and were used to help determine the number of staff required and to ensure the correct skill mix. From talking with people and observing the delivery of care, we concluded that there was sufficient staff to provide basic care to people.

We spoke with one staff member that had been recently recruited and they were able to describe the home's recruitment process. They said that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. We found that recruitment systems were in place to ensure staff were suitable to work with people and the records we reviewed confirmed this.

People told us they received their medication at the times they needed them. One person said, "They bring me my medication whenever I need it." Staff told us that medicines were stored safely and securely, and that they administered medicines to people as prescribed. They said that they had been trained in the safe handling, administration and disposal of medicines and the records we reviewed confirmed this. We observed two medication rounds and saw that people were asked if they required any additional medicines, for example, pain killers. We noted that staff explained to people what the particular medication they were given was used for. Medication Administration Records [MAR] were fully completed and we found that handwritten entries on people's [MAR] sheets complied with current best practice to promote people's safety.

The deputy manager told us that were suitable arrangements for medication which required chilled storage in order to remain effective and showed us the records which detailed that medicines were stored at the appropriate temperatures. Daily temperature checks were maintained to ensure the efficacy of medicines. At the time of our inspection there were no controlled drugs in the home but we found that the service had appropriate storage facilities if this was required. Medicines were stored, checked and administered securely to ensure they were kept and used safely.

Requires Improvement

Is the service effective?

Our findings

People and their relatives were not always sure that staff had the right skills and knowledge to care for them well. They acknowledged that staff were caring but considered that they did not always seem to understand what was required to meet their needs. We spoke with staff who had been recently employed at the home. They told us that they had a three day induction, shadowing more experienced members of staff. One said that they had not received manual handling, safeguarding of adults, health and safety or infection control training. They considered that this was the core training that staff should have when starting a new role. As a result of this they did not always have the best possible knowledge base to deliver the right care to people because they had not received this training.

Other staff told us that the only training they had received was on-line training. They did not feel that this was appropriate for learning about certain aspects of their role; for example manual handling or dementia. One staff member said, "How can you learn to move people safely on-line, it needs to be practical training." They were concerned that important aspects of the training might be lost in learning electronically, especially in respect of manual handling when practical experience would be more valuable. Staff told us they were not always confident in applying the knowledge they had learned whilst training. They considered that the training provided did not equip them with the necessary skills and competencies to undertake their roles.

We asked the registered manager to provide us with details of the training courses that staff had completed, so we could ensure that the training offered was appropriate to the needs of the people living at the service. The registered manager told us that this information was not readily available and would be sent to us following the inspection. We noted that although the training record we received demonstrated that staff had completed all the training the service considered mandatory, the names of staff did not accurately reflect the current staff team. The registered manager confirmed that although the information sent to us was up-to-date, it did not include some of the new staff. The information we were sent did not demonstrate that staff had the necessary skills and training to undertake their roles.

Staff told us that they were not always well supported. Some felt that it was not easy to ask for support because of the response they received from the registered manager. They said that the frequency of supervision and the formal support they received was irregular and that some members of staff were better at supporting them than others. One senior staff member said that they were asked to conduct supervisions but had not received any training in respect of providing staff supervision. They felt that this meant they would not always be able to provide people with the appropriate level of support they required.

We asked the registered manager what the expected frequency of supervision for staff was and they were unable to explain. A schedule was not in place to identify when staff had received supervision or when they were due to have supervision. The registered manager confirmed that they asked senior staff to supervise junior staff and conduct their supervision but that this was on an 'ad hoc' basis. This demonstrated that there was no consistency in the support which staff received.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that staff always asked them for consent before providing care and support and their relatives confirmed this. Staff said that they understood the importance of obtaining consent from people before providing care, in order that they were accepting of this. Throughout the inspection we heard staff talking to people about how they wanted their care provided and we observed them waiting to obtain consent before providing care. As a result we noted a positive outcome for some people when they chose to change their clothes when they became soiled or have personal care.

The registered manager told us that there were currently two people being deprived of their liberty, and that two applications had been made and were currently being considered by the local authority. We found that there was no evidence to suggest the applications had been made, as the service has not retained copies of the applications on file. We contacted the local authority after the inspection and found that the applications had been made. The registered manager told us that with future applications, they would make sure that copies were retained on file in accordance with best practice.

Requires Improvement

Is the service effective?

The deputy manager told us that where people lacked capacity to make important decisions for themselves, assessments had been completed to ensure that appropriate decisions had been made. However, we noted that the correct paperwork had not always been used and that a full assessment of mental capacity for some decisions had not been undertaken. Where people were recorded as having fluctuating capacity, re-assessments had not been completed which meant that some assessments were not as accurate as they could be. We discussed this with the deputy manager who advised that the service would review its practices in this area.

People told us that they always had enough to eat and drink. One person said, "The meals are always good and I look forward to Friday which is fish day." A relative told us, "The food always looks and smells good." Staff told us that people were regularly consulted about the food menu and their choices and that the chef developed the menu with people's involvement and consultation. We observed that staff offered people snacks and refreshments throughout the day.

Staff told us that the mid-day meal consisted of two choices, and we observed that they both appeared hot, nutritious and appetising. Staff also told us that if people did not like the choices on offer they were provided with an alternative and the kitchen staff confirmed this. We found that staff provided assistance to people to enable them to maintain their independence. The lunch time activity was not rushed and when required, staff encouraged and prompted people to eat. Soft or pureed diets were provided to those people who had difficulty with swallowing and we observed that the pureed menu choices were kept separate to ensure that they looked appetising.

Staff told us they were able to access the services of the dietician and speech and language therapist for support and advice. People who were at risk of poor nutrition were weighed and their food and fluid intake was monitored. They were also provided with high protein food and drinks to enhance their nutritional status. Staff ensured that where possible, people had sufficient amounts of food to meet their needs and the records we reviewed confirmed this.

People told us that they always saw a GP when they became unwell and attended hospital appointments when they needed to. Staff said that people had access to health care professionals including the GP, psychiatrist and physiotherapist. During our inspection we spoke with a health professional who visited a person who had become unwell overnight. They told us the staff had provided them with the information they required and from past experience were confident the staff would carry out any instruction they gave them. People were supported to have access to health care professionals to promote their health and well-being.

Good

Is the service caring?

Our findings

People told us that the staff that supported them were friendly and caring and that they were happy to call any staff member for help as they were all so kind. One person said, "Staff here are good, they look after me well." Another person said, "The staff are wonderful." People and their relatives spoke very positively about the care they received from staff and told us that they were happy with the care they received. Staff told us, "It is nice to be able to look after people and make them smile, that is what it is all about." We observed that people engaged in friendly conversation with staff and saw that several people laughed and joked with staff throughout the day.

People told us that there was a relaxed atmosphere in the home and we observed some positive interactions between people and staff. One person said, "I do like being here, I can always talk to staff. It is my home." Staff told us that they worked hard to make people happy that they wanted to do the best they could for them. We observed that one person gave a member of staff a hug and this was responded to with compassion. Another person kept bringing various objects from their bedroom to the lounge area to show staff, and staff showed a genuine interest in what the person had brought. We saw that one person was being encouraged to accept personal care after breakfast and they fluctuated in their desire to accept this. One member of staff was very patient with them, and tried a variety of methods to encourage them to accept personal care, offering them the option to have a different carer if they wished. Throughout this interaction, we observed that the member of staff remained calm and patient, talking to the person about things of interest to them and remaining jovial, trying to make the person feel at ease. Eventually, the person went off happily with another member of staff, accepting of the care being offered. This was an example of the positive way in which staff provided meaningful care and support to people.

People told us that staff always had time for them. Staff told us that although they were busy as they passed through communal areas or came into contact with people, they would always make the effort to speak with people. One said, "We do care for the people here, they might not always understand that we do because of their needs but we do." We spoke with staff about the needs and preferences of the people they provided care and support to. It was evident from our discussions that staff knew people well; they were able to tell us about people's care needs and their past life's and histories which meant that they could ensure that the care they delivered was appropriate to them.

Staff demonstrated a good understanding of caring for people with dementia care needs. One staff member told us, "It is important to know about the people we care for so we can try and distract them with something that will interest them when they become agitated." Staff told us they understood that people living with dementia often needed support to do things at different times. One member of staff said, "I know [name of resident] wakes up and is much more cooperative in the evening, so it is better to offer his personal care later in the day. Care was person centred and not task orientated because the staff approach towards people.

People told us that staff always ensured that their privacy and dignity was maintained. One person said, "They always make sure the door is shut when they help me." Staff we spoke with were confident that people's dignity was promoted and respected and were able to demonstrate how they promoted people's dignity. For example, ensuring that bedroom and bathroom doors were kept closed when assisting people with personal care. If people expressed a wish to be assisted with someone of the same gender then staff told us that their wishes were respected and we observed that this was the case. All of the staff that we spoke with were able to demonstrate a good knowledge of people's individual preferences and we saw that evidence regarding people's required support and preferences was recorded within their records. This information was used to engage with people and to ensure that they received their care in their preferred way.

The registered manager and staff told us that no one living at the service on the day of our inspection was using the services of an advocate. We observed that information was displayed on how to access the services of an advocate should this be required. This ensured that information on how to access the services of an advocate was accessible to people.

People told us that staff always looked after their relatives and visitors when they came. Visitors told us that they were welcomed into the home and could visit when they wanted to, there were no restrictions. They said that staff were always friendly towards them. One visitor said, "The staff

Good

Is the service caring?

look after my mother well, I know they would call me if they thought they needed to." The registered manager and staff told us that there were no restrictions on relatives and friends visiting the service and that visitors were made to feel welcome when they visited. The service supported people to maintain contact with family and friends.

Requires Improvement

Is the service responsive?

Our findings

People told us that the care provided to them was the right care to meet their needs. One person said, "The staff are all good and know what they are doing." This person told us that staff knew what people needed and acted to make sure this happened. Staff said that they knew it was important to speak with people and to make sure they knew what people's individual requirements were so that they could give people the care they needed. Our observations confirmed that requests for support were attended to in accordance with people's needs and also in respect of any changes that took place. For example, one person required support to access the garden and we found that this was done on a frequent basis. Another person required frequent interaction from staff to remain calm; this was attended to by staff at the required time and the person had their needs met appropriately. When people were reviewed by a GP, we saw that staff ensured that the advice given was acted upon. For example, ensuring changes in medication were acted upon and increased doses administered or prescriptions changed.

People told us that they had discussed their care needs when they first moved into the home, and they confirmed that staff discussed any changes in their care needs with them. People who lacked the capacity to formally discuss their care needs had the involvement of their representatives, such as, next of kin, family or friends in the planning of their care. The deputy manager and staff told us that pre-admission assessments of people's needs had been carried prior to people being admitted to the service. They said that people and where appropriate, their relatives had been asked their views about how they wanted their support to be provided. It was not always evident from the individual content of the care records we reviewed, that people and their relatives were involved in further assessments or in the planning of their care after the initial pre-assessment. Although people told us they were enabled to express their views about how they wanted their care to be provided, the records did not always support this.

Some people we spoke with were not aware that they had individual care plans to guide staff as to the care they required. They did not feel that this affected the care they received though. Staff told us that people's care plans were reviewed monthly or sooner if people's needs changed. They said that if people's needs changed they would make the deputy manager aware of the changes; however, they were not involved in the review process. The deputy manager told us that improvements were needed to the care planning process when we discussed some of the inconsistencies we had found.

We spoke with staff about one person who had previously displayed behaviours which challenged. The current care plan and risk assessment did not include information on what triggered those behaviours and did not offer guidance for staff on how they should support the individual. The deputy manager told us that this person's needs had changed and their behavioural challenges had reduced; this meant that the way in which staff were required to support them had also changed. The information contained in the care plan was not reflective of the person's current needs and did not enable staff to provide appropriate care.

Another person's risk assessment stated that they required body maps to be completed before and after leaving the service. We found no reference to these having been completed, despite daily records that suggested two recent home visits had taken place. Staff confirmed that body maps had not been completed for recent visits because the person's needs had changed. Again this had not been not reflected within the care records. The deputy manager acknowledged that more robust steps were required to ensure that the care delivered met people's identified needs within their individual care plans.

People told us they were happy with the time they went to bed and that they would not want to be up any later than they were. Staff told us that they knew what people's preferences were for their daily routines because of the time they spent with them and the relationships they had developed. They acknowledged that the care records did not always demonstrate that people were able to make decisions and choices, for example, about their preferred time of going to bed or getting up. Despite this, throughout our inspection we observed staff asking people what they would like to do or where they would like to sit. One person was supported to return to their room each time they wanted to move from the communal areas and staff were swift to respond to this person's requests. Staff understood the people they supported and were able to meet their needs.

Requires Improvement

Is the service responsive?

People and their relatives told us that they knew how to make a complaint if they wanted to. Staff also told us that they would help to support anybody who wanted to raise a concern about the care they received. The deputy manager told us that information on how to raise a complaint was also provided to people or their representatives on admission, so they knew what to do if they had any concerns. We observed that there was guidance on how to make a complaint displayed in the entrance of the service. This listed contact details for the local authority and CQC. The provider's complaints policy stated all complaints would receive a written response and we found that all past complaints had been dealt with in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

During our discussions with staff and the deputy manager it was apparent that there were issues in respect of the updating of care records and risk assessments so that they were reflective of people's current needs. We spoke with staff about the care of one person; they were able to tell us about the care they provided because they had become accustomed to it through providing it on a daily basis. Staff told us that they were relying on the information provided by a local authority assessment and their pre-admission assessment, to care for this person, who had been living at the service for more than six weeks. We found that although the service reacted to changes in people's needs, the care documentation we looked at had not always been consistently completed.

Some people had care plans that detailed their care needs and had been reviewed, while other people had little or no care documentation in place. The information staff relied upon to deliver appropriate care to meet people's needs was not always current. We discussed this with the deputy manager who advised that they knew that care records needed to be updated but that they had not had the time to do this because they had previously had no supernumerary time to attend to their management duties.

Staff told us that they were not always able to keep people's records up to date and our observations confirmed this to be the case, where we found a number of discrepancies. The deputy manager and registered manager told us that although there were regular health and safety checks undertaken within the service, there was a lack of audits in respect of care provision; for example, monitoring of care plans including the risk assessments. We found that the basic risk assessments contained within people's records, for example Waterlow (Pressure Ulcer Risk Assessment Tool), falls risk and nutritional assessments were not reviewed on a regular basis which may have proved detrimental to people and the care they received.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

The deputy manager told us that they undertook medicines audits, despite being the member of staff who normally administered medicines. This meant that the only audit checks taking place in respect of medication were self-audits. We asked the registered manager to provide us with any evidence of other audits undertaken in order to check the quality of service and people's satisfaction with other aspects of the service. The registered manager was unable to produce these, even after the inspection. It was apparent that more regular and robust auditing would have identified the breaches of regulation that we found; such as infection control and staff training, along with care plans and risk assessments that had not been updated so that staff did not have appropriate written guidance to follow when delivering care.

There was a registered manager in post, who was supported by a deputy manager. People told us that they knew the deputy manager more than the registered manager, as they were more accessible within the service and made themselves available on a regular basis. A relative told us that they did not feel able to discuss all their concerns with the registered manager as they were unsure of the response they would receive but felt able to talk freely with the deputy manager. Staff told us the registered manager was not a very visible presence in the home and did not provide them with clear leadership. We were told by staff that it was the deputy manager who they would consult with first if they required guidance.

Through our conversations with staff, we were told that the registered manager was not always open to challenge and was often not supportive or open and honest towards them. One member of staff said, "There is a lot of bullying amongst the staff team, which the manager is aware of but does not deal with." Another member of staff said, "I would take concerns to [name of manager] but he isn't happy most of the time and it would be an issue." Staff spoken with were not positive about working in the home and said that they did not feel involved in the service and ways to improve it. They felt the quality of care they provided was not done so because of the registered manager's support but because of their desire to give good care to people. We were told that the culture within the service did not empower staff to drive improvement and discuss issues that affected them all. These comments demonstrated that the management of the home was not supportive.

The deputy manager told us that the home had processes in place for responding to incidents, accidents and complaints, although there had not been any recorded over the last year. Our records confirmed that we had been

Requires Improvement

Is the service well-led?

advised, as required under the Health and Social Care Act 2008, about a range of incidents which affected the service and which by law, the provider was obligated to inform us about.

We saw that incidents were not always recorded, monitored and investigated appropriately and that action was not consistently taken to reduce the risk of further incidents. It was however clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken.

People told us that they had not attended a meeting within the home for a long time. Although the registered manager told us that there had been a relatives meeting advertised, they said that no one had attended. We discussed whether alternative options had been considered to facilitate relatives feedback on the service delivered and were advised that they had not been. Staff told us that staff meetings were held on an occasional basis. One member of staff said, “It is a moaning time, usually when the manager wants to tell us off about something.” We were shown no evidence that people who used the service, their representatives and health and social care professionals were asked for their views about their care and treatment. They were not enabled to give feedback on the quality of the service provided or to make suggestions for future improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **There were no effective systems in place to manage and monitor the prevention and control of infection or ensure that the premises and equipment used was safe and cleaned to an appropriate standard.** Regulation 12(1)(a)(b)(c) and (2)(c)(i)(ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of-** **(a) An accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.** Regulation 20 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The registered person failed to have suitable arrangements in place to ensure the staff trained and supervised.** Regulation 23 (1)(a)