

GCH (Hillside) Ltd

Hillside Nursing Home

Inspection report

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Date of inspection visit:
07 December 2016
08 December 2016

Date of publication:
26 January 2017

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This unannounced inspection took place over two days on 7 and 8 December 2016.

Hillside Nursing Home is a purpose built 55 bed care home providing accommodation and nursing and personal care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those that need it. For example, hoists and adapted baths are available. 52 people were using the service when we visited.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found medicines were not safely managed and people did not always receive their medicines in line with the prescriber's directions. People who received their medicines without their knowledge (covertly) were not managed safely.

There were not enough staff deployed to safely provide people with the care and support they needed.

Although services and equipment were checked they were not always properly maintained.

People had access to healthcare professionals when needed but recommendations from them were not always followed. For example, with regards to pressure area care.

People were placed at risk of receiving care and support that did not fully meet their current needs. This was because care plans did not always contain sufficient detail or consistent information.

The provider had systems in place to monitor the service provided but these were not robust and had not ensured that people received a good quality of service.

Staff received appropriate training to provide a safe service that met people's needs. Further training was scheduled to ensure that staff training was up to date

Staff supported people to make choices about their care and systems were in place to ensure they were not unlawfully deprived of their liberty.

People were happy to talk to the registered manager and to raise any concerns they had. Staff told us they received good support.

Systems were in place to safeguard people from abuse and staff were aware of how to identify and report

any concerns about people's safety and welfare.

People told us they felt safe at Hillside and were supported by kind and caring staff.

We saw that staff supported people patiently, with care and encouraged them to do things for themselves. Staff provided care in a respectful way that promoted people's dignity.

The provider's recruitment process ensured staff were suitable to work with people who need support.

People's nutritional needs were met but we have recommended that lunchtime arrangements and support be reviewed to ensure that people receive the support they need in a timely manner.

Activities were provided but people told us that there was not enough to do. Activity worker hours were being increased to help to address this concern.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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?

Inadequate ●

The service provided was not always safe. People were not supported to receive their medicines appropriately and safely.

Staffing levels were not sufficient to safely and effectively meet people's needs.

People were cared for in an environment that was not always properly maintained.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

Is the service effective?

Requires Improvement ●

The service was not always effective. People's healthcare needs were not properly managed.

Although people were provided with a nutritious diet that met their needs and preferences, they did not always receive timely or adequate support at mealtimes.

Systems were in place to ensure that people were not unlawfully deprived of their liberty.

Improvements were needed to the environment and work had started to address this.

Is the service caring?

Good ●

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences.

Staff provided caring support to people at the end of their life and to their families.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. Care plans did not contain sufficient detail or consistent information to ensure people received care and support that fully met their current needs.

People's needs were assessed before they started to use the service.

Although activities were provided people felt that this was still an area where further improvements were needed.

Is the service well-led?

The service was not always well-led. Although people were asked for feedback about the service the systems in place to monitor and improve the quality of service provided were not robust.

Staff told us that the registered manager was approachable and that they felt well supported.

People and their relatives were consulted before changes were made to the service.

Requires Improvement 

Hillside Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 7 and 8 December 2016.

The inspection team consisted of two inspectors, a specialist nurse advisor 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 service.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas. We spoke with nine people who used the service, the registered manager, deputy manager, chef, handyperson, administrator, two nurses, nine care staff and eight relatives. We looked at 12 people's care records and other records relating to the management of the service. This included three sets of recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

Is the service safe?

Our findings

People and their relatives told us that Hillside was a safe place to be. They said, "Yes I feel safe here" and "I am safe here. They are all nice." One relative told us, "Yes [family member] is safe here. We would be able to tell if they were not." Another said, "You couldn't get better people. They've really looked after [family member]). I trust every one of them."

However, not all aspects of the care provided were safe. Medicines were not safely managed and staffing levels were not sufficient to safely meet people's needs.

Medicines were securely stored in appropriate locked medicines trolleys in locked 'treatment' rooms. The staff responsible for the administration of medicines kept the keys with them during their shift. There were also appropriate storage facilities for controlled drugs (CDs). We checked the controlled drugs in the nursing unit and found that the amount stored tallied with the amount recorded in the controlled drugs register. However, we also found that one CD medicine in the cupboard was no longer required because they were prescribed for a person who had passed away before the inspection date. In line with CD legislation, these drugs must be denatured (made unfit for further use) before disposal but there was not a disposal kit available to do this.

People who received their medicines without their knowing (covertly) were not appropriately managed. For example, for one person there was a covert medicines form completed in April 2015. The form had been signed by the GP, registered manager and a relative and stated that the person did not have the capacity to make a decision regarding medicines due to dementia. It said to consider changing to liquid alternatives but there was no evidence that this had been tried and if not, why not. There was also a form signed by GP to crush or dissolve medicines. There were no details of the medicines this applied to and it had not been reviewed or updated since that date. Therefore the system for managing covert medicines was not robust and did not ensure that people's needs were met as far as their medicines were concerned.

People were not always receiving their medicines in line with the prescriber's directions. For example, one person was prescribed a medicinal patch to be applied every three days. Records showed that the gaps between applications were not consistently every three days. For example, it was applied on 19, 21 and then 25 October. For another person, their medicines dosage was 2mg per day but for three days they were given 1.5mg and then again given 2mg. There was no indication on the medicines record as to why this had happened. We were later shown a fax from the pharmacy to say that the person's medicines should be changed to 1.5mg for five days from 29 November 2016. It had been changed for three days from 30/11/16.

Medicine Administration Record (MAR) charts were completed. However, when people were prescribed a variable dose of medicines, for example, one or two tablets, the amount given was not always recorded. This meant that there was not an accurate record of the medicines people received. There was a lot of stock and excess medicines stored in a lockable cupboard in the treatment room on the nursing unit but there was not a system to reconcile the medicines actually held with the medicines record. Staff did not have any means of counting tablets as there was not a tablet counter. For one person there was a tube of cream in the

medicines trolley with an opening date on it of 30/11/16 and in the stock cupboard there was another tube of the same cream opened on 1/12/16. There was also medicines for a person who had passed away in October 2016. Systems were not in place to ensure that people received all of their prescribed medicines safely.

Medicines were administered by nurses and care staff who had received medicines training. One member of staff told us they had received medicine administration training and had shadowed the nurses as part of the training. They also said that the nurses had observed them administering medicines for a month before signing them as competent to administer medicines. However, in an internal audit carried out in September 2016 the regional manager found that there were staff who administered medicines without medicines competency assessments on file. The required action was for medicines competency assessments to be carried out as soon as possible. This action had not been completed. Systems were not in place to ensure staff competency to administer medicines.

In one unit we observed that the medicines trolley was left open and unattended whilst the member of staff administered medicines to people in the lounge. After we pointed out to them that it should not be left unlocked when unattended they started to lock the trolley each time they left it. In the internal audit carried out in September 2016 the regional manager reported that they had found the medicines trolley to be left unattended and unlocked on two occasions.

Guidelines were not always in place for the administration of 'as required' medicines. Those that were written were not detailed and did not contain the necessary information to ensure people received these medicines when they needed them and in way which was safe. For example, the route and frequency of administration, minimum time interval between doses, why medicine given and the expected outcome and details of the person's capacity to refuse the medicines. Also there was not any information on how the needs of the person should be identified. For example, how signs of pain were expressed in a non-verbal way.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The issues highlighted above evidence a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the medicines issues with the registered manager and the regional manager and advised that the issues identified needed to be addressed without delay. The regional manager devised an immediate action plan to address the concerns and allocated staff to implement this.

There was a mixed response from people regarding staffing levels. Some felt there were enough staff and their comments included, "There seem to be enough carers about," "I've only got to put my hand up and they come straight away to take me to the loo," and "They come if I buzz." However, others felt that there were not enough staff. People said, "I don't think there's enough staff" and "There's not always enough carers about." A relative expressed concern about staffing levels. They said, "My biggest concern here is the lack of carers, especially at weekends. I have been here when I have been the only person here (the lounge) with them." Throughout the day we saw staff responded to calls for assistance and spoke to people whilst carrying out tasks. However, there was not any prolonged conversation and they did not sit with people and talk to them. People told us, "It's difficult to say if there's enough staff but people don't seem to have enough time to talk," "Sometimes they are kind and make me a cup of tea. They don't talk to me much though" and "I'd like a shower every week but I don't get it very often. I've asked but

sometimes they are too busy."

In each of the two residential units there were two staff to support 10 and 13 people respectively. However, some people required support with moving and handling and personal care from two staff, which meant whilst this was happening there were not any staff available to support other people or that these people only received support when another staff was available. At night two staff covered both of the residential units. Therefore if both staff were supporting a person in one unit the other unit was left unsupervised. One person told us, "That lady next to me wanders. I feel safe but it's annoying if she wanders into my room at night." In the internal audit carried out in September 2016 the regional manager concluded that there was inadequate staffing cover. The action required was that staffing levels and/or allocation of staff across the service should be reviewed. A new dependency tool had been introduced to facilitate this but this action had not been completed. Staffing levels were not sufficient to safely and effectively meet people's needs.

The above information evidences a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In August 2015 a check on the electrical intake for the building identified this as being unsatisfactory with 24 issues raised including nine requiring urgent attention. The registered manager told us that the work had been carried out but there was no confirmation of this or any documentation that this had been retested and was now satisfactory. On 2 January 2017 the regional manager confirmed that work had just commenced to address the identified issues. Systems to ensure the building was safe were not robust.

This evidences a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Gas and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Records also confirmed that appropriate checks were carried out on hoists, pressure relieving mattresses and fire alarms to ensure that they were safe to use and in good working order. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. During the visit the emergency alarm was activated, this had a different sound to the call bell system. We saw that response from registered manager and other staff was immediate and that they followed the set procedure.

Systems were in place to safeguard people from abuse. Staff were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They told us they had received safeguarding training and felt confident to report concerns. Staff said they would feel confident to whistleblow (telling someone) if they saw something they were concerned about. One member of staff told us, "I have done safeguarding training. I would raise any concerns with the registered manager. We have a whistleblowing policy."

The service held monies for some people to pay for hairdressing, chiropody and other small items. We saw that monies were securely stored in individual envelopes and that access was restricted. We checked the monies and records for three people and found that the amount of cash held tallied with the record. Cash held was audited yearly by a representative from the providers head office.

People were protected by the recruitment process which ensured that staff were suitable to work with people who needed support. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before

staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. Nurse's registration with the Nursing and Midwifery Council was also checked to ensure that they were allowed to practise in the United Kingdom. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom. Staff confirmed that the recruitment process was followed and checks were undertaken before they commenced work.

Is the service effective?

Our findings

People responded positively about the care provided. Comments included, "It's quite all right here." and "It's going very well for me here." A relative told us, "My [family member] likes it here" and the family member added, "Yes I do."

However, not all aspects of the care provided were effective. People with pressure area problems were not properly managed. Treatment records did not correspond with the recommendations of tissue viability nurses. Records did not always show when dressing changes were due or had been changed and there were sometimes longer gaps between changes than recommended.

Therefore people's healthcare needs were not consistently met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to access healthcare services. The GP service had recently changed and the new arrangement was proving to be more flexible and accessible than previously. For example, it was open seven days a week from 8am to 8pm. In addition to a weekly GP surgery a geriatrician was now visiting monthly. A relative told us, "The doctor rang me when they were concerned about my [family member]. We all agreed for [family member] not to have treatment and they've updated the care plan about this." Another said, "They get a doctor straight away if it's needed." One person said, "Occasionally a doctor talks to me about how I'm doing."

People confirmed they saw other health professionals as and when needed. A member of staff told us the chiropodist visited on a six to eight weekly basis and one person said, "They come to cut fingers and toes." Another said, "I go out to the chiropodist. One of the ladies takes me. It's only five minutes away." Staff confirmed that any concerns about a person's health were communicated to them during the handover between shifts and in daily notes. People's healthcare needs were monitored and addressed to support them to be as healthy as possible.

People fitted with a catheter were attended to in a timely fashion and there were related care plans. Staff were aware of the careful care required to minimise infection risks. People with nasogastric tubes (tubes going into the stomach via the nose inserted for the administration of fluid, nutrition and medicines) were properly managed. Intake and output charts and flushing of the tube were clearly documented.

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 to 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.

Staff told us that they had completed MCA training. We saw that most people could make basic decisions but required assistance to make complex decisions. Staff understood the importance of seeking consent when supporting people. The registered manager was aware of when and how a DoLS application should be made. Four people had DoLS in place and these had been agreed by the relevant supervisory body. Applications had been made for other people. The registered manager was waiting for responses for these. Systems were in place to ensure that people were not being unnecessarily or unlawfully deprived of their liberty.

People told us that the staff knew how to help them and were "good." Staff told us they received the training they needed to support people. This included emergency procedures, falls awareness, dementia awareness, infection control, safeguarding people and moving and handling. They said the training helped them to do their job "properly" and support people safely. However, training records and a provider governance audit showed that training was not always up to date. Some training had recently taken place and further training was scheduled, including safeguarding, infection control and basic life support. The target date for completion was 28 February 2017. Systems were in place to provide staff with the necessary training to support people who used the service.

The registered manager told us that staff supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) should be every two months. Individual and some group supervision had last taken place during October 2016 and staff said they received supervision and felt supported by the registered manager. A staff member told us, "The manager is very supportive on everything. They are very helpful and help with caring duties." Systems were in place to share information with staff including handovers between shifts. People were cared for by staff who received support and guidance to enable them to meet their assessed needs.

People were supported to eat and drink sufficient amounts to meet their needs. People said they got enough to eat and drink. They told us they had a choice about what they wanted to eat and their comments included, "I like the food", "They always ask what I want" and "It is usually good. If I don't like it they always make me something else to eat." At lunchtime we saw that alternative choices were offered. For example, in addition to the main lunch choice we saw one person had a ham sandwiches and another an omelette. They had drinks and snacks throughout the day. There was a four weekly rotating menu and the service was able to cater for a variety of dietary needs. At the time of the visit this included diabetic, vegetarian and pureed diets. The chef told us that if someone did not like something they would give them an alternative. The cook was aware of people's dietary needs and made desserts suitable for people with diabetes. We saw that for pureed diets each food was pureed and served separately to enable them to enjoy the different tastes. Therefore people were supported to have meals that met their needs.

We observed lunch time and found the quality of the meal time experience and of the support provided was not consistent. The dining tables were laid with a tablecloth, napkins and condiments. The television and music were both on and the music was very loud. This did not promote a relaxing atmosphere or one where people could talk to each other.

Some people ate independently and others needed assistance from staff. We saw examples of positive interactions between staff and people and a clear concern on the part of staff that people ate their food and drank regularly. One person was given support with cutting up their food, whilst encouraging them and still allowing them to maintain a certain level of independence. In one unit we saw a member of staff assisting

people in an unhurried way whilst talking to them and encouraging them. However, we also saw another member of staff standing over a person whilst assisting them. They did not pay attention to the person or talk to them. In another unit we saw people being supported and assisted patiently but with little conversation. One person fell asleep. As staff were involved with serving and then helping others to eat, this person was not woken or helped to eat for 30 minutes after their lunch had been served when it must have been cold. We recommend that lunchtime arrangements be reviewed, changed and monitored to ensure that people are fully supported in a timely manner and that they have a more positive mealtime experience.

The environment met the needs of the people who used the service. There was a lift and the building was accessible for people with mobility difficulties. There were adapted baths and showers and specialised equipment such as hoists were available and used when needed. However, there were not sufficient slings or sliding sheets for use when moving people. This had already been identified and funding had been agreed but at the time of the inspection the order had not been placed. The registered manager and regional manager had also identified that the service was in need of some refurbishment and action was being taken. Quotes had been obtained for carpets and curtains and some new furniture had been ordered.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. Comments included, "The staff are nice," "The people that work here are very good. They are kind," "They are all nice people" and "They're kind to me here." Relatives were also positive about the way staff looked after people. They told us, "The staff are kind and caring" and "From what I can see the staff are very caring."

We observed staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. For example, one person was distressed and a member of staff said to them, "Oh [person's name] what's the matter? Let's go for a little walk and you talk to me."

People also told us that their privacy and dignity was maintained. One person said care staff knocked before entering their room and we saw care staff knocking on bedroom doors before entering.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, to eat independently. Care plans gave staff instructions on how to maintain people's independence. For example, "Encourage [person's name] to do little errands like collecting cups for washing" and ensure [person's name] is encouraged to make choices regarding day to day living and has the opportunity to spend the day as they wish."

Staff knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. Staff said there was good teamwork and that they worked flexibly to ensure people were cared for in a way they preferred and needed. A relative said, "This is where we want [family member] to stay because the staff know how to care for them. They treat them with respect even though they are very disabled and difficult sometimes."

Staff provided caring support to people at the end of their life and to their families. The staff team had been working towards accreditation for the Gold Standards Framework (GSF) and had provided end of life care in line with this. This process had been put on hold but the registered manager told us that it was planned to continue now that a new deputy was in post. GSF is an independent accreditation framework to support people as they near the end of their lives. We saw that a bereaved relative had written, "Thanks to [staff member] for their kindness towards [family member] and being with them when they passed away. Also thank them for the considerate and helpful way they told me the sad news." People benefitted from the support of a caring staff team.

Is the service responsive?

Our findings

Relatives were satisfied with the way in which staff responded to people's needs. One person's relatives told us they valued the consistency and continuity the service provided. Another relative said, "The care is basic but good. Some staff are better than others of course but we are in general satisfied and happy with the care [family member] receives. We have had experience elsewhere and this is the best so far."

However not all aspects of the care provided were responsive. Information in people's care plans was variable. Some contained personalised information and others were incomplete. One person who started to use the service more than a year ago did not have a care plan. The registered manager told us this was because it had only recently been confirmed that the person was going to remain at the service.

Care plans were not always effectively reviewed and did not always give sufficient detail to ensure people received care and support that fully met their current needs. For example, in one care plan the review concluded the person continued to have vascular dementia. One diabetes care plan talked about the person's teeth and the need to chew food well but had no details about their diabetes or how to manage this. Care plans sometimes contained contradictory information. For example, one person's care plan indicated that two staff needed to support them due to the behaviour they exhibited. However, their care plan for personal care said one staff to assist and elsewhere in the file it stated that in any kind of intervention only one member of staff to approach and advised staff not to make the mistake of always having two staff at the start. People were at risk of receiving inconsistent care that did not safely meet their needs.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's individual records showed that a pre-admission assessment had been carried out before they moved to the service. Information was also obtained from other professionals and relatives. The assessments indicated the person's needs and gave staff the initial information they needed to enable them to support people when they started to use the service. From these assessments care plans were developed, outlining the areas of support they needed and how this should be carried out. For example, for nutrition, skin integrity, moving and handling, communication and personal care. There was a fairly stable and they were able to describe people's individual needs and how these should be met.

People were not always aware of their care plans and this was possibly due to their living with dementia. One person said, "They look after me but I don't know about a care plan." Similarly relatives were not aware of care plans but said they felt involved in their family members care. One relative said, "They keep me in the loop. When [family member] had a slip in the bedroom they rang me." Another told us, "They tell me everything that goes on."

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. For example two people told us they could go to bed and get up when they wished.

'Residents' choices forms were in individual files and included information about people's preferences and choices. For example, how many pillows they liked and whether they wanted a light left on at night.

There was a complaints policy displayed throughout the service. This set out timeframes for investigating complaints and described how they would be investigated. Although not everyone was aware of the complaints procedure they felt confident about raising any concerns. People told us that if they were unhappy they would speak with the registered manager or staff. Relatives told us that the registered manager was approachable and they could talk to them at any time. One relative told us, "I am aware of the complaints procedure and I would go and see [registered manager]. I have made a complaint previously." Another relative said, "This is a good home. I can't fault it. I would tell the manager if I had a complaint. I have spoken to them before and they sort things out." A record was kept of complaints and showed that they were taken seriously and action taken to address any issues that arose. People used a service where their concerns or complaints were listened to and addressed.

Activities were provided and we saw photographs of activities, birthday celebrations and Christmas card making. The 'Oomph' programme for activities for older adults was used in the service, and one of the two activities coordinators confirmed it gave good ideas for activities. Oomph is a program of activities designed to enhance the mental, physical and emotional wellbeing of older people. Musical bingo observed on the day was popular with good interaction between staff and people. We also saw a member of staff do a brief question and answer session about Christmas which people appeared to enjoy. However, there were long periods throughout the day on each unit where there was nothing for people to do other than to sit and watch TV or listen to music. In one unit we saw evidence of dementia-friendly tactile objects but these were not used whilst we were there. People told us they were bored. Comments included, "There's not much to do," "There's not enough activities to do. Sometimes we play bingo but it's not often do we do that" and "I get a bit bored at times. There aren't many activities." A relative told us, "People basically watch TV. There has been some entertainment in the afternoons." We discussed this with the registered manager and they said that the second activity person was going to increase their hours to provide additional activities.

Is the service well-led?

Our findings

The registered manager monitored the service on a daily basis by means of observational checks, discussions with people and their relatives and a system of audits. However, this had not been robust as demonstrated by the non compliance to regulations found at this inspection.

In addition there had only been one provider's monitoring visit in the eight months from January to August 2016. Shortfalls in the service and the quality of care were not highlighted until September 2017 when a new regional manager completed a governance audit.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regional manager had been in post since September 2016 and the provider had increased the number of regional managers to provide more support and monitoring. The regional manager had carried out monitoring visits in September and October 2016 and had identified numerous shortfalls in the service provided. The reports of their findings was detailed and clearly indicated the action required. An updated action plan was in place and was being monitored by them.

To support the registered manager to address issues and improve the quality of care provided a changed management structure had been introduced. A new deputy manager had been recruited with specific responsibility for clinical issues and the nursing unit. In addition a new post of residential care manager had been introduced with responsibility for the residential units. The residential care manager had only started work at the service a few days before the inspection and was in their induction period.

Staff meetings were held each month and the schedule was clearly displayed as a reminder for staff. One member of staff said they exchanged ideas at meetings and that the 'management' listened. They were confident in approaching line managers with concerns about care and that any concerns would be dealt with. They told us that what they liked most about working in the service was the teamwork.

The provider sought feedback from people who used the service and stakeholders by means of an annual quality assurance questionnaire. In addition people's opinions were sought at 'residents' and at relatives meetings. Although a relative told us they were not asked for their opinions they added that they went to residents' and relatives' meetings." One person said, "I went to a meeting here and we talked about food. I expressed my views about it and having to deal with people wandering about. They made a note."

People were listened to and their views were taken into account when changes to the service were being considered. For example, there had been consultation meetings and discussions with people and their relatives before organisational changes were made to the units within the service. People also told us they felt happy to talk to the registered manager. One person said, "I would talk to [registered manager.] They do a lot for me." Another added, "The [registered manager] has been very pleasant."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The lack of consistent and specific information about people's needs placed them at risk of not receiving the care that they required. Their healthcare needs were not always met. Regulation 9 (1) (a) & (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Systems were not in place to ensure that the premises were properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not adequately assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) and (2) (a) (b).
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staffing levels were not sufficient to safely and effectively meet people's needs. Regulation 18 (1).