Tri-Care Limited

Bywater Lodge

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection carried out on the 3 October 2014. At the last inspection in August 2013 we found the provider met the regulations we looked at.

Bywater Lodge provides accommodation and care for up to 44 older people who may be living with dementia or other mental health conditions. The home is purpose built, set in its own gardens and there is parking available.

The home is divided over two floors. There is a large lounge and dining room on both floors for people to use with lift access. There is also a café area. People living in the home have single en-suite rooms.

At the time of this inspection the home did not have a registered manager. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found people were cared for, or supported by, skilled and experienced staff. However, appropriate staffing levels were not always maintained on both floors of the home. This is a breach of Regulation 22, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff had only completed mandatory training at induction and there was no programme of condition related training or staff supervision and appraisal. This is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Staff told us they had received Mental Capacity Act 2005 training. However, not all staff had a good understanding of how to ensure the rights of people as the training was not embedded. The care plans we looked at showed the provider had not assessed people in relation to their mental capacity. There had been no Deprivation of Liberty Safeguards applications completed and the manager was not aware that they needed to be. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

People's nutritional needs were not always being met. People were not supported to eat or drink enough to maintain their health. This is a breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The care plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were respectful to people when they were supporting them. People were not always supported to complete questionnaires enabling them to express their views about the home.

A range of activities were provided both in the home and in the community. However, these were not always meaningful and simulating. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. There were not always effective systems in place to monitor and improve the quality of the service provided. Staff were supported to raise concerns and make suggestions when they felt there could be improvements and there was an open and honest culture in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always enough qualified, skilled and experienced staff to meet people's needs.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

People received their medicines as prescribed.

Is the service effective?

Inadequate

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

Staff had only completed mandatory training at induction and there was no programme of condition related training or staff supervision and appraisal.

Staff told us they had completed training about the Mental Capacity Act 2005 and knew how to ensure the rights of people who lacked the mental capacity to make decisions were respected. However, this was not embedded and the care plans we looked at showed the provider had not assessed people in relation to their mental health and capacity.

We found the service was not meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were not always being met. People were not supported to eat or drink enough to maintain their health.

People had regular access to healthcare professionals, such as GPs and district nurses.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well. However, at times there was very little interaction and communication between people living in the home and members of staff.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences. However, likes and dislikes were not recorded in people's care plans.

Summary of findings

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care and support needs. However, there were no evidence of baseline assessments for pain so that staff could identify how the person displayed pain and/or distress.

There was a programme of activity however; these were not always age appropriate or stimulating and meaningful.

Complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

Views of people living in the home, relatives and staff were not always obtained in an appropriate format by the management team.

There were some effective systems for monitoring quality at the service in place. However, some audits had not been carried out. For example, care plans. We were not able to see the management's action plan for the future of the home or whether accidents and incidents were monitored.

Bywater Lodge

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 checked 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 3 October 2014 and was unannounced. At the time of our inspection there were 40 people living with dementia in the home. During our visit we spoke with nine people living at the home, four relatives, five members of staff, one unit manager, the deputy manager and the manager of the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people living in the home. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at six people's care plans.

At this inspection we also spoke with a visiting health professional and an external training assessor.

The inspection team consisted of two inspectors and a specialist advisor with experience in the care of people living with dementia and end of life care.

Before our inspection, we reviewed the information we held about the home. The provider had not completed a Provider Information Return (PIR).This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. The manager told us they had not received an email requesting the provider information and confirmed the email address. Following our inspection we confirmed the email address we sent the PIR was the same as the manager had provided. We were aware of information that had been requested by the local authority regarding an improvement plan following a visit in June 2014 as some areas did not meet their requirements. Healthwatch feedback stated they had no comments or concerns regarding Bywater Lodge. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

Through our observations and discussions with relatives, staff members and other visitors, we found there were not always enough staff to meet the needs of the people living in the home. One member of staff said, “When we have agency staff, our time is taken away to support the agency staff.” Another staff member said, “There is not enough staff most of the time. I am just run off my feet.” One visiting health professional told us, “You sometimes have to go looking for a staff member.” One relative told us, “They seem to be short staffed.”

The manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example when staff were off sick or on leave, agency staff were used to cover. The manager told us staffing levels were assessed depending on people's need and occupancy levels. They said they used a lot of agency staff. On the day of our inspection one member of staff had called in sick and an agency member of staff was requested. The agency member of staff did not report for duty until mid-day. There was already another agency member of staff working in the home. We observed both agency members of staff working in the home during the day and they were not effective in the delivery of care for people living in the home. For example, we observed one person ask for the toilet and this request was not acted upon in a timely manner. Also, one staff member who was left alone with people in the lounge, sat away from them and did not communicate other than to tell a gentleman to ‘sit down’ three times.

During our inspection we observed for the majority of the time there were two members of staff to care for 12 people, one of the staff members being from the agency. The member of staff from the agency told us they knew most of the people living in the home and the first thing they did was to catch up via care records every day.

We spoke with the manager regarding the staffing levels and they agreed that more staff were needed. This is a breach of Regulation 22 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to maintain appropriate staffing levels.

We found robust recruitment and selection procedures were in place and the manager told us appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The records we looked at confirmed this. The manager told us there were no members of staff subject to disciplinary action.

People living in the home told us they felt safe and relatives confirmed they felt their family member was safe.

We spoke with members of staff about their understanding of safeguarding adults. They had a good understanding and could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2013 or 2014. One member of staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed staff had received safeguarding training and some had completed this during induction.

The home had policies and procedures for safeguarding adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the manager had notified the local authority and CQC of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

There were several environmental risk assessments carried out, for example, lifting equipment, safe bathing, use of wheelchair and safety of visitors. We saw the last review had taken place in 26 November 2013; however, we were concerned that all of these assessments could not have been effectively reviewed in one day therefore, potential putting people at risk.

We looked at six care plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included pressure care, mobility and nutrition. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to

Requires Improvement

Is the service safe?

reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Following completion of accident forms there was 'follow up action' carried out where a photograph of the injury was taken for recording purposes. As part of the follow up action there was a requirement for the completion of pain assessment charts using a 'universal pain assessment tool.' We looked in one person's care records and found there were four follow up actions and these had been reviewed. All had photographs of the injuries and had a completed universal pain assessment chart completed. All assessments scored at zero indicating no pain. The observation check forms, which required seven observations over a 24 hour period to be undertaken, asking if pain was identified, all recorded zero. However, There was no evidence of baseline assessments for pain so that staff can identify how the residents display pain and distress.

One member of staff we spoke with told us, "There are risk assessments in people's care plans and these included malnutrition."

Appropriate arrangements were in place in relation to the recording of medicine. For recording the administration of medicines, medicine administration records (MARs) were used. We looked at four people's MAR records which showed staff were signing for the medication they were giving. We did not observe any gaps on these MAR records. We checked the controlled drugs records and found them to be accurate. Where people had been prescribed medicines meant for short term use, for example antibiotics we found these were recorded appropriately.

Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory although we found the medicines cabinets were cramped and untidy. The room in which the medicines were stored was also untidy. We saw the fridge was locked and temperatures were regularly checked.

We observed the medication round at lunch time and found the member of staff was patient and gentle in manner whilst supporting people taking their medication. We saw one person was having difficulty taking a large tablet. We asked the staff member if they thought the tablet was too big. They explained this issue had been discussed with the GP and arrangements had been made for a prescription for liquid form. People living in the home told us they always got their medication when they needed it.

Inadequate

Is the service effective?

Our findings

The corridors leading to the bedrooms had colourful themes which helped to orientate people to their surroundings. The majority of the bedrooms had large colourful signs on the doors with photographs of the person. All of the bedrooms had the personal belongings and mementoes of the people in them.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. One member of staff told us, "I have attended safeguarding, infection control, fire safety and moving and handling training. I have also attended dementia awareness."

We looked at four members of staff training records which showed staff had completed a range of training sessions. This included medication awareness, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, the training that had taken place had been undertaken as part of induction and with the exception of one record had been more than a year ago. Other than the dementia training, there was no evidence of any other health condition related training. For example, pressure area care training; therefore people may be at risk of not receiving the appropriate care and treatment. There was no evidence from the records of on-going training and they showed some staff had not attended training recently or had refresher training. The manager could not be sure people were fully trained to appropriately support people living in the home.

During our inspection we spoke with five members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. One member of staff told us they had received group supervision and another member of staff told us they received supervision every three months. Staff were not able to tell us if an appraisal was conducted. Staff told us they did have opportunities to talk to the management team if they wanted to discuss anything but this was on an informal basis. We saw from the staff records we looked at that one member of staff had received an appraisal during 2013 and four staff supervision meetings had taken place throughout 2013. There was no evidence staff supervision meetings or appraisals had taken place during 2014. Therefore some staff were not given the opportunity to discuss their development and training requirements.

The provider had supervision guidance that stated 'staff will have the opportunity to attend a supervision session at least four times a year.' At the inspection the manager confirmed this information was accurate and supervisions or appraisals had not been conducted. Therefore, the manager could not be assured that staff had up-to-date knowledge and skills to meet people's needs.

Condition related training and staff supervision and appraisal were not carried out. This meant people could not be assured that staff had up-to-date knowledge and skills to meet their needs appropriately or were given the opportunity to discuss their development. This is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The care plans we looked at showed the provider had not assessed people in relation to their mental capacity, to determine if people were able to make their own choices and decisions about their care. Deprivation of Liberty Safeguards (DoLS) had not been taken account of where appropriate for every person who used the service. We were not able to find any completed information about people's mental capacity or any information about best interest decisions. The section with regard to people's end of life care was also blank in the care plans we looked at.

Members of staff we spoke with told us they had completed training in the Mental Capacity Act 2005. The manager told us, "The Mental Capacity Act 2005 training and booklet were on the training matrix." However, there was no evidence of the training being applied in practice. The manager said, "We have a lot of work to do with the consent forms and care plan training."

The provider had not assessed people in relation to their mental capacity to make their own choices and decisions about care. The meant the home was not able to establish what decisions people were able to make without support. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed lunch in the ground floor dining room. We saw people being assisted to the dining room. There was little interaction between staff and people. People were not given a choice of where to sit and when they were assisted to sit at the table staff did not advise people what they

were doing. For example, we saw a member of staff lead a person to a chair, then stand behind the chair and push them closer to the table without explaining what they were doing. We saw this visibly made the person jump.

When the food arrived, we saw a member of staff explain to a member of agency staff that they should show people the two different options for lunch to enable them to make a choice. This was done once and then every other person was asked what they wanted. This was done in a way which would have been difficult for people to understand, for example, we heard a member of staff say, "Would you like fish and chips or fish and taties." The choices were either fish and chips or fish in parsley sauce with mashed potato. Where people were given the second option people were not given the choice of whether they wanted the sauce, some were just given it and others not. We saw staff pouring cups of tea for people all with milk already added; again people were not given choice. We also saw everyone was just given blackcurrant juice. Most people were given their cup of tea in cups with two handles and when they ran out of these, cups with one handle were used. We could not see this documented in people's care plans. People were not given the choice of what type of cups they wished to use or choice of drink.

We observed a member of staff ask the unit manager if it was ok to give a person the battered fish as they had run out of the 'soft fish', the unit manager said yes but to take the batter off. We saw the member of staff give the meal to the person without removing the batter and then cut the fish into large pieces. We advised the unit manager about this and they removed the batter and cut it into small pieces. When we reviewed the person's care plan it stated the person should be given a 'small portion' and it should be 'cut up small or blended'. Therefore this person was not given the type of food they needed and potentially could have not been able to eat the large pieces.

We saw a person who used the service using a spoon to drink their juice. A staff member saw this and removed the spoon and told the person not to do it. This person also had their food cut up without any conversation. We observed the person throughout lunch and saw they had very little to eat. The person's plate was removed at the end of lunch without any encouragement to eat. The hot food trolley had been removed by this time and they were therefore not offered dessert. We found staff were removing people's plates and putting them either in the sink or dishwasher throughout the meal. This was very noisy and led to a very disturbed meal.

Four people living in the home ate their meal in the day room rather than at the dining tables. The reason given was 'this was their choice', however; choice was not established with people prior to being given their food. One comment was made by a member of staff that, "The gentleman keeps getting up so it's helpful to keep an eye on him."

It was observed that a member of staff stood over people whilst offering choice and one person asked the same staff member four times for a warm drink. They asked one of the inspectors as she was passing (fifth time) who had to ask the staff member to make the drink.

There was evidence of drinks being offered to people throughout the day but for the people who were not so independent, there was not much evidence of people being encouraged to drink. There was no fruit or healthy snacks in any of the lounges or dining rooms for people to access independently.

The lunch time meal experience was not pleasant for people living in the home and choice or support was not always offered. This meant people did not always receive a suitable diet and or sufficient to eat and drink. This is a breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. A record was included of all healthcare appointments. For example, one person had lost weight and the person's GP had prescribed food supplements, we saw details of what the supplements were and how long they should be continued. We then saw a follow up visit from the GP with an instruction to cease the supplements as the person's weight had stabilised. This meant staff could readily identify any areas of concern and take swift action.

We were told the district nurse visited the home every day to carry out health checks or to support people with their condition. All the relatives we spoke with said they were

Inadequate

Is the service effective?

kept informed if a doctor was called out. One person living in the home said, "If I need a doctor they get a doctor for me." One relative we spoke with told us, "They ring me if anything happens."

We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs, District Nurses, Chiropodists and Opticians. People's needs were taken into account in the delivery of their care. A visiting health professional told us, "The home is responsive to people's need more often than not. People always looked well dressed and their needs are addressed."

Requires Improvement

Is the service caring?

Our findings

People we spoke with said they were happy with the care provided and were very positive about their relationship with staff. They said they could make decisions about their own care, how they were looked after, staff knew them and their needs and they listened. One person told us, "I have no complaints." Another person told us, "I can ask if I want anything and I get help when I want." One person said, "I have no objection to living here, it's better than living on your own."

One relative we spoke with said, "It is absolutely fantastic, staff understand my mum and her room is nice and she is always well dressed and in her own clothes" and "I am really happy with everything, I have no concerns." Another relative told us, "Everything is ok." Other comments included, "Staff are very caring, it's amazing" and "Staff are lovely."

We observed all the people living in the home were well dressed and they looked well cared for.

We observed interaction between staff and people living in the home and people were relaxed with staff and confident to approach them throughout the day. One member of staff told us, "People are looked after well." However, during mealtimes there was very little interaction with people or choice offered. It is important for an explanation to be given to people living with dementia so they are able to take part. We also observed one member of staff sitting behind people and not communicating with people living in the home.

We reviewed the care plans of six people living in the home. People's care plans contained several sections which we found easy to navigate around. We saw the local authority assessment for each person and found these had been accurately translated into the person's care plan by the provider. We also saw a follow up review conducted by the local authority to assess the placement of people.

Each care plan had sections which covered for example, life history, skin assessments including body maps, waterlow risk assessments, mobility and dexterity and diet and weight. However, there was no information on the person's likes or dislikes. We found each care plan had been regularly reviewed and where necessary changes had been made to reflect people's current needs. Where accidents or incidents had occurred we found detailed recordings in each person's care plan. There was an accident record, post-accident/fall observation record, incident check-list, body map, a 'universal assessment tool' and a first aid check-list. This helped to provide the care need in these situations.

The staff we spoke with told us people's needs were assessed and detailed in their individual care plans. They said the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. Any changes to people's behaviour or needs were discussed at daily shift handovers. Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. Staff told us they felt able to make comments or raise concerns about people's care. However, one member of staff told us they did not look at people's care plans. Potentially this could lead to people not receiving the care they required.

People were supported in maintaining their independence and community involvement. On the day of our inspection we saw people spending time in communal lounge areas of the home or in their bedroom. We saw staff asked people what they wanted to drink mid-morning and they asked one person if they wanted to go out for a cigarette.

Everyone we spoke with told us their dignity and privacy was respected. They said staff closed doors and drew curtains when tending to their personal needs. We saw staff knock on people's doors before entering their bedrooms. During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff we spoke with said, "We always uphold people's dignity, we lock the bathrooms door, close curtains and knock on people's doors." We also noted there were members of staff who acted as 'dignity champions' and this information was displayed in the entrance to the home.

Requires Improvement

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the home. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the care plans and people's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary.

The manager showed us a new programme of activities for October 2014 which included memory games, music mornings and coffee afternoons. There were also no activities shown for the weekends.

People and relatives we spoke with told us they were involved in care planning, reviews and the staff were polite.

There was no evidence of baseline assessments for pain so that staff could identify how the person displayed pain and/or distress. There was a reliance on staff knowledge of the individual person which was not documented for others such as agency staff.

One person we spoke with said, "Most of us are at a loose end. There are not enough people." One staff member we spoke with said, "It is hard to get time to set activities up. We have so many jobs." A relative told us, "The fitness activity was engaging and amazing."

The manager told us people living in the home were offered a range of social activities and they had two activities co-ordinators. We saw activities included table top activities, bingo, baking, films and arts and crafts. One of the activity co-coordinators was new in post and was still on induction training. On the day of our visit a visitor provided a chair exercise session in both lounge areas during the afternoon. One person had gone out for lunch with relatives. However, during the day the television was on in the lounge areas but no one was engaged with the programmes and there was no evidence of any stimulation or meaningful activity taking place. The manager told us they would be looking at people taking part in day to day activities, for example laying the tables and folding clothing. However, there was no timescale for the implementation of this.

The manager told us people were given support to make a comment or complaint where they needed assistance. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. There was a clear procedure for staff to follow should a concern be raised. We saw the complaints policy was displayed in the entrance to the home. The manager told us people's complaints were fully investigated and resolved where possible to their satisfaction. Relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. One relative we spoke with said, "Staff are responsive if I have had any concerns." Another relative told us, "If I raise any issues they are looked at."

People we spoke with told us they would speak with members of staff or the managers if they had any concerns and they felt their concerns would be listened to. One person said, "I have no complaints but would be happy to speak with staff if I did."

People were supported to maintain relationships with their families. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited.

We saw a monthly newsletter was available for people living in the home and relatives to look at if they wished to. We looked at the newsletter for October 2014 which included information about what's on, birthdays and celebrations.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the home did not have a registered manager. The registered manager had left the organisation in April 2014. Since April 2014 the home had been managed by two managers. The current manager had been in post since the end of July 2014. They told us they were going to submit a manager application to register with the Care Quality Commission. At the time of writing this report no application had been received.

The manager told us themed monthly surveys were carried out for relatives and people living in the home. These included privacy and dignity. However, they told us not many were completed. When we asked how people were asked to complete the surveys, the manager told us they were left in people's bedrooms and in the entrance to the home. No explanation was given to people as to what these were and what was expected.

We saw the provider had conducted a survey of professional visitors, one person had commented on the 'unprofessional behavior' of a member of staff. We could not see that any action had been taken as a result of this comment. The manager was unable to comment on this. The manager told us they would look into this immediately.

Observations of interactions between the manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to provide a good quality service for people who lived in the service. They told us the manager was approachable, supportive and they felt listened to. One member of staff said, "The manager is focused and is addressing issues. I'm happy working here." Another member of staff told us, "I feel supported and valued sometimes. I like it here."

We found the provider conducted several audits of the service, for example, residents monthly weights, skin tear monitoring, bed rails, medication, pressure ulcers, complaints, falls management, accident statistics along with the monitoring of accidents, incidents and near misses. We saw there should have been a monthly care plan audit and we could not see this had been completed. We were also not able to see if a dining experience audit had been completed for 2014. There had only been one infection control audit during 2014. We saw issues were identified and action plan were completed with dates of when action had been completed.

We asked the manager about future planning of the development of the home. They told us the plans were on their laptop at home. We asked if a copy could be sent to the Care Quality Commissions following the inspection, however, this was not received. There was no other evidence of action plans in place to prioritise the issues by the relatively new management team.

We saw the staff meeting notes for September 2014 which included laundry, holiday cover, maintenance and mattresses. The manager told us that a management meeting would be held every month while staff meetings would be six monthly. On the day of our inspection we were not able to see a copy of any 'residents' meetings'. The manager told us the 'residents' meetings' were to be implemented and would be every six months with the next one being at the end of October 2014.

Staff did not receive supervision of their work which could enable them to express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the manager or provider. The manager told us they had an open door policy and people living in the home, their relatives and staff members were welcome to contact them at any time.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The provider had failed to protect people against risk associated with not maintaining appropriate staffing levels.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The provider had failed to protect people against risk associated with staff not receiving appropriate training, supervision and appraisal.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The provider had failed to protect people against risk associated of not completing Mental Capacity Assessments and taking into consideration the Deprivation of Liberty Safeguards.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The provider had failed to protect people against risk associated of not meeting people's nutritional and hydration needs.**