

Tamaris Healthcare (England) Limited

Bremner House

Inspection report

Green Lane
New Wortley
Leeds
West Yorkshire
LS12 1JZ

Tel: 01132311755
Website: www.fshc.co.uk






Date of inspection visit:
24 May 2016

Date of publication:
27 June 2016

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 

Summary of findings

Overall summary

The inspection took place on 24 May 2016 and was unannounced. We carried out a comprehensive inspection in May 2015 and rated the home as requires improvement. Where we found the provider was meeting all the regulations we inspected.

Bremner House (formally Castleton Care Home) is a detached purpose built property located in the Wortley area of Leeds. The home provides care and support for up to 60 older people, some of whom are living with dementia or related mental health problems.

At the time of this inspection the home did have a registered manager; however, they were no longer in day to day control of the home. An interim manager was in charge of the home. 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.

We found some areas of risk within the home. Appropriate steps had not been taken to ensure staff received timely training and ongoing or periodic supervision to make sure competence was maintained.

At the time of our inspection Deprivation of Liberty Safeguard applications were been carried out appropriately. However, the care plans we looked at did not contained appropriate mental capacity assessments.

People's care plans did not always contained sufficient and relevant information to provide consistent, care and support. Complaints were welcomed but were not always investigated and responded to appropriately. Effective systems were not in place to ensure people received safe quality care. People had opportunity to comment on the quality of service through daily interaction.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because generally the provider had appropriate arrangements in place to manage medicines safely.

There was opportunity for people to be involved in a range of activities within the home or the local community. People's nutritional needs were met and people received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

We found breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end 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?

The service was not always safe.

We found some areas of risk within the home. Individual risks had been assessed and identified as part of the support and care planning process.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. We found medicines were generally well managed.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place.

Requires Improvement ●

Is the service effective?

The service was not always effective in meeting people's needs.

Staff training provided did not always equip staff with the knowledge and skills to support people safely and staff did not always have the opportunity to attend supervision.

Staff we spoke with could tell us how they supported people to make decisions. Deprivation of Liberty Safeguard applications were been carried out appropriately. However, the care plans we looked at did not contained appropriate mental capacity assessments.

People's nutritional needs were met and people attended regular healthcare appointments.

Requires Improvement ●

Is the service caring?

The service was caring

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive to people needs.

Complaints were not always responded to appropriately.

People's care plans did not always contain sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home and the local community.

Is the service well-led?

The service was not always well-led.

The home had a registered manager; however, they were no longer in day to day control. The home was being managed by an interim manager.

We identified there was a lack of gathering, recording and evaluating information about the quality and safety of the home and concluded the provider's systems and processes were not operated effectively.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through meetings and daily interactions.

Requires Improvement 

Bremner House

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 24 May 2016 and was unannounced. The inspection team consisted of one adult social care inspector, a pharmacy inspector, a specialist advisor in governance and an expert-by-experience who had experience of people living with dementia and an observer from the Care Quality Commission. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 34 people living at Bremner House. We spoke with 10 people who used the service, three relatives, one visitor, 13 Members of Staff, a pharmacy technician, the interim manager and the regional manager. During the inspection we reviewed a range of records that related to people's care and support and the management of the home. We looked at six people's care plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection we rated this domain as requires improvement.

Risks to people's safety had been assessed by staff and had been personalised to each individual and covered areas such as falls, moving and handling, choking and bedrails. We also saw the use of pictures which clearly indicated people's risks. This enabled staff to have the guidance they needed to help people to remain safe.

The home had a risk assessment folder, which contained a comprehensive range of generic risk assessments. The provider's policy stated these were to be reviewed on an annual basis. We noted three risk assessments were last updated in 2011, 33 were updated in 2012 and two were updated in 2015.

The fire risk assessment available at the time of our inspection was dated June 2013 with no review date noted. We noted the fire risk assessment was in the home's previous name. The records we looked at showed fire safety equipment was tested and fire evacuation procedures were practiced. However, we reviewed the last three fire drills undertaken. These were dated March and December 2015 and May 2016. The provider's policy referred to having to conduct fire drills at least twice per year for day staff and three times per year for night staff. We noted not all staff had been involved in a fire drill in accordance with the provider's policy. We saw following each drill, the policy referred to conducting a 'full debriefing' the records we looked at did not reflect this. One staff member told us they would not know what to do if there was a fire at the home. The policy also referred to having wristbands in the grab box for the purposes of identification in the event of having to evacuate the home. These were not found in the grab box. We saw fire extinguishers were present and in date. There were clear directions for fire exits. However, we found there were two trolleys and a chair being stored in one of the stairwells reducing the area of the escape. Another stairwell contained a wooden bookcase filled with paperback books. We brought this to the attention of the management team.

We noted the home's fire safety records book had expired in March 2016 as such; the maintenance person was using loose leaf paper to record the checks they had conducted.

One staff member told us the Personal Emergency Evacuation Plans (PEEPs) were in people's care plans and in a bag in the entrance to the home. There was evidence of PEEPs being in place however, the ones provided for inspection were not individual. The home operated a traffic light system for identifying risks however, in the 'special instructions' section, there was reference to one person 'there may be some reluctance' and another person was described as 'frail'. The PEEPs needed to be reviewed to ensure there was a detailed plan for each person. For example, via which corridor, stairwell, equipment needed and number of staff.

We saw equipment had been regularly tested and all the certificates we saw were in date. We noted the Legionella risk assessment was conducted and water checks were being completed in accordance with the maintenance records. However, the sling checks stated these were to be conducted on a monthly basis. The

record reviewed, highlighted the required checks for April 2016 had not been conducted. Previous dates were logged as March and May 2016.

We concluded the provider did not ensure people were safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People we spoke with told us they felt safe in the home and did not have any concerns. People said, "I feel really safe", "We have no worries here", "I feel safe and well and they look after me and the staff are very kind" and "I feel really safe and I can come and go as I please."

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff we spoke with told us they had not all received safeguarding training. One staff member told us, "I have not had training for a while." Another staff member told us, "I have not done any e-learning on this." The staff training records we saw stated 76% staff had completed safeguarding training. The interim manager told us they are in process of reviewing all the training and further training would be organised.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse. However, staff told us they were not always confident safeguarding information would be reported appropriately by the registered manager but had confidence in the interim manager. We saw safeguarding notifications were been reported to the Care Quality Commission.

We looked at the arrangements in place to manage risk so people were protected. We saw an unauthorised visitor was sat in one of the upstairs lounge areas watching television. We were told the person was a family member of one of the staff. The management team were unaware they were in the building. People who used the service and the person themselves were put at risk from being in the building without the knowledge of the management team. Following our inspection this was rectified.

The medication room on the upper floor was of good size and organised with good amount of storage capacity. Medicines were stored in medicines trolleys and cabinets on the walls. There was effective lighting and space in the room if medicines needed to be prepared. The room and fridge temperatures were taken and recorded daily. The home had documented evidence and were following their medicines policy in respect of ordering, receipt, storage, disposal and booking in procedures.

We saw people's medication administration records (MAR) had a photograph of the person along with any allergies they may have. All MAR charts for the current and the previous month were reviewed and no missed signatures were been identified. It was clear they had done a lot of work around reducing gaps on MAR charts which was evident through posters and reminders on MAR charts to the nurses to review for missed signatures.

We saw the home had pharmacist involvement which was of the Leeds Clinical Commissioning Group initiative where pharmacists visit homes and feedback their findings to the homes and GP's; this constitutes a clinical medication review and patients had this done annually.

We noted two people on the upper floor were undergoing covert administration of medicines (hidden in food or drink). We saw evidence a mental capacity assessment had been done before initiating covert administration and in addition a best interest meeting involving different healthcare professionals and

family members had been held. However, the list of medicines for both people were not up to date and subsequently pharmacist advice had not been sought in relation to the method of administration and whether these medicines could be crushed or disguised and if so what was the best way and safest way to undertake this practice. No evidence could be found that covert administration was reviewed once it had been initiated.

There was clear documentation and effective communication between the GP and staff at the home for one person who was taking warfarin. The person and staff were aware of regular monitoring of warfarin levels and appointment dates were diarised. We spoke with the person who was complimentary of the nurses in relation to medicines administration being prompt and given when needed. However, they commented that sometimes when agency staff were working it took time before the 'as and when' (PRN) medication was given. We also noted on checking the MAR's for one person who had been prescribed lorazepam PRN, no maximum dose or minimum hourly interval between each doses were recorded.

The provider had a Controlled Drugs (CD) policy in place which needed updating in line with the new CD guidance issued by the National Institute for Health and Care Excellence. The policy stated CD balances should be checked on a weekly basis however, this was not been done. We randomly conducted a stock check of the CD's which reconciled with the CD register.

We saw two people who were type 1 diabetics but no medication such as dextrose gel/glucagon could be found that would help reverse hypoglycaemia if the person suffered this. The nurse in charge immediately actioned this and contacted the GP surgery to get these items prescribed.

Medication errors were reported using the provider's electronic incident reporting system. All medication errors irrespective of severity were picked up by the pharmacy technician who would have direct involvement in investigating or cascading learning from errors. All medications errors for the past 3 months have been reported to CQC regardless of their severity and whether it meets the CQC reporting threshold.

We asked in the PIR asked 'What improvements do you plan to introduce in the next 12 months that will make your service safer, and how will these be introduced?' The provider stated 'To support, encourage and fully implement the Care Homes Advanced Practitioner (CHAP) programme. This will allow senior care assistants with a minimum NVQ level 2 qualifications to apply for the programme and once CHAP is completed will be able to dispense medications and manage the floor in a working partnership with another registered nurse'. We noted some of the senior care staff were undergoing this training to act as authorised witnesses for CD administration.

The home conducted daily and weekly medication audits electronically and this could be evidenced as the results were checked from December 2015 to May 2016. Any issue identified from the audits was fed back from head office to the home and it was clear that the home made improvements or plans were put in place to meet the audit standards.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home's occupancy was 34. The interim manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. They also said they were overstaffed on some days.

We looked at the staff duty rotas and saw the staffing levels were being complied with. The interim manager told us where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or agency and bank were used. They said the same agency and bank staff were used, which

ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. Staff had handovers twice a day where they discussed changes, appointments and were updated on people's care and support needs. One staff member told us, "There is always enough staff." Another staff member said, "Staffing levels are good and we have been over staffed. The agency nurse is usually the same." Other comments included, "Staffing levels are alright, we are well over" and "Some days we get agency staff but not always. In general staffing is ok."

We looked at the recruitment records for four staff members. We found the staff files contained application forms and the references provided as part of the recruitment process. We saw relevant checks had been completed for permanent staff, which included a DBS check. The DBS is a national agency that holds information about criminal records.

Is the service effective?

Our findings

At the last inspection we rated this domain as good.

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included moving and handling, infection control, information governance and fire safety. Staff we spoke with told us they had completed several training courses and these included CHAP training and insight to a nurse's role. However, we saw from training records the majority of the training courses had been attended by less than 50% of the staff compliment. For example, first aid awareness had been completed by 41% of staff. We were told by two staff members they had not received their log-on details to be able to access the provider's e-learning system. Both staff members had worked at the home for more than three months, therefore, they had not been able to complete any of the online training. The interim manager told us they were in process of reviewing all the training and further training would be organised for all staff.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with confirmed they had received supervision recently. One staff member said, "I had supervision a few weeks ago, it was this year. I had none before Christmas." When we looked in staff files we were able to see evidence staff had received supervision and appraisals during 2016. The provider staff supervision and appraisal policy stated 'supervisions shall take place every eight weeks or six times per year'. We asked to see the supervision information for 2015 and was told by the regional manager supervision had not been completed in 2015.

We asked in the PIR 'What do you do to ensure the service you provide is effective?' The provider stated 'Our Staff have regular supervision sessions with more senior staff and also attend an annual appraisal. Training and staff development is then provided if needed or identified. New staff undertake a through induction period inclusive of all Mandatory training and are given a personal account and password allowing them to access the companies electronic training systems for their e-learning'. We asked in the PIR asked 'How do you ensure the service you provide is safe?' The provider stated 'All our staff receive both legislative and mandatory training; this is undertaken using electronic learning and face to face training.

We concluded the provider had not taken appropriate steps to ensure staff received appropriate timely training and ongoing or periodic supervision to make sure competence was maintained. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We saw staff completed an induction programme which included information about the principles of care, training and shadowing experienced staff until they felt confident and competent. We looked at four staff files and were able to see information relating to the completion of induction.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with staff about their understanding of the MCA and DoLS and found some staff did not fully understand their responsibilities or the implications for people who lived at the home in regards to the Mental Capacity Act (2005). One staff member told us, "I think everyone has an MCA." Staff we spoke with told us they would benefit from further training in both the MCA and DoLS. Overall the training figures showed that over 47% of staff had completed MCA training and 11% of staff had completed DoLS training.

We observed staff supported people to make choices throughout the day. This included where they wanted to sit and what they wanted to eat at lunchtime.

We looked at people's care plans and found some care plans contained mental capacity assessments and others did not. For example, we saw a standard DoLS authorisation application had been applied for; however, a mental capacity assessment had not been completed. We saw another person care plan contained a mental capacity assessment, a granted DoLS application and a best interest's decision.

We asked in the PIR asked 'How do you ensure the service you provide is safe?' The provider stated 'We carry out capacity assessments when needed and subsequent Deprivation of liberty applications, done on a case by case basis to ensure the care we are giving is arranged in a person centred way.'

Whilst there were DoLS in place, there was no evidence of best interest decisions in place for staff to administer medicines and/or to install bedrails on people's beds. Where bedrails had been installed there was no evidence as to what had been tried before resorting to bedrails. The interim manager told us they would review this.

We asked people about the food they received. Some people were complimentary about the food while some felt the food was sometimes cold and did not look pleasant in presentation. People told us, "I don't eat a lot but what I do get is very good", "I quite like the food. I don't eat much. They weigh me every month and I don't put weight on, I just seem to stay the same. I have seen a diet person before though", "There is always enough to eat, although I eat between meals, biscuits and that", "The food is rubbish. It is always cold, especially the Sunday main meal", "I was looking forward to the meal today but now it is something different" and "The food could be better, it could be hotter and look better."

Relatives we spoke with said, "He loves the food. They always make sure he gets his favourite drink with his meal. They also take him out for a pub meal from time-to-time."

We observed the lunch time meal and saw the menus on the dining tables did not relate to the meal being served. Staff said the menus should have been destroyed the day before and this was 'a breakdown in communication'. We saw the meal service was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. People could choose to eat in the lounge area. The atmosphere was calm and relaxed. One staff member told us, "People generally eat the food." Another staff member told us, "The food is really good." A third staff member told us, "The food is not presented very well and some people don't always eat the food." A fourth staff member said, "Some days it is ok and some days not, presentation is not good." Other comments included, "The menus now come from head office, we are now contracted out" and "We can order anything we need for the resident."

We saw a communication book was in the dining room and staff made comments about the food on a daily basis; However, we were not able to see if the chef received this feedback or how the chef responded to the comments.

We saw the staff were seen to be very calm and patient when delivering meals and asking people what they would like to eat. We noted some people were very vocal and called out loudly and we saw staff sat with people and helped them to calm them down and offered them a drink.

We saw a 'social lunch' was offered, where people were offered the chance to eat in the downstairs café with staff members. We saw morning and afternoon drinks being served around the home.

The interim manager told us they were in the process of making sure each person had been weighed and where needed appropriate referrals and support were to be obtained. We spoke with one visiting health professional who told us, "Weight loss is now been addressed."

We asked in the PIR 'What do you do to ensure the service you provide is effective?' The provider stated 'We have food and fluid balance charts in place for anyone identified as at risk, staff spend time with residents that require assistance to encourage a healthy balanced dietary intake'.

We saw evidence in the care plans people received support and services from a range of external healthcare professionals. These included GPs and community nurses. We spoke with one visiting health professional who told us, "They ring me for advice. They have very good carers but there was no communication with the nurses. This has now improved a lot. Pressure care has also started to improve. There is more oversight with the new manager, in the past I was not sure things would have got done and my advice was not always implemented. I am more confident now with the new manager."

Staff we spoke with told us health professionals visited the home on a regular basis. We saw when professionals visited, this was recorded. One staff member told us, "There is no delay in getting a GP out. We get the GP if people are poorly." Another staff member told us, "Pressure care is managed well and the pressure care nurse is in often." One person who used the service told us, "They make sure I see the dentist and optician when I need to." One relative we spoke with said, "[Name of person] has not needed to see a GP in the 13 weeks that he has been here."

We asked in the PIR 'What do you do to ensure the service you provide is effective?' The provider stated 'We have nurses in the home 24 hours a day who continually assess each resident, regular physical and mental health observations are undertaken and we have a good relationship with our local GP's who visit whenever required. In addition to this the practise nurses attached to the surgery visit the home each Wednesday and discuss each resident in the home with the nursing staff in charge at the time'.

Is the service caring?

Our findings

At the last inspection we rated this domain as requires improvement.

People told us the home was clean and comfortable and the staff were lovely. People said, "Staff keep a really close eye on me. It's lovely here", "The staff are so pleasant", "I am very happy here", "I can pull the buzzer if ever I need anything" and "This place has saved my life."

The relatives we spoke with told us they were very happy with the care their loved ones received. They told us, "Staff are so welcoming, they even helped us prepare for a family party on their day off", "My relatives face just lights up when certain staff are helping him", "The staff here are so friendly, nothing is too much trouble for them" and "My Dad loves it here. The staff could not do any more for him. I think he is really safe compared to when he was on his own at home."

Staff we spoke with told us they were confident people received good care. One staff member said, "People are well cared for and staff are really good." Another staff member said, "Care has changed a lot over the years and staff work the dammed hardest to make sure people are looked after. It is a lot calmer and we do more things, we take people outside when it is nice, we have more time." A third staff member told us, "People are well looked after and we work well as a team." Other comments included, "I have worked here for nearly ten years, we have a laugh with the residents and all get on well together."

People were very comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw some people sitting in one lounge area watching television and some people spent time in their room.

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff knew people by name, and some of the conversations indicated they had also looked into what they liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

Staff spoke about the importance of ensuring people's privacy and dignity was respected. Staff gave examples of how they maintained people's dignity. One staff member told us, "I see staff knocking on people's doors." Another staff member told us, "I make sure doors and curtains are closed." A third person told us, "I have no concerns about this; I close the curtains when hoisting if needed." Staff were seen knocking on people's doors and calling to them before they entered.

We saw relatives and visitors were able to visit without restriction.

We asked in the PIR 'What do you do to ensure the service you provide is caring?' The provider stated 'Staff are supported to respect people's beliefs and needs in respect of their gender, race or religion. All staff respect the privacy and dignity of the residents by knocking on doors prior to entry and using the residents preferred name to address them once they have gained the residents consent. Residents are assisted where required with their wishes in respect of voting in both local and national campaigns as well as the forthcoming European Union vote expected later this year. Residents will be assisted to apply for postal votes or will be transported to the local centres if they wish to take part'.

Is the service responsive?

Our findings

At the last inspection we rated this domain as good.

Staff we spoke with told us they were not always confident people's complaints were taken seriously by the registered manager. All staff said they were more confident complaints would be dealt with appropriately by the interim manager. One staff member said, "I feel now they would be investigated properly but not with the previous management team." Another staff member said, "I could express my concerns to the previous manager but not sure if anything would have been done."

People and their relatives knew how to complain and they told us they would inform the staff if they were unhappy with their care. Comments included, "I have known some of the staff here nearly ten years, it makes a big difference when it's the same staff", "Although I can stick up for myself, I would definitely tell someone if I was worried about anything" and "I would tell the manager if something was wrong but I don't think [name of registered manager] is here now."

One relative told us, "My Dad is happy here, but I would go to the office if I had any concerns."

We saw there was a clear procedure for staff to follow should a concern be raised. We looked at the complaints records and saw the home had received one complaint in April 2016 where the investigation was described as 'on-going'. This was not within the timescales stated in the provider's complaints process flowchart of 20 days of receipt of the complaint.

We also noted a complaint had been made about the registered manager and we found the registered manager had responded to the complaint. This occurred on 24 April 2016 and the registered manager had responded to the complainant on 28 April 2016 stating they will 'get back' to them within 28 days. This was also outside the providers complaints policy timescales. The interim manager and regional manager told us they were not aware of this complaint but would follow it up immediately.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.

We asked in the PIR 'What do you do to ensure the service you provide is responsive?' The provider stated 'The home actively encourages suggestions, compliments or complaints and these are dealt with proactively within the provider's policy and procedure.'

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home.

Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member told us, "They are alright; they are quiet good with the relevant information." Another staff member said, "They tell you what you need to know."

We saw some people's care plans did not contain sufficient or accurate information. For example, one person's care plan we found they had consent and best interest decision for bedrails, however, no risk assessment was in place. The nurse told us they would review this immediately. We also noted in the daily notes dated 23/05/2016 the person had lost a little weight and the GP was to be contacted. We could not see this had been completed. The nurse told us this was an incorrect entry.

We looked at three people's medication care plans. One person care plan did not mention amlodipine or lamotrigine tablets the person was taking and why the dose of buprenorphine 5mcg patches had been increased to 10mcg. Another person's care plan covered all prescribed medicines; however, no side effect monitoring was taking place especially since they were taking an antipsychotic medication. A third person's care plan stated they were prescribed lorazepam for agitation but there was no mention of when or symptoms the person may display. The person was also a type 1 diabetic but no mention of units of insulin they needed.

People we spoke with were not all aware of their care plan. One person said, "I don't have a care plan, although they do write a lot down in them files" and "I have never been asked for my ideas to go in a plan."

The regional manager told us the care plans had all be transferred to a new format and now they needed to be fully reviewed. They said they would look at how best this should be done.

We found not all the care plans we looked at were updated on a regular basis, some sections were not completed appropriately or were inaccurate. This meant assessment of need or the designing of care was not carried out to ensure people's care and support needs were been met. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

We were told by the interim manager the home had three activity coordinators. One of the activity coordinators told us, "We are having movement to music this afternoon and recently we have had more support with new activity ideas". We saw a noticeboard for up and coming events and activities at the home. We saw activities included men's club, social lunch, arts and crafts, fresh air Friday and games. People told us they particularly enjoyed going out to the pub and having a meal out. Comments included, "There is a church service that I can go to but I don't always go", "We can always have a good laugh with the staff" and "I stay in my room most of the time but I do walk around the home and go outside whenever I want to."

Relatives we spoke with said, "My relative is really encouraged to join in the leisure activities" and "Our uncle is so happy here, the activity workers have made a great difference. He thinks they are great."

Staff told us they were involved in lots of activities, however, more variety could be introduced. One staff member said, "We have singalongs and people do baking." Another staff member said, "Activities are really good, they do baking and allsorts. I know one person loves colouring." A third staff member said, "They do a good job but there could be more variety."

We saw the home had a shop for people to buy toiletries and confectionary if they so wished.

Is the service well-led?

Our findings

At the last inspection we rated this domain as requires improvement.

At the time of our inspection the home had a registered manager; however, they were no longer in day to day control. An interim manager was in charge working alongside staff overseeing the care and support given and providing support and guidance where needed.

People who used the service, relatives and visitors were very complimentary about the home, the staff and the care they received. Comments include, "The staff here have done all in their power to make this stay a success, nothing is too much trouble" and "They always communicate with us, it gives us confidence." However, one person told us, "I have no idea who is running things" and one relative said, "I am not aware of any staff or management changes."

Staff told us they were not happy about the recent changes taking place in the management and the management situation had not been communicated very well. One staff member said, "The manager is always around but last week it was someone different." Another staff member said, "Communication is not good. [Name of interim manager] is trying her best." Other comments about the previous and current management arrangement included, "The home was not run professionally over the year. We need a manager to be a manager and not your friend. We have had that many managers"; "The previous manager was too laid back, too friendly and not a manager of a home. In the last two weeks [name of registered manager] has not been here and you can see the standards of the home going up. [Name of interim manager] is doing alright, really good" and "Having no admin worker spoils the communication."

Staff did not feel confident; they told us they felt as though they had no-one to turn to if they had any concerns. Comments included, "I wish there had been a meeting to tell us what was happening with the management", "We don't even know the new manager, she has not introduced herself to us", "I could not turn to this interim manager, I don't know her, she does not even know me" and "The sudden changes in the management make staff morale low." However, staff told us they liked working at the home. One staff member said, "I enjoy working here." Another staff member told us, "I am happy here now." A third staff member said, "We work brilliant as a team and everyone works hard." We spoke with the interim manager who told us they had been speaking with staff on an individual basis and a team meeting had been arranged for the first week in June 2016. They also said a letter would be circulated to all staff and this was imminent.

From comments made by people there had been no residents/relatives meetings for an extended period of time. Three people said they would go the meetings if they were held. We saw a residents/relative meeting had been arranged for the first week in June 2016. We looked at the previous relatives meeting minutes which were dated October 2015. These stated 'no relative attended but spoke with 10 residents'. The written notes did not highlight any issues of concern.

There was a new 'Quality of Life Programme' system for people to record their feedback about the home and the service they received. This gave the management team the chance to fix issues quickly. However,

the system was faulty and not in use on the day of our inspection.

We asked in the PIR 'What do you do to ensure the service you provide is well-led?' The provider stated 'Our company as developed and invested in a Quality of life system used through an I Pad which stores all the data gathered on a central computer allowing staff to digest the information and act as appropriate. All our residents and families are encouraged to use the system and record their feedback'.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home; these included different groups of staff meetings. We noted the last full staff meeting was held in February 2016. We saw the minutes were detailed and contained updates/changes at the home/company. One staff member told us, "I can't remember the last one we had."

A 'general support visit' conducted by the regional; management team in March 2016 confirmed there was no evidence of health and safety or clinical governance meetings being held.

We saw the home had received regular support from the regional management team who had visited the home and produced action plans for the registered manager to follow. However, it was difficult to decipher how much progression was taking place to meet the agreed actions.

There was no meaningful data regarding audits that had been carried out by the home. We were advised by management team there was a provider dashboard where all homes run by the provider, uploaded key performance criteria and audits, but at local level such information did not appear to be available. For example, number of falls, infection control, accidents/incidents identifying key risk areas, trends and/or lessons learned.

The home used an online system for the recording and reporting of accidents and incidents. The management team were not able to provide details of reported accidents or incidents. The 'monthly accident analysis' provided details of individual accidents/incidents that had occurred as opposed to identifying trends, lessons learned or how such accidents/incidents may be reduced going forwards.

The home had audit procedures relating to medicines in place with various checks in place. The regional manager told us at the end of May 2016 the provider would be introducing a monthly medication audit which would be completed by the manager. A weekly topical medication audit was introduced in April 2016 but this had only been completed on two occasions, 15 April 2016 and 23 May 2016.

The provider introduced a weekly audit of people's prescribed 'thickening' medicine, in January 2016. However, this had not been implemented as staff needed training in completing this. The pharmacy technician stated staff would be trained very soon and will be required to complete the audit.

At the inspection we identified there was a lack of gathering, recording and evaluating information about the quality and safety of the service and concluded the provider's systems and processes were not operated effectively. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	We found not all the care plans we looked at were updated on a regular basis, some sections were not completed appropriately or were inaccurate. This meant assessment of need or the designing of care was not carried out to ensure people's care and support needs were been met.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	We concluded the provider did not ensure people were safe.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	The provider could not evidence response timescales were being met and some complaints were not investigated appropriately.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	At the inspection we identified there was a lack of gathering, recording and evaluating information about the quality and safety of the
Treatment of disease, disorder or injury	

service and concluded the provider's systems and processes were not operated effectively.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

We concluded the provider had not taken appropriate steps to ensure staff received appropriate timely training and ongoing or periodic supervision to make sure competence was maintained.