Akari Care Limited

Pavilion Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 and 30 August 2016 and the first day was unannounced. This means the provider did not know we were coming. We last inspected Pavilion Court in June 2015. At that inspection we were following up on two breaches of regulations which had been found in our previous inspection in January 2015.

Pavilion Court is a care home which provides nursing and residential care for up to 75 older people, including people living with dementia. There were 42 people living in the home at the time of this inspection.

The service did not have a registered manager. The registered manager had left since our previous inspection and although a new manager was in post they had not applied to become the registered manager at the time of this 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe from harm. Staff were aware of the different types of abuse people might experience and of their responsibility for recognising and reporting signs of abuse. People and their relatives told us they felt safe.

Staffing levels were calculated based on dependency levels and expected staffing ratios. They were reviewed on a monthly basis and on paper appeared appropriate. However during the inspection we observed there were not sufficient staff to provide people with the assistance they required promptly. We have made a recommendation about this.

Possible risks to the health and safety of people using the service were assessed and appropriate actions were taken to minimise any risks identified. People were assisted to take their medicines safely by staff who had been appropriately trained.

Staff were not always provided with sufficient information to enable them to administer topical medication effectively. Clear records were not being kept of the reasons for non-administration of this medication. We have made a recommendation about this.

Staff had been provided with regular training and support to assist them in performing their roles effectively.

Care plans we viewed were evaluated on a regular basis but not always updated in a timely manner. There was limited evidence of people and their family members being involved in care planning. The manager had already recognised this and started to take action to resolve this through working with other staff members to develop a process for reviewing all care plans in conjunction with people and their family members.

The service had not regularly sought feedback from people about the service. This was something the manager had identified and was taking action to resolve at the time of the inspection.

The provider's complaints policy and procedure were very prescriptive and although the complaints we viewed had been dealt with appropriately we found these had not been responded to in accordance with the provider's policy and procedure. We have made a recommendation about this.

The service did not have a permanent team of qualified staff in place to support people. People, their friends and family members and external healthcare professionals told us this meant the care people received was not always consistent. The manager was already aware of this issue and had taken steps to recruit permanent qualified staff and reduce agency usage.

The service did not have an activities programme in place. During the inspection we saw limited evidence of activities for people using the service. People we spoke with told us they did not always receive support to maintain their hobbies and interests.

The manager had only been in post since May 2016. Staff spoke positively of the impact she had on driving improvement in the service although they told us they did not always find her approachable and would like her to get more involved with staff on a one-to-one basis.

The provider had a range of systems in place for monitoring and reviewing the service, however, we found these were not always fully effective at addressing and resolving issues. We found care documentation was not always being fully completed or updated in a timely manner and there was limited evidence of people or their relatives being involved in care planning. There was a lack of permanent qualified staff and as a result the care and treatment people had received had not been consistent. Limited engagement had been undertaken with people or their relatives in order to obtain feedback about the service and make improvements.

We found breaches of Regulations relating to person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of the 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 always safe.

Whilst staffing levels appeared appropriate on paper we observed there were not sufficient staff to always respond to call bells promptly or to fully support people at mealtimes.

People were assisted to take their medication safely although records for topical medication administration were found to be inconsistent.

Staff were aware of their roles and responsibilities for protecting people from harm.

Risks to people were assessed and appropriate measures taken to keep people safe from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

People had not always given their formal consent to their care and treatment.

Staff were provided with support in terms of training, supervision and appraisal in order to carry out their jobs effectively.

People were encouraged to maintain a nutritious diet although the records in relation to people's food and fluid intake were not always fully completed.

People were supported to access other healthcare services although we received feedback from external healthcare professionals that they did not always receive the information they required from staff about people's needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People we spoke with felt they were not always well cared for.

People and their relatives had not been involved in their care planning.

People's privacy and dignity were respected. Staff were knowledgeable about the people they cared for.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed prior to them joining the service. These needs were then re-evaluated on a regular basis but care plans were not always updated in a timely manner to reflect changes in people's needs.

The system for recording and responding to complaints was not always effective.

People were not regularly asked for their feedback on the service they received although at the time of the inspection we found the manager had started to take action to address this.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had left since our last inspection and although a new manager was in post they had not applied to be registered with the Care Quality Commission.

Although staff felt the manager had improved the service they did not always feel able to approach them with concerns or issues.

Systems were in place to monitor and develop the effectiveness of the service however these were not always effective.

Pavilion Court

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 and 30 August 2016 and was unannounced. This inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider 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 reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities, clinical commissioning groups and Healthwatch to gain their experiences of the service.

During the inspection we toured the building and talked with nine people who lived in the home and five visitors. We also spoke with staff including the manager, deputy manager, a Nurse, a senior carer, five care workers, the activities co-ordinator and three members of ancillary staff. We reviewed a sample of four people's care records, five staff personnel files and other records relating to the management of the service. We also undertook general observations in communal areas and during mealtimes. As part of the inspection we also sought feedback from two external healthcare professionals who worked with the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us they were able to come and go from their room as and when they wanted and added, "I am always accompanied when I go outside for a smoke in case I need any help". A relative also told us they felt their family member was safe and that they were, "comforted to know that when [relative] is in the lounge here, there's always a member of staff sitting in here".

We spoke with the manager about staffing levels. We were advised staffing levels were based on dependency and were reviewed on a monthly basis. In the care records we reviewed we saw evidence people's dependency was reviewed and updated on a monthly basis. This information was then used in conjunction with expected staffing ratios to determine whether staffing levels were appropriate. The manager told us staffing levels were also reviewed following new admissions to the home and that there was also the flexibility to review and amend staffing levels in response to changes in people's needs.

We reviewed the staffing risk assessment undertaken by the manager on 26 July 2016. We found staffing levels appeared appropriate based on people's dependency levels and expected staffing ratios. However, during our visit we observed call bells were not always answered promptly and during out lunchtime observations on one floor we saw there were not sufficient staff to support and encourage everyone who required support in a timely manner. Staff members we spoke with also told us they felt staffing levels were too low and highlighted the difficulties in providing timely care to people.

We recommend the service reviews staffing levels to ensure there are sufficient staff on duty to meet people's needs, particularly at peak times, such as mealtimes.

We looked at the management of medication. We were informed the service had recently adopted a new, electronic system. We observed the use of this system during a medication round completed by one of the Nurses. The Nurse used a hand held device to open up Medication Administration Records (MARs) for each person they administered medication to. With the exception of one person, these records included a picture of the person to help ensure medication was given to the correct person. Medication due to be administered was highlighted on the hand held device. The Nurse scanned the medication, administered it and then recorded the administration on the device. Errors or alerts were automatically identified. For example where there was an insufficient therapeutic gap between administrations; this was identified by the device.

The service had a medication policy and procedure in place which had been updated to reflect the introduction of the new electronic system. This policy and procedure stated staff members who administered medication should have their competency checked on a yearly basis. Records we reviewed confirmed this had been done.

The service had two medication storage rooms, one on each floor. Both of these contained a medication fridge. We found temperature checks were not being performed on a daily basis for the medication room or fridge on the ground floor of the service. We highlighted this to the manager who advised staff would be

reminded of the importance of undertaking and recording these checks.

We looked at the records for topical medications which were prescribed to people on an 'as required' basis. We found the provider had a body map which described to staff where and how these medications should be applied. However, these were not sufficiently detailed in all of the records we viewed to enable staff to administer these medications as prescribed. For example in some of the records the body map had not been completed to indicate where topical medication should be applied. We also found staff only recorded on the MAR when they had administered this medication and not when people had refused or not required this medication. We discussed this with the deputy manager as this was not consistent with how other 'as required' medication was recorded.

We recommend the service reviews its records for topical medication administration to ensure sufficient information is supplied to staff to administer these as prescribed and MARs are completed consistently and in line with other 'as required' medication.

The provider had a safeguarding policy and procedure in place. These documents provided details of the provider's responsibility for recognising and reporting abuse. Guidance was provided to staff on the different types of abuse and the signs and symptoms people being abused may display. Staff we spoke with were aware of their responsibilities for reporting any concerns or suspicions of abuse.

We reviewed the service's safeguarding records. We found the service did not have a safeguarding log but that individual records were held in relation to each safeguarding incident. We found evidence that incidents were being reported to the local authority safeguarding adult's team and that internal investigations were also being conducted. However we found notifications were not always being submitted to the Care Quality Commission. We highlighted this to the manager and reminded them of their responsibilities for notifying the Commission of incidents of alleged abuse. We will follow this up in writing to the provider and manager and monitor their compliance with this legal duty.

We asked the manager to send us a copy of the 'service user guide' following the inspection. The guide provided information to people using the service about what to expect from living at the home and prompted people to speak to the manager or a member of staff if they were unhappy. However we found it did not provide people with information about how the service would protect them from harm and deal with concerns in relation to this. Nor did it provide people with contact details for other agencies they could report their concerns to. We discussed with the manager who agreed the guide could be updated to included additional information for people using the service.

The service had a business continuity and emergency contingency management plan which covered the actions to be taken in order to continue the service in the event of an emergency. This plan included individual critical function analysis and recovery process documents for each identified emergency. These set out the roles and responsibilities of individual staff members in responding to an emergency and the resources that would be required. Plans were in place to respond to emergencies such as fire, evacuation of the building and the failure of essential services. Each person using the service had an emergency evacuation plan, a copy of which was kept in the service's emergency box located near the front entrance.

We reviewed the service's health and safety folder. Risk assessments had been undertaken in relation to all tasks undertaken by staff as well in relation to general environmental risks. Potential hazards were scored in relation to three factors; likelihood, severity and frequency. We found all the risk assessments had been reviewed within the last year and actions taken to reduce risks were clearly documented. For example under care delivery, staff were identified at being at risk when using wheelchairs and transfer belts. The provision

of moving and handling training was identified as an action taken to reduce this risk.

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting and water temperature and quality were undertaken. The service also had contracts in place for the routine maintenance and servicing of equipment.

We reviewed care records for four people using the service and found as part of their initial assessment potential areas of risk were identified. In the records we reviewed we found where a risk factor was identified a specific plan had been put in place to support the person.

We asked the manager about vacancies and the use of agency staff as information gathered during the inspection indicated the service had been using a lot of agency staff in the months prior to the inspection. The manager told us when they joined the service in May 2016 there were no permanent Nurses employed to work at the home during the day. As a result, the home had developed a relationship with an external agency to provide Nursing staff during the day. The manager informed us continuity of care was achieved through the use of the same agency staff wherever possible. The manager also told us they had recently recruited three staff Nurses who were currently undergoing pre-employment checks but that once complete this would significantly reduce the home's need to use agency staff.

We reviewed the staff files for five staff members who had been recruited by the service in the last two years. We found potential staff members were asked to complete an application form which covered areas such as their previous experience and qualifications, a full employment history and details of two referees. Appropriate checks were undertaken with the Disclosure and Barring Service (DBS) to establish whether staff members had a criminal record. Two references had been sought in all of the files we reviewed; including one from the previous employer. We also found people's right to work in the UK was checked, potential staff members were asked to complete a health questionnaire and the service had a system in place for checking professional registration.

In the files we reviewed, documentation indicated interviews were only being conducted by one member of staff. We highlighted this to the manager who reviewed the provider's policy and procedure in relation to this. We were advised it did not stipulate that interviews should be undertaken by two staff members, however the manager agreed this was best practice and would be adopted going forward.

Requires Improvement

Is the service effective?

Our findings

The external healthcare professionals we spoke with as part of the inspection felt the care people received was inconsistent. They told us there had been a high turnover of qualified nursing staff and high agency usage at the service. This meant "staff did not know people well enough to identify concerns or communicate them to other staff." We were also told this meant it was at times difficult to obtain the information they required in order to provide appropriate care and treatment to people. People we spoke with also told us the care they had received had been inconsistent. One person told us; "There had been real problems with consistency of staff and I often had to show or tell the new ones what to do until they got used to things".

New staff received an induction specific to their job role. For those staff members responsible for providing care to people, part of this induction involved the completion of manual handling training. The induction process also covered policies and procedures, an opportunity for staff to become familiar with the service and the people using it. Safeguarding was a mandatory topic for the induction of all new staff members.

Staff members we spoke with confirmed they had received an induction when they first commenced their employment and told us they received regular training. We examined the training matrix and found overall compliance with training was at 83%. We discussed training with the manager and were informed there had been a drive to increase training over the past year and this was supported by comments from staff members. We saw training was planned in for the rest of the year and there was a system in place for monitoring when staff training was required.

We asked the manager whether new staff members were being enrolled to complete the Care Certificate, which is a standardised approach to training for new staff working in health and social care which was introduced in April 2015. We were informed the service had all the necessary documentation in place for this. However, as the service had not employed any staff recently who would require this training, they had not yet enrolled anyone to complete this.

The provider's policy for supporting staff included a commitment to providing four supervisions and an annual appraisal each year. Staff records we reviewed indicated the majority of staff received supervision meetings on a frequent basis, in line with the provider's policy. Staff members told us they received regular supervisions during which training and support were covered in addition to performance. The manager informed us not all staff members had received their annual appraisal yet but that they planned to complete these before the end of the year. We saw senior staff members had responsibility for completing supervisions for junior staff and there was a supervision and appraisal matrix in place with dates planned for supervision and appraisal meetings for all staff members.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We reviewed the records the service kept of DoLS applications. We found these were being made to the relevant local authority where deemed appropriate. We saw evidence these were monitored and action taken to update these on an annual basis as required.

We reviewed the records for two people using the service who received their medication covertly (without their knowledge) and were subject of a DoLS application. The records showed these people's family members and social care professionals had been involved in making a 'best interests' decision in relation to this. The deputy manager also informed us that although there was a 'best interest' decision in place for these people to receive their medication covertly they would always try to administer medication with the person's permission first. Where this was unsuccessful the deputy manager advised us they could then administer the medication covertly but that their preference wherever possible was to administer the medication with the person's consent. Records we reviewed showed staff were often successful in administering the medication with the person's consent.

In the care records we reviewed we found very limited evidence that people had been asked to formally consent to their plan of care and treatment. We highlighted this to the manager at the end of the first day of inspection. The manager told us she was aware of a number of areas for improvement with people's care records and that she planned to work closely with the deputy manager and staff team to address these over the coming months. On the second day of inspection we found action had been taken to obtain consent to care and treatment from a person's relative in one of the care records we viewed.

Although formal consent to care and treatment was not captured in people's care records, staff we spoke with were aware of the need to seek people's consent prior to providing care and treatment. Staff told us they would always explain what they were going to do before providing care or treatment, ask for the person's consent and respect people's wishes if they refused care and treatment. People's care records also reflected the need to seek people's consent and to involve them in decision making. For example; "[Name] is to be encouraged to make everyday decisions i.e. What to eat, what to wear, when to get up, when to go to bed, whether to participate in activities."

There were systems in place to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were assessed using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults were malnourished or at risk or malnutrition. We saw evidence where a risk was identified a care plan was implemented in order to manage this risk.

In the records we reviewed we saw people's weight was being monitored on a regular basis and referrals were being made to relevant healthcare professionals, such as GP's and speech and language therapists where there were concerns about people's health. Care records we reviewed captured details of the support people required as well as details of any preferences they may have in relation to food and fluids. During the inspection we observed people who required assistance with their nutritional needs were supported by staff.

We spoke with the chef who confirmed they had been informed of any special dietary needs as well as people's preferences. The chef held records in the kitchen of people's needs and preferences and told us they were updated by staff where people's needs changed. We also spoke with the chef about the four week menu which the service had in place. The chef explained they had devised this menu following feedback from people and their relatives and had sought the input from a nutritionist to ensure it would meet people's nutritional needs. The chef told us the nutritionist had made a couple of suggestions which he had incorporated into the menu but that overall it catered well for people's nutritional needs.

The manager informed us the service had recently introduced a new system for recording people's food and fluid intake. We viewed a selection of these records and found these documents were not always fully completed. We highlighted this to the manager who told us she would remind staff of the importance of completing these records. Staff we spoke with were aware of the need to ensure people's nutritional needs were being met and during the inspection we observed staff regularly encouraging people to take on additional fluids. People's food and fluid intake was also discussed during staff handovers and any areas of concern highlighted so staff could monitor this.

People had access to a full range of healthcare services. There was a weekly GP ward round as well as visits from a variety of other healthcare professionals. People's care records showed visits from or contact with external healthcare professionals was documented. This included details of any treatment or advice provided and changes. We saw evidence people and their families had been consulted about end of life care and treatment, including their wishes in relation to being resuscitated.

Requires Improvement

Is the service caring?

Our findings

People we spoke with did not always feel they were well cared for. One person told us they felt the staff did not like them; "They think I'm a nuisance so they ignore me". One of the external healthcare professionals we spoke with told us they felt people were generally well cared for but that the lack of qualified staff and issues with staff consistency meant when people were unwell this was not always promptly identified. We received positive feedback from the external healthcare professionals about the care staff who worked with people.

During the inspection, we noted a warm, inclusive atmosphere in the home. We observed staff were polite, friendly, patient and caring in their approach to people and their relatives. Staff we spoke with were knowledgeable about the people they cared for and were able to provide information about people's likes and dislikes. Interactions between staff and people were largely positive with people and staff chatting to each other in a friendly manner.

We observed the lunchtime experience on both floors of the service and found inconsistencies in the level of care and support offered to people. Where people required one to one assistance we observed this was done in a caring and dignified manner with staff providing encouragement to people throughout. However, where people did not require direct assistance we observed they received limited engagement from staff, with little or no prompting or encouragement given. One of the relatives we spoke with told us when their family member first joined the service they had not eaten their food and that staff, "Just took it away, they never asked if there was anything wrong with it or if [name] wanted anything else." Staff we spoke with told us staffing levels impacted on the level of care and support they were able to provide people with during mealtimes. We highlighted the lack of consistency around the care and support provided to people during lunchtime to the manager. The manager told us they would remind all staff of the importance of encouraging people and of offering choice and accurately recording people's intake.

People we spoke with told us they did not know what their care plan said. Relatives we spoke with told us they had not been involved in care planning for their family members. These comments were supported by the care records we reviewed which contained very limited evidence of involvement in care planning with people or their relatives. We discussed this with the manager. The manager told us this was something they were already aware of. We were informed they had completed a care plan audit on 8th August 2016 during which they had identified a number of issues with people's care plans. In addition to the lack of engagement, the manager told us care plans were not always person-centred and that the home had previously used standardised care plans. They also informed us evaluations were not full and thorough and risk assessments were not always completed when people's needs changed. The manager told us they planned to work with the deputy and other senior staff members over the coming months to address the issues they had identified in relation to people's care plans. We saw evidence issues with care plans had been discussed with staff during staff meetings, with them being reminded of their responsibility for updating and evaluating these on a regular basis.

We observed routines in the home were flexible. Although we saw limited evidence during the inspection of

people being offered choice we did see some evidence people were able to make everyday choices such as when to get up and go to bed. Staff we spoke with were aware of the need to involve people in making decisions about their care and treatment and were able to explain how they would do this.

Staff we spoke with were also aware of the need to maintain people's privacy and dignity and were able to give examples of how they would do this, for example through covering people and closing the door when providing personal care. During the inspection we observed good practice, for example we saw staff knocking on people's bedroom doors prior to entering and asking people for their permission prior to administering medication.

People's care records contained guidance for staff on how to maintain people's privacy and dignity. For example one record stated when providing personal care staff should "respect their privacy and dignity by ensuring the door is closed and the curtains are drawn." Care records also captured details of any preferences people had in relation to the provision of personal care, including where the person did not have a preference; "[Name] has no preference to male or female care staff to assist with personal care".

We observed with the exceptions of mealtimes, people's friends and family members were free to visit when they wanted. People's care records were kept in the nurse's station on each floor for confidentiality reasons.

A guide to the service was provided to people that informed them about what they could expect from living at the home. A range of information was also displayed around the home for people and their relatives to refer to. This included details of how to make a complaint, details of social activities due to take place, copies of the most recent Care Quality Commission report and the 2015 annual survey results.

Requires Improvement

Is the service responsive?

Our findings

The external healthcare professionals we spoke with as part of the inspection felt the service was not always responsive to people's needs. We were told how a lack of consistency in the staff who worked at the home and a high use of agency staff meant they did not always receive referrals in a timely manner. One external healthcare professional told us how these staff lacked knowledge about the people they were caring for which meant they did not always make referrals in a timely manner. This was supported by comments from some of the people we spoke with, who felt the care they received wasn't always responsive to their needs. One person commented; "When my legs were very badly affected by ulcers sometimes I had to ask for the dressings to be changed. This was supposed to be done twice weekly but sometimes it was only once and I think this contributed to it taking longer for them to heal."

The service had an activities co-ordinator who had been in post since January 2016. On the first day of the inspection we were advised the activities co-ordinator was on annual leave and that staff were therefore responsible for completing activities with people instead. Although music was on in communal areas and people's rooms throughout the day we saw no evidence of any activities taking place. On the second day of the inspection we spoke with the activities co-ordinator to establish whether there was an activities programme in place. The activities co-ordinator told us there had been a programme in place but that they had found this to be ineffective and had taken the decision to review it completely. The activities co-ordinator explained how they had spent time speaking to people on an individual basis in order to obtain information about their likes and dislikes with the intention of using this information to assist them in designing appropriate activities. We did however see evidence there had been a number of performers and groups who had come into the home over the previous months and that a trip had also taken place to Beamish. The activities co-ordinator also told us they were working with both the local church and school who would come in and sing.

The activities co-ordinator told us they had not received any specific training in relation to the role and were unaware what funding was available to them. They told us this significantly impacted on what they felt they were able to offer people as they had to raise all of their own funds. They told us the new manager had a number of ideas in relation to the activities and was very enthusiastic about improving the activities for people but they hadn't yet had chance to sit down and discuss these with her.

People we spoke with told us they hadn't been provided with any support in order to maintain their hobbies. One person told us "I used to love to paint but no one has asked me if I would like to do any now." Where we observed people had books and puzzles in their rooms we were advised friends and family members had brought these in for people. Although we saw evidence activities were discussed in the quarterly residents and relatives forums, these were not well attended and there was no evidence the service had tried to obtain feedback from people about the activities on offer by any other means.

We spoke to the registered manager about the lack of activities for people using the service. The manager told us this was something they were already aware of and that they planned to meet with the activities co-ordinator and to liaise with staff from other homes in the area to get ideas for how this could be improved.

We saw evidence care plans were evaluated on a monthly basis to ensure they remained accurate. However we found where people's needs changed, their care plans were not always updated in a timely manner to reflect these changes. For example in one of the records we viewed we found the monthly evaluation stated the person now required stage 3 fluids but their care plan had not been updated to reflect this.

We were informed reviews were generally completed on a six monthly basis or where there had been a change in a person's needs but saw limited evidence of reviews taking place in the records we looked at. People and relatives we spoke with also told us they were not involved in regular reviews of their care and treatment. We discussed our findings with the manager. The manager confirmed following a care plan audit completed on 8th August 2016 they had identified that people and their relatives were not involved sufficiently in the care planning process. The manager had already discussed this with the deputy and they had started to devise an action plan for addressing this. On the second day of the inspection we saw action had already been taken to address this in one of the care records we viewed. We found the deputy manager had contacted the person's family member to discuss their care and treatment with them.

These issues constituted a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

In the care records we reviewed we observed that a pre-admission assessment was completed. We found this covered areas such as personal details, any known allergies, medical history, details of any relevant healthcare professionals involved in the person's care as well as a high level overview of areas where the person required support, for example with mobility.

When a person joined the service we saw evidence a full admission assessment was completed. Information gathered during this assessment and the pre-admission assessment was used to draw up care plans for areas where a person was assessed as requiring assistance. Care plans provided guidance to staff on the level of assistance a person required and any preferences they may have. We also found evidence people were encouraged to maintain their independence as far as possible. For example one of the care records we viewed stated the person needed "Assistance of one staff member to wash/dress. [Name] likes to do as much as possible for himself. Prefers full body wash. Can choose own clothes."

We reviewed the provider's complaints file. We found a total of three complaints had been recorded in the last 12 months. We found the records held in relation to complaints were variable. The file contained a concerns and complaints register which provided a brief overview of the complaint, including who raised it, when and a summary of the action taken. The file also contained copies of the correspondence issued in connection with these complaints. However we found no evidence an acknowledgement letter had been sent to the complainants in two out of the three complaints that had been received in the last 12 months. This meant these complaints had not been dealt with in line with the provider's policy and procedure. We discussed this with the registered manager who confirmed acknowledgement letters had not been issued and this contravened the service's policy and procedure. However this did advise they did not feel this was necessary given the nature of these complaints and the fact they had been resolved promptly as they related to missing items which had been located.

The 'service user guide' contained information for people using the service about how to make a complaint and what action the provider would take in response to complaints. Information was also on display around the service about how to make a complaint.

Prior to the inspection, concerns were raised Healthwatch about the lack of engagement with people and their relatives. We asked the manager about the process for obtaining feedback from people using the

service and their relatives. We were advised feedback should be requested on an annual basis but the last time this had been completed was March 2015. The manager was aware engagement with people and their relatives was an area for improvement and was starting to take action to resolve this. For example on the first day of the inspection we observed the manager had feedback questionnaires in the office ready to be issued to people using the service, their friends and family members and staff. On the second day of the inspection we found feedback questionnaires had been placed in the main entrance for people to take and complete. The manager told us as only three of these had been taken she planned to ask the administrator to send these in the post to people's friends and family members to complete. We also saw Healthwatch Newcastle surveys were available for people to take and complete along with freepost envelopes in the main reception area on the ground floor.

We saw following the last survey completed in March 2015, the service had taken action in response to comments received from people and their relatives. For example people had commented that the furniture and décor within the home was not of a good standard. In response to these comments, the home had been fully refurbished in May 2015. The manager also told us she had recently requested for the provider's decorating team to come in and upgrade some of the communal areas.

We were informed the service held three monthly resident and relative forum meetings and we viewed the minutes for the last three meetings. We found these meetings focussed solely on the activities provided to people and any suggestions people or their relatives may have about how these could be improved. The manager told us these meetings hadn't been very well attended and this was something she was also keen to improve.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in post. The previous registered manager had left since our last inspection and although a new manager was in post they had not yet registered with the Care Quality Commission. People and relatives we spoke with knew who the manager was and told us they would go to the office to see the manager if they had any concerns. The majority of staff we spoke with also told us they would feel able to approach the manager if they had concerns although some told us they did not find the manager approachable about personal matters. The external healthcare professionals we spoke with told us the management of the service had been very inconsistent over the time they had been working with the service and that this had made it difficult to build relationships. However one external healthcare professional explained how the new manager had been keen to obtain refresher training for staff and to work collaboratively with them going forward.

During the inspection we found documentation about the care and treatment provided to people using the service was not always up to date or fully completed. There was also limited evidence of people or their relatives being involved in care planning and it had been more than 12 months since the service had formally requested feedback from people or their relatives. We were also informed the lack of a stable qualified staffing team had meant people using the service had not always received consistent care. Feedback from external professionals, people, their relatives and staff confirmed this had been an issue for a significant period of time. We highlighted these concerns to the manager who was open and honest about the difficulties the service had previously faced. The manager had only been in post since May 2016 but had already identified numerous areas for improvement such as staffing, care documentation and activities for people using the service. The manager was able to provide evidence of actions already undertaken to start addressing these areas for concern as well as future planned actions. Although we acknowledged that the manager had only been in post for a short period of time and had started to take action to address areas for concern, at the time of the inspection we could not conclude that the service was well led.

We discussed the new electronic medication system with the manager as we were aware there had been a few issues with this system following its initial introduction. The manager confirmed they were continuing to work closely with the supplier to rectify issues when these were identified. We were informed that there had been issues with obtaining medication in an emergency. The manager confirmed this and told us contingency measures had been put in place so that medication could be obtained from a local pharmacy if required. This ensured people using the service did not go without medication. We also asked the manager about the contingency plans in place for if the medication system crashed. This was because we were informed this had previously occurred and staff had been required to produce hand written Medication Administration Records (MARs) for each person using the service. The manager agreed that although the service had access to a list of people's medication for use if the system crashed this was not in a very user friendly format and manual production of MARs was impractical. The manager told us they would discuss this with the provider.

We were advised the service did not have a safeguarding log. We asked the manager how they analysed safeguarding incidents in order to identify any trends, in the same way they did for accidents and incidents.

The manager advised us that as they reviewed all safeguarding incidents there were able to identify trends this way. However the manager agreed the recording in relation to safeguarding incidents could be improved. We recommended the manager review the Association of Directors of Adult Social Service (ADASS) safeguarding threshold guidance and consider producing a log to record all safeguarding incidents. On the second day of inspection we found the manager had printed this guidance and was in the process of producing a log which they planned to update with all incidents that had occurred since they had joined the service.

During the inspection we found the call bells for two people using the service were not plugged in correctly and as such these people were not able to request assistance when they required it. On reviewing the home development plan we found concerns had previously been raised about people not having access to their call bells. In response to this, we saw a 'walkaround' check had been introduced to check this. We discussed this with the manager who agreed daily checks had not always been completed but that these would be reintroduced and physical checks performed to ensure call bells were connected correctly.

When reviewing the service's complaints we found although the complaints we reviewed had been responded to appropriately, this was not in line with the provider's policy and procedure. We found the policy and procedure did not take into account the nature of a complaint and was very prescriptive about the actions to be taken in response to all complaints, be these formal, informal, in writing or verbal. We highlighted this to the manager and recommended they consider raising this with the provider for review.

Although the provider had a range of systems in place for checking the quality of the service we found action taken to resolve issues identified were not always fully effective. For example we noticed during a previous medication audit gaps had been identified in the daily temperature checks performed of the medication storage facilities and we found this still to be the case at the time of the inspection.

These were breaches of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The manager was supported in their role by the deputy manager and the administrator. The manager had also delegated responsibility in some areas to other staff members to assist in the effective running of the service. The manager explained how they planned to work with the deputy in order to expand their knowledge and increase the level of support they were able to provide.

Records we reviewed indicated qualified and senior meetings and staff meetings were held on a regular basis. We found there was a clear record of the topics discussed during these meetings and evidence areas for improvement, as well as good work were fed back to staff. Areas covered during meetings included; the importance of attention to detail, training, supervision and appraisal, staffing, documentation, interaction with people using the service and activities. We found topics were covered in adequate detail and informed staff of expected standards of work. The majority of staff we spoke with told us there were regular staff meetings. One staff member also explained how the manager tried to hold these at times which enabled night staff to attend.

The manager told us they had also recently introduced flash meetings. These meetings were held on a regular basis with the heads of each department and were designed to give a quick update on anything that would have an impact on their department. The manager told us she was still working on developing a form for capturing the information discussed during these meetings.

The manager advised us that they had an open door policy and that staff, people or their relatives were able

to speak to them at any time. The majority of staff we spoke with confirmed this, although some staff told us they felt the manager could engage more with all staff on a one to one basis and that they did not always feel welcomed by the manager when they had approached them for assistance. Despite this, one staff member told us there had been, "A change in the home for the better" since the manager had started.

During the inspection we asked to review the provider's accident and incident policy and procedure and associated records. We found accidents or incidents were recorded in the home's accident record book. These were then reviewed by the manager and input onto the service's electronic system. This highlighted the number of accidents or incidents for each person using the service on a monthly basis; giving the manager a good level of oversight. The manager told us she was able to use this information to determine whether any further action was required, for example referral to the falls team for further assessment.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that the care and treatment of service users was appropriate, met their needs and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that appropriate systems were in place to assess, monitor and improve the quality and safety of the service.