Idun Management Services Limited

Whitchurch Care 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?	**Inadequate**

Summary of findings

Overall summary

We carried out a comprehensive inspection on 20 July 2016. Following this inspection, we served a Warning Notice regarding the breach of Regulation 17 of the Health and Social Care Act 2008, relating to good governance. The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. The provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained. The provider also breached Regulation 12 of the Health and Social Care Act 2008. The service did not consistently prevent avoidable harm or risk of harm to people. Medicines were not managed safely. Best practice had not been consistently followed in relation to infection control. The service was rated as 'Requires Improvement.'

We undertook an inspection on 1 and 15 February 2017 to check the provider was meeting the legal requirement of the regulations they had breached and had complied with the Warning Notice.

Whitchurch Care Home is registered to provide accommodation for persons who require personal or nursing care for up to 50 people. The service cares for older people, some of whom are living with dementia. At the time of our inspection there were 40 people living in the service.

There was a registered manager in place on the day of our inspection. 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.

In July 2016 we found that medicines were not managed safely. The provider sent us an action plan telling us what they were going to do to meet the regulations. During this inspection we found insufficient improvements had been made. This is the fourth inspection where we have found that the service has not managed medicines safely.

We served a Warning Notice relating to the breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008. The warning notice required the provider be compliant by 13 December 2016. At this inspection we found that records were not consistently completed accurately to manage and ensure that people's on-going needs were met. Systems were not being operated consistently effectively to assess and monitor the quality and safety of the service provided. This resulted in continued unsafe practice in some areas of the service.This is the fourth inspection there continues to be a breach of Regulation 17.

Staff were not consistently supported through a regular supervision programme. Supervision is where staff meet one to one with their line manager.

Care plans were not sufficiently detailed to help staff provide personalised care based on current needs. They were not consistently written in conjunction with people or their representative. People we spoke with

had little or no knowledge of the content of their care plan.

Staffing levels were assessed by following the Care Home Equation for Safe Staffing (CHESS) dependency tool. Staffing rotas viewed demonstrated that staffing levels were in the main maintained in accordance with the assessed dependency needs of the people who used the service. There were mixed comments from staff and people and relatives about the levels of staff. The registered manager told us that at times when staff call in sick at late notice it has not always been possible to cover their absence with existing or agency staff.

Records showed that a range of checks had been carried out on staff to determine their suitability for work. This included obtaining references and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal background and whether they were barred from working with vulnerable adults.

The staff we spoke with had a good awareness and understood their responsibilities with regard to safeguarding people from abuse.

People's rights were in the main being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves

At our previous inspection best practice had not been consistently followed in relation to infection control. Regular infection controls audits are now conducted by the service and actions plans were in place to take identified issues of concern forward.

People had access to healthcare services. Records showed that people were regularly reviewed by the GP, the tissue viability nurse, speech and language therapists and the hospice team.

Staff were knowledgeable about people's needs and told us they aimed to provide personalised care to people. Staff told us how people preferred to be cared for and demonstrated they understood the people they cared for. In the main people felt that the staff were caring.

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints received. Where issues of concern were identified they were taken forward and actioned.

We found three 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.

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 safe.

Medicines were not managed safely.

Staff had a good awareness and understood their responsibilities with regard to safeguarding people from abuse.

Safe recruitment processes were in place that safeguarded people living in the home.

Is the service effective?

Requires Improvement

The service was not effective.

Staff were not consistently supported through a supervision programme.

The provider had not protected people against the risk of poor or inappropriate care as accurate records were not being maintained.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

Is the service caring?

Good

In the main the service was caring.

Staff were knowledgeable about people's needs.

People and relatives spoke positively about the staff and told us they were caring.

People's care plans for end of life care needs and preferences required further development.

Is the service responsive?

Requires Improvement

The service was not responsive.

Care plans were reviewed monthly. However, it was evident that some of the information contained in the care plans was incorrect and not specific to the person's needs.

The provider had a system in place to receive and monitor any complaints. Where issues of concern were identified they were taken forward and actioned. People said they knew how to complain.

Relatives were welcomed to the service and could visit people at times that were convenient to them.

Is the service well-led?

Inadequate

The service was not well-led.

Systems were not operated more effectively to assess and monitor the quality and safety of the service provided.

Some staff did not feel well supported by the manager and felt they were not being listened to.

People were encouraged to provide feedback on their experience of the service. In the main positive feedback was provided about the level of service.

Whitchurch 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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Following our inspection on 20 July 2016, we served one Warning Notice relating to the breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008.

We undertook an inspection on 1 February 2017. During this inspection we checked that the improvements required by the provider after our last inspection had been made. Following this inspection it was evident that inadequate progress had been made. It was therefore deemed necessary to return to the service on 15 February.

The inspection was unannounced. On 1 February the inspection was undertaken by one inspector and a pharmacist inspector. On 15 February two inspectors returned to the service to conduct the inspection.

Over the two days we spoke with nine people, nine members of staff, six visitors, the registered and regional manager, and the regional director. We looked at the medicines policy and medicine administration records (MAR's) in current use and eight people's care topical application records and care records. We reviewed five care plans and a sample of food and fluid charts and repositioning records. We also reviewed the provider's audits relating to the health, safety and welfare of people who use the service.

Requires Improvement

Is the service safe?

Our findings

In July 2016 we found that medicines were not managed safely. The provider sent us an action plan telling us what they were going to do to meet the regulations. During this inspection we found insufficient improvements had been made. This is the fourth inspection where we have found that the service has not managed medicines safely.

Some people were prescribed PRN medicines to be given 'when required'. Most people had protocols and record sheets in place to give staff additional information to help them give, and record, these medicines in a safe and consistent way. However we saw nine examples where these protocols were not in place. Seven people had been prescribed End of Life (EOL) medicines on a community palliative care prescription chart, with supplies in the controlled drugs cupboard. The medicines for one person had been prescribed 13 July 2015 and for another 29 June 2016, the others were more recent but all 'just in case'. We looked at four people's care records and none had any care plan relating to the use of any of these EOL medicines and no PRN protocols that covered them. Staff told us that they didn't need a protocol as they had the palliative care prescription which stated the indication. However, this did not follow the home's medicines policy. We saw that staff had not identified this on the daily or weekly TraCAs used to check four of these people's records.

The person prescribed in 2015 had been given 3 doses of Midazolam (prescribed for anxiety/agitation) in July and August 2015 and 5 doses in April, June August, October, November 2016.The nurses told us this was 'okay' because they were using it because the person was anxious and had a prescription on the palliative care chart, signed by the GP and it was printed on their Medicine Administration Record (MAR) and this person was still 'End of life'. Professional visits records showed that the GP had reviewed medicines but none said they had reviewed the EOL medicines and whether it was appropriate to use them.

Conflicting information that had been noted between medicine instruction sheets and protocols (in relation to dosing) had not been corrected. Stock balances of boxed medicines were not being checked daily. We saw there were gaps in medicine administration records which had not been identified on the daily or weekly TRaCA's. For example, we saw the TRaCA that had been completed on 12/02/2017 for one person. The TRaCA question "Are all medications observed with signatures and correct codings for each medication time?" had been ticked and the overall findings were 100% compliant. However, when we looked at the MAR for this person we saw that it had not been signed on 28/01/2017 or 11/02/2017 to indicate the person had received their eye drops as prescribed. In addition we also saw gaps in other MAR charts where medicines were not consistently signed for by staff when administered. We saw that staff had not identified this on the daily or weekly TraCAs. The registered manager had failed to identify that the daily and weekly audits were not always correct.

We also saw handwritten entries on MAR's that had not been countersigned by another nurse to confirm the instructions were correct. For example, one person had been prescribed pain relief four times a day. This had been crossed out and changed to three times a day. This had not been countersigned.

PRN administration records were not consistently completed. One person had received five doses of pain relief during the previous two weeks but only two doses had been recorded in the administration record. We observed two medicine rounds. On one occasion a person asked the nurse "Did you leave me my medication?" The nurse confirmed they had and then showed the person the pot of tablets on their table. The MAR had been signed despite the nurse not observing the person taking their medicines. This meant there was a risk that people were not taking their prescribed medication.

One nurse administering medicines left the trolley open with medicine blister packs on top, whilst they were in people's rooms giving their medicines. People's doors were open and the open trolley was facing the door but the nurse had her back to this. This could be a potential security problem if the nurse was concentrating on the person. The registered manager told us that it was the provider's policy that the trolley should always be locked.

One person told us that the day staff gave their medicines at the correct times but the night staff were often late. They had mentioned this to the registered manager who had spoken to night staff and this had improved. The registered manager confirmed that night staff had not realised the importance of administering the person's medicines at a particular time.
Despite having an action plan in place since our previous inspection telling us how they were going to meet the regulation the service had failed to ensure that medicines were managed safely. This meant there continues to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The issues of concern regarding the provider's management of medicines have been referred to NHS England for consideration.

Staffing levels were assessed by following the Care Home Equation for Safe Staffing (CHESS) dependency tool. Staffing rotas viewed demonstrated that staffing levels were in the main maintained in accordance with the assessed dependency needs of the people who used the service. There were mixed comments from staff and people and relatives about the levels of staff. Staff told us; "Although it looks like we have enough staff when you consider the dependency levels of people living here, in reality we don't. At weekends it's worse because that's when staff tend to go off sick"; and "We usually have enough staff until someone goes off sick. It's hard to find agency staff at short notice". Comments from people and their relatives included; "There's not really enough staff. They do their best but if someone goes off sick, it's difficult. The weekends are definitely worse"; "At the moment it seems ok, but when it's full, there doesn't seem to be enough staff around"; and "Staffing hasn't gone up at all to deal with people. The staff cope but you just have to be a little bit patient." The registered manager told us that at times when staff call in sick at late notice it has not always been possible to cover their absence with existing or agency staff.

Despite their comments about the staffing levels people told us they felt safe living at the service. Comments included; "They look after me well. I do need a lot of care and the call bell is always in reach"; "I feel confident that my relative is safe here"; and "I feel my relative is safe. I can go on holiday or miss a day here and not worry".

In the main appropriate arrangements were in place for reporting and reviewing accidents and incidents. This included auditing all incidents to identify any particular trend or lessons to be learned. Accident and incident forms identified the nature of the incident, immediate actions taken and whether any further actions were required. We did note one exception. During January 2017 one person had two un-witnessed falls in close succession. The records clearly recorded the description of the falls, immediate actions taken and the outcome of the investigation. However, the person's moving and handling risk assessment had not been reviewed or up-dated.

Care plans contained risk assessments for areas such as falls, mobility, skin integrity and nutrition. When risks had been identified, plans contained clear guidance for staff on how to manage them. For example, in one person's plan they had been assessed as a high risk of falls. The person was able to walk using a Zimmer frame but needed staff to be close by. The plan detailed that the person wanted to remain as independent as possible, and that staff should promote this by walking alongside the person. Moving and handling needs had been assessed and when people needed to be hoisted, details of which hoist and which size sling to be used were clearly detailed.

Records showed that a range of checks had been carried out on staff to determine their suitability for work. This included obtaining references and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal background and whether they were barred from working with vulnerable adults.

The staff we spoke with had a good awareness and understood their responsibilities with regard to safeguarding people from abuse. They were able to explain the actions they would take if they suspected a person was being abused. Staff also understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice at work.

At our previous inspection best practice had not been consistently followed in relation to infection control. There were no clear segregation procedures for clean and dirty laundry. The flow of dirty linen was insufficient to prevent cross infection between laundry items. Regular infection controls audits are now conducted by the service and actions plans were in place to take identified issues of concern forward. This included the need to refurbish the laundry room to prevent the risk of cross-infection. The regional manager told us that plans are in place to take the refurbishment forward. People were cared for in a safe and clean environment.

Requires Improvement

Is the service effective?

Our findings

In July 2016 the provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained. We served a Warning Notice relating to the breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008. The warning notice required the provider be compliant by 13 December 2016. At this inspection we found that records were not consistently completed accurately to manage and ensure that people's on-going needs were met. We found some improvements had been made but this area of their work requires further development.

A number of people had non-regulating pressure relieving mattresses. Pressure relieving mattresses if set in accordance with the person's weight can help to prevent the development of pressure ulcers. To ensure people's settings were correct the service conducted daily air mattress checks. The first floor mattress checks had not been completed throughout January 2017. On the first day of our inspection we found that the ground floor daily check sheet did not in all cases provide the correct information. In some cases the person's weight, the type of mattress and required settings stated on the form were incorrect. Despite this staff recorded on a daily basis that the mattress settings were correct. This was not the case and this had not been noted by any staff member. Since our previous inspection this meant that the potential risks to a person's skin integrity was not being effectively managed. When we returned on the 15 February the provider had addressed these issues. However, it was evident their auditing processes had failed to identify their initial recording failings and was only addressed when found at our inspection.

People's records were not always completed correctly or monitored to manage their health conditions. One person was having their fluid intake monitored. It had been documented in their care plan 'Fluid chart to closely monitor fluid intake. Offer drinks every hour' and 'Agreed target of 1000mls a day". We looked at the fluid charts for this person. Staff had documented when a drink had been taken or refused and the amount the person had drunk had been recorded. Records showed they had been offered a drink every hour in line with the care plan. However, the charts showed that the person had not reached their daily target for the previous six days. In addition, the charts had not always been checked by a registered nurse, despite there being a space for the nurse to sign to indicate they had seen the total intake. Although the person had not received their intake target, the daily records did not demonstrate that this had been noted or escalated by staff. On one occasion had staff documented in the daily notes 'fluid intake poor' and on another day 'Not been drinking a lot.' This information was not written in the handover report and so it was difficult to assess how poor fluid intake was communicated to the rest of the staff team. This meant there was a risk that the person might not receive enough to drink.

There continues to be a breach of Regulation 17 of the Health and Social Cate Act 2008 (Regulated Activities) Regulations 2014.

Care plans contained malnutrition assessments and choking risk assessments. Although we found that the recording of food and fluid charts could be improved when people had complex nutritional needs, external support and guidance was sought in a timely manner. We saw that people were reviewed by the speech and language therapy team and that recommended guidance was put in place. For example, we observed one

person being assisted with their meal by a member of staff and saw that they were sitting in the recommended position and that the recommended size of spoon was being used. In the kitchen we saw there was a wipe board which informed kitchen staff of people's dietary needs, including details of which people required a textured diet.

The majority of people gave positive feedback in relation to the food. Comments included "It's delicious"; "It's very good, there's lots of it. The plate is lovely and warm too so the food stays hot"; and "The food here is always good". One person did complain and told us; "The food leaves a lot to be desired. I did not enjoy my lunch. Everything was swimming in gravy."

Staff were not consistently supported through a regular supervision programme. Supervision is where staff meet one to one with their line manager. Staff said they did not receive regular supervision sessions and were unclear how frequently these should take place. One said "I've only had one since I've worked here (nearly a year)" and another said "I had one a couple of weeks ago. I think they're meant to be every year". This was confirmed by the records seen. We found on the first day of our inspection that the registered manager had implemented a supervision matrix. However, only one member of staff had received supervision in January 2017. A number of staff had not received supervision since September 2016. The registered manager told us they were aware of the position. They intended to pursue this matter with the members of staff who conducted the supervision. On the second day of our inspection we noted that this matter had progressed. However, the service had not complied with the provider's supervision policy which states that staff supervision should be held every two months.

New staff undertook an induction and mandatory training programme before starting to care for people on their own. Staff told us about the training they had received; this covered a variety of subjects such as moving and handling, infection control, health and safety and first aid awareness. The training records demonstrated that staff mandatory training was in the main up to date. The staff mandatory training compliance rate currently stood at 90%. Staff gave mixed views on the quality of training. Comments included; "A lot of the training is on line, which isn't as good as face to face"; "We had care planning training last week which was the best training we've ever had"; and "We can ask to do training if we think we need it". Nurses said they had access to professional development and skill specific training, for example catheterisation, phlebotomy and syringe driver training.

People's rights were in the main being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. In people's support plans we saw information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Staff we spoke with did not know the meaning of DoLS and where applications had been authorised. The training matrix identified that 77% of the staff had received DoLS training. One member of staff said "I get confused, I don't really understand it" and another said "I don't think I've ever had the training". We advised the registered manager this area of staff training and awareness requires further development.

Staff understood the need to obtain consent from people before they provided support with personal care or treatment. We observed staff offering people choice and asking their consent prior to providing assistance. For example, during lunch we overheard a member of staff asking one person if they wanted their food cut up, and another member of staff asked someone if they wanted to stay in bed or sit in their chair.
People had access to healthcare services. Records showed that people were regularly reviewed by the GP,

the tissue viability nurse, speech and language therapists and the hospice team

Good

Is the service caring?

Our findings

In the main people felt that the staff were caring and we received a number of positive comments. . They included "The staff are lovely, so caring. They're all there for you, we have a chat and a laugh"; "I cannot fault the staff. They're all really pleasant and friendly. I can sometimes hear them through the door when I arrive and they all speak really nicely to my relative"; "The staff are very kind and helpful. They're all wonderful to me"; "The staff are excellent. They look after me well. We did note one notable exception"; "Sometimes they just don't take notice of what you're saying. I don't like communal living. They all shout as if I'm deaf. And I'm not. Some girls are good, others aren't."

We observed a number of positive interactions between staff and people. We observed one member of staff walking around the building with one person. They said "(person's name) wanted to go for a walk, so for a walk we went". On another occasion we observed a member of staff walking with another person, saying "There's no rush, you take your time". The atmosphere was friendly and staff were seen laughing and joking with people. A number of visitors visited their relative's during the day and staff were welcoming.

People said that in the main they were treated with respect and dignity. Bedrooms were prsonalised and staff knocked before entering. We did observe one occasion when a member of staff demonstrated a lack of respect to one person during lunch. The person was in in bed eating their main meal and we saw there was a bottle of urine on the table next to their plate of food. When the plate was removed by a member of staff, their sweet was placed down on the table, but the urine bottle was not removed. We pointed this out to another member of staff who immediately emptied the urine bottle.

Staff were knowledgeable about people's needs and told us they aimed to provide personalised care to people. Staff told us how people preferred to be cared for and demonstrated they understood the people they cared for. They were aware of people's personal histories and interests. Staff gave examples of how they gave people choice. One member of staff told us; "Person's name is a lovely lady she has a bit of banter. Today she didn't want to brush her hair and likes to have a joke. She's very motherly. With [person's name] we have chats when showering. I like to get to know the residents. Their families are lovely." Another member of staff told us; "We give people choice. [Person's name} can't make decisions. Asking is the key. With [person's name] you do not rush. [Person's name] likes a shower every day." Staff morale was variable but they felt they worked well as a team. Some staff told us they felt rushed and they would like to spend more time with people. They spoke about people with warmth and compassion. One member of staff told us; "[Person's name] did not have enough money for a hairdresser. One of the carer's does her hair for nothing.

Although there were sections in people's care plans for end of life care needs and preferences to be recorded these were inconsistently completed and contained minimal information. In one person's plan it had been documented "Not for CPR. End of life medication prescribed, knows her condition will not improve". There was no other detail in relation to the person's choices. In another person's plan it had been documented that their relative wished for them to be seen by a priest, and the contact details were provided, but no other preferences had been written. This area of their work requires further development.

Requires Improvement

Is the service responsive?

Our findings

Care plans were not sufficiently detailed to help staff provide personalised care based on current needs. They were not consistently written in conjunction with people or their representative. People we spoke with had little or no knowledge of the content of their care plan. Comments included; "I'm not sure what's in it. I have no idea when it was last discussed but everything is running smoothly"; "There are no formal care plan meetings. I go straight to the manager if something has to be said. I have not seen the care plan for two years" and "I do not know the content of the care plan."

Care plans were not person centred and did not always contain information about people's preferences in relation to how they wanted to receive support. In one care plan it had been documented "needs to be nursed in bed" but did not explain why this was or if the person chose to stay in bed. Sections of care plans titled "Psychological, emotional and social" contained little information. In the same person's plan it had been documented "usually sleeps well at night and for periods throughout the day" but provided no information about the person's psychological or emotional needs. There was nothing documented to inform staff how to meet the person's emotional or social needs considering they were being nursed in bed. Despite this, visitors gave positive feedback about how well the staff knew people. One said "The staff know my relative really well. They know what she likes to wear for example" and "They know how to make my relative respond to them".

Care plans were reviewed monthly. However, it was evident that some of the information contained in the care plans was incorrect and not specific to the person's needs. We looked at one person's wound care plan. They had two wounds that were being dressed by staff. The wound care records were poorly and inconsistently completed. In one record it was documented that the wound required redressing every 72 hours. However, on some occasions staff had written in the evaluation section that the wound had been redressed rather than in the wound record. It was difficult to confirm if the wound had been redressed every 72 hours due to the inconsistencies and there were gaps noted where the dressing had not been done as per the plan. The other wound needed redressing daily, but again, the records were poor and there were at least three days when there was no record of the wound being redressed. When we showed these to the nurses on duty, they said "It was probably done and just not documented".

We looked at the care plans for two people who had urinary catheters in situ. Neither plan informed staff how to monitor the catheter or how to perform catheter care. In one of the plans it had simply been documented "has catheter fitted for urine output". In the other plan it had been documented "urethral catheter in place. (Person's name) expects it to remain patent, free of infection, Catheter to be changed every 12 weeks". The records for this person showed they had been re-catheterised 15 times during the past 13 months, mainly due to blockages. There was nothing documented to indicate that staff had noted this as unusual and no guidance documented to inform care staff how to reduce the risk of blockages, or how to keep the catheter clean, how to reduce the risk of infection, or how much fluid the person should aim to drink each day. One member of staff said "Even if they drink a lot it still blocks", but the person was not having their fluid intake monitored so it was unclear how staff would be able to identify whether the person was drinking enough or not.

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

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints received. Where issues of concern were identified they were taken forward and actioned. A recent concern had been raised regarding the lift not working. This meant that some people were unable to leave the building or go to the dining room on the ground floor. On the second day of our inspection the lift had been fixed. Visitors said they knew how to complain. One said "I did speak up once, and my issue was sorted" and another said "I would speak to the manager if I had any problems".

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

People had access to activities. The chaplain was visiting on the day of our inspection and visitors said their relatives enjoyed other activities such as bingo, singing and flower arranging. One person told us; "I get involved with the activities. There's always something going on. Entertainment is provided. We have music and movement this afternoon. I've had a busy week."

Inadequate

Is the service well-led?

Our findings

This is the fourth inspection that the provider has failed to fully meet all the regulations. Since the previous inspection in July 2016 there have also been repeated breaches of the same regulations. These include good governance and safe care and treatment. Since the previous inspection in July 2016 the service has failed to fully implement the actions in their plan to ensure they were no longer acting in breach of the regulations. Examples of areas where they failed to implement the actions stated in their plan included; "All PRN protocol documents will be reviewed and updated as required to reflect current use of prescribed PRN's"; "The Home Manager will re-track a minimum of one daily med, a weekly med, or a resident care TRaCA each week to ensure a robust quality system is in place for rectifying areas of concerns. Where a TRaCA is not 100% this will be re-tracked by the Home Manager once staff have closed the actions." The registered manager and regional manager had failed to identify that the daily and weekly audits were not always correct. This resulted in medicines not being managed safely.

Their auditing processes had failed to identify their recording failings regarding the non-regulating pressure relieving mattresses settings. This was only addressed when found at our inspection. People's records were not consistently completed correctly or monitored to manage their health conditions. Care plans were not sufficiently detailed to help staff provide personalised care based on current needs. They were not consistently written in conjunction with people or their representative. Staff were not consistently supported through a regular supervision programme.

The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. Their audit systems had not identified that the continued breaches of the regulations had failed to be sufficiently rectified. Their action plan stated all the actions would be completed by 31 November 2016.

The provider had failed to become compliant with Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were required to become compliant by 13 December 2016. This is the fourth inspection there continues to be a breach of Regulation 17.

We continued to receive mixed comments from staff members regarding the registered manager. Some staff did not feel well supported by the registered manager and felt they were not being listened to, particularly regarding staffing levels. One member of staff told us; "If someone calls in sick, their cover is not necessarily covered. We're getting stressed out." Staff were not in all cases sufficiently supported through their training and supervision programme. At a recent staff meeting they told the registered manager that they did not feel there is a good team spirit in the service. They felt they were often spoken to like children and spoken to in a disrespectful way by the nurses. They stated that they only received negative comments. Staff did not feel appreciated. This was reflective of comments we received from the members of staff we spoke with.

People were encouraged to provide feedback on their experience of the service. The service has a 'Quality of Life' programme. People have access to an electronic tablet in the service to provide their views. Feedback comments highlighted that people felt happy living at the service and staff treated them with respect.

Resident meetings were not held regularly. The most recent resident's meeting was held in December 2016. Positive feedback comments were made regarding the changes in the menu options, particularly that salad was now an additional option. One person told us about their attendance at the resident's meeting; "I have been to two since being here and they have implemented our recommendations. We suggested pasta dishes and this has been taken forward. On the whole it is very good."

At the most recent resident's meetings comments were also made on the staffing levels. One person felt the staff did not have enough time to spend with them when they wanted to chat. Another person commented that they felt the service was often short-staffed. The registered manager explained that when the duty rotas are completed they rota adequate staffing levels. She did concede that when people went off sick they cannot provide the necessary cover. To ensure sickness absences are covered the service are currently reviewing their sick absence protocols.

To ensure the safety of the service health and safety checks were conducted, such as checks on equipment and standard of electrical, gas and water safety had been completed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not sufficiently detailed to help staff provide personalised care based on current needs.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines are not managed safely.

The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained. The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.

The enforcement action we took:

Impose a condition.