Sanctuary Care Limited

Rowanweald Residential and Nursing Home

Inspection report

1 Weald Lane
Harrow Weald
Harrow
Middlesex
HA3 5EG

Website: www.sanctuary-care.co.uk/care-homes-london/rowanweald-residential-and-nursing-home

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook this unannounced inspection on 19 and 24 October 2017. Rowanweald Residential and Nursing Home is registered to provide personal care and accommodation for a maximum of 75 older people some of whom may have dementia, mental health needs, physical disability or sensory impairment. The home is a detached house located close to transport and shops. Accommodation is provided on the ground floor, first floor and second floor of the building. The home is divided into five units called Arden, Magnolia, Oak, Pelenna and Rheola. People with nursing needs were accommodated on the second floor. At this inspection the home had 70 people who used the service.

At our last comprehensive inspection on 19 October 2015 the service met the regulations we inspected and was rated Good. At this inspection we found areas where improvement was needed and have rated the home as Requires Improvement.

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

The service had arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse. Risks assessments had been carried out and risk management plans were in place to ensure the safety of people. The service followed safe recruitment practices and records contained the required documentation. The staffing levels had been regularly reviewed. However, some people, relatives and three social and healthcare professionals told us that there were times when there was insufficient care workers available to attend to people's needs.

The arrangements for the administration of medicines were satisfactory and medicines administration record charts (MAR) and the controlled drugs register had been properly completed.

The premises were kept clean and tidy. Infection control measures were in place. There was a record of essential maintenance of inspections by specialist contractors. There were fire safety arrangements. These included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

The service worked with healthcare professionals and ensured that people's healthcare needs were met. The service had experienced problems ensuring that the healthcare needs were met. However, improvements had been made and this was confirmed by three healthcare professionals. The dietary needs of people had been assessed and arrangements were in place to ensure that people's dietary preferences were responded to. People informed us that the provision of meals had improved since the arrival of the new chef.

We noted from comments from some people, some relatives, two social and healthcare professionals and our observations that some people had not received all the required care. We also noted that the care of some people had not been subject to regular reviews with them or their representatives. This is needed to ensure people received the care they needed and in accordance with their preferences.

The home employed two activities organisers. There was a varied activities programme to ensure that people received social and therapeutic stimulation. People were satisfied with the activities provided.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS.

Care workers told us they worked well as a team and there was effective communication among them. They had received a comprehensive induction and training programme. There were arrangements for support, supervision and appraisals of care workers.

There were opportunities for people to express their views and experiences regarding the care and management of the home. Regular residents' and relatives' meetings had been held. Complaints made had been carefully recorded and promptly responded to.

Checks and audits of the service had been carried out by the registered manager and regional manager. An annual audit was carried out by the quality assurance department of the company. We however, noted that checks on the care provided for people were not sufficiently robust to ensure that deficiencies were identified and promptly responded to. The registered manager explained that the service had experienced a lot of changes recently. Some care workers were on maternity leave and the previous deputy manager had left recently after serving the required weeks' notice period. We were also informed by her that the regional manager who left a few months ago was not replaced until mid-August 2017. A new regional manager is now in place and they had already started to implement their action plan to closely monitor care provided. Professionals who provided feedback said there had been improvements in the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions 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

Some aspects of the service were not safe.

The feedback received from people who used the service, relatives and some professionals indicated that the staffing levels and deployment of staff was inadequate. This was also confirmed in our observations.

There were arrangements for safeguarding people. Care workers had been provided with training and were aware of action to take when abuse was suspected. Risk assessments had been carried out to ensure that people were protected.

There were suitable arrangements for the management of medicines. The home was clean and infection control measures were in place.

Is the service effective?

Good

The service was effective.

People who used the service were cared for by care workers who were knowledgeable and had received essential training.

People's healthcare needs had been monitored and attended to. People expressed satisfaction at the meal provided. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA). Care workers were aware of the procedures to be followed to meet the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People and their relatives told us that care workers treated people with respect and dignity. People's privacy was protected. Care workers were able to form positive relationships with people

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings had been held for people and

the minutes were available for inspection.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Care plans had been prepared which addressed people's needs. However, some of these had not been subject to regular reviews with people or their representatives. This is needed to ensure people received the care which reflected their preferences and changing needs.

We noted from comments from a relative and our observations that some people had not received the required care. There was a varied activities programme and people were encouraged to participate in activities. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Checks and audits of the service had been carried out by the registered manager, regional manager and the company's quality assurance department. We however, noted that checks on the care provided for people were not sufficiently robust to ensure that deficiencies were identified and promptly responded to. These are needed to ensure that people receive quality care. The service had promptly taken action to improve the management of the home.

A satisfaction survey had been carried out and the results indicated that people and their relatives were mostly satisfied with the management of the home.

Rowanweald Residential and 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 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.

The inspection took place on 19 & 24 October 2017 and it was unannounced. The inspection team consisted of one inspector, a specialist nurse 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 our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority. We noted from the report that there had been concerns regarding the care provided and the running of the home. The provider completed and returned to us 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.

There were 70 people living in the home. We spoke with ten people who used the service and four relatives. We received feedback from a social care professional and four healthcare professionals. We spoke with the registered manager, the new regional manager, two care organisers, four nurses and five care workers. We also attended a relatives' meeting held at the home on the first day of inspection. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

We looked at the kitchen, laundry, medicines room, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for ten people, seven staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us that they felt safe in the home and they were well treated. Most people informed us that they felt safe in the home. One person said, "Staff treat me with respect and dignity. I feel safe." A second person said, "I feel safe here." However, a third person said, "I am very happy and feel safe in this environment although I get worried at times when I see people walking up and down the corridor. I do need assurance that they won't hurt me or come to my room." We activated the call buzzer in a person's bedroom. Care workers responded within one minute.

People and their representatives however expressed concern regarding the staffing levels in the home. We noted their concern in the minutes of the relatives meeting in April 2017 and in the residents' meeting of July 2017.

During this inspection a relative said, "The staff are careful about security. My relative is safe in the home. There are enough staff." A second relative said, "Some weeks there are only two staff on the unit. Some staff can work six days without a break. This does not allow staff to do a proper job. There is a shortage of staff in the unit at night. It is a bit worrying especially on the dementia unit. My relative was not got up in the morning so that means he had no breakfast. A second relative said, "My general view is that they have improved but much more need to be done in the area of staffing – very poor." A third relative said, "More staff is needed for residents because more of them need one to one." A care professional stated that there were occasions during the night shifts when there was inadequate staffing and this may lead to inadequate supervision of people with dementia.

During our inspection we noted that certain personal care monitoring checks on some people had not been carried out regularly during the day. Our specialist nurse inspector noted that there were a number of deficiencies in the care of people requiring nursing care and this included inaccurate recording and some care not being provided. For example, she noted that there was no documented evidence to indicate that the exercise plan prepared by the physiotherapist for passive exercises had been carried out. The lead inspector also observed that on the first day of this inspection a beaker of drink was left by the bedside of a person in the morning and the level of fluid did not appear to have gone down significantly in the early afternoon. On the same day, our "expert by experience" observed that over a period of 30 minutes on the nursing floor no one went into the bedrooms of three people who had mobility difficulties. During this period, no care worker checked on them or ensured that they were encouraged to drink. This may place people's welfare and safety at risk.

The registered manager explained to us after the inspection that It is normal to do hourly checks in the day. She added that most people who stayed in their rooms also had their doors left open unless they wished not to. They had call bells to ring and care workers do respond.

On the day of inspection there were a total of 70 people who used the service. The duty rota examined indicated that the staffing levels during the day shifts normally consisted of the registered manager and deputy manager together with teams of staff for each unit. Each unit had one nurse and three care workers.

During the night shifts there were two nurses for the whole home together with two carers in each unit. The residential unit with people who do not require nursing care had a team leader who was not a nurse. On the day of inspection, there were 16 care workers and four nurses. In addition to care workers, the home had a team of household staff including three kitchen staff, three cleaners, a receptionist, a maintenance person and two activities organisers.

The registered manager informed us that dependency levels of people were monitored to ensure that there was adequate staffing. We saw documented evidence of individual dependency assessments carried out. We further checked the staffing monitoring tool used by the company. This was not sufficiently informative as it was based on previous occupancy levels before the new nursing floor became operational. The registered manager stated that in practice the home operated on a ratio of about one care staff to four people. This was noted in the staff rota. However, from feedback we received from care workers and relatives, we noted that this did not always happen in practice since replacement staff were not always available when care workers called in sick. We also discussed whether care workers were properly deployed. The registered manager stated that this would be looked into. She further explained that five staff were on maternity leave and three new care staff who left had been replaced recently. In addition, she stated that the deputy manager had left two weeks prior to the inspection. She also informed us that the home had access to bank and agency cover.

The service did not have adequate numbers of suitably qualified skilled and experienced staff deployed to support people to stay safe. Our findings indicated that the staffing levels and the deployment of staff did not ensure that the care of all people were carefully monitored and fully attended to. This was confirmed in feedback received from some people who used the service, relatives and some professionals. This means that people's welfare and safety may be put at risk. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

The new regional manager who had been in post since mid-August 2017 informed us that that they had devised a new staffing tool to closely monitor the adequacy of staffing levels. She reassured us that she would be checking on the staffing levels. The registered manager informed us soon after the inspection that she had re-clarified with senior members of staff detailing how to log, and respond to cancelled shifts and updated the absence forms to include actions taken to cover cancelled shifts. In the interim period, she stated that she had telephoned the home on a Saturday and followed this up with an unannounced visit on a Sunday to ensure that the staffing levels were adequate. We were also informed that the regional director was covering the region, liaising and supporting the homes directly until the new regional manager started.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The service had co-operated with the investigations and followed up on agreed action.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with falls, medical conditions such as diabetes and pressure sores. These assessments had been reviewed regularly by care workers. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

There were arrangements for the recording, storage, administration and disposal of medicines. The home

had a medicines policy. We examined eight medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. The controlled drugs register had been properly completed and amount of remaining drugs were found to be accurate. Audit arrangements were in place. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range.

There were arrangements for ensuring fire safety. The home had an updated fire risk assessment for providing guidance on managing potential risks. The emergency lighting had been checked monthly by the maintenance person and by specialist contractors. The fire alarm was tested weekly to ensure it was in working condition. A minimum of four fire drills had been carried out in the past 12 months. Fire procedures were on display in the home. Care workers had received fire training. We noted that some deficiencies were documented in the fire risk assessment and in the checks of the emergency lighting. The registered manager and maintenance department of the company informed us soon after the inspection that the deficiencies noted had all been rectified. The registered manager agreed to ensure that action taken to rectify deficiencies was recorded in the fire records. Evidence that the defective emergency lighting in some areas of the home had been fixed were sent to us soon after the inspection.

We saw evidence that care workers checked the temperature of the hot water prior to each person being given a shower or bath. The records indicated that the temperatures did not exceed 43 degrees Celsius. This ensured that people were not at risk of being scalded. The service had a record of essential maintenance carried out. These included safety inspections of the hoists, passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. Bedrooms we visited had window restrictors. We noted that there was no evidence that the portable appliances had been checked in the past 12 months. The registered manager stated that there was a delay in the response of the company's maintenance department. She provided us with evidence that an appointment had been made the following month for the checks to be carried out by their contractors.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of seven records of care workers. We noted that with two exceptions, all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. The registration details of nursing staff were available to ensure they were properly registered. After the inspection, the personnel department of the company confirmed that two outstanding identity checks for care workers concerned had been carried out and the required documentation were in place.

People informed us that their bedrooms had been kept clean. With the exception of a treatment room, no unpleasant odours were noted. The registered manager stated that arrangements had been made for the odour to be investigated. The home had an infection control policy together with guidance regarding infectious diseases. Gloves and aprons were available. There were suitable arrangements for the laundering of soiled linen and this included provision of red bags for transporting it.

We reviewed the accident records. Accidents forms had been completed with the date and name of people involved. Guidance for care workers on how to prevent a re-occurrence was in the care records.

The service had a current certificate of insurance and employer's liability.

Good

Is the service effective?

Our findings

People and their relatives informed us that they had access to healthcare services and could see the GP if needed. This was confirmed in the care records we examined which contained details of recent appointments with healthcare professionals. One relative told us that their relative who was in the home had improved due to the care provided. A healthcare professional informed us that care workers were better equipped clinically in spotting people who were unwell. This professional stated that previously they used to get contacted by the home frequently for trivial matters but now most were managed by the staff who had got to know people well. A second healthcare professional stated that there had been deficiencies in the care provided and in the training of staff. This professional stated that the situation was now improving.

People's healthcare needs were closely monitored by care workers and healthcare professionals who visited the home. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their medical conditions and mental state. Appointments with healthcare professionals had been recorded. We saw evidence of recent appointments with healthcare professionals such as people's GP, medical consultant, dietician and tissue viability nurse.

Arrangements were in place to ensure that the nutritional needs of people were met. People's needs had been assessed using the MUST (Malnutrition Universal Screening Tool): This is a method used to work out a person's risk of nutritional problems so that support or referral to specialist professionals can be arranged if needed. This method included checking their medical history, dietary history weight and other information. Care workers were aware of the special dietary needs of people such as diabetic diets and soft pureed diets. We observed people having their lunch and spoke with them. They told us they were satisfied with their meals. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records.

Care workers confirmed that they had received the appropriate training for their role. When interviewed, they were aware of their roles and responsibilities. The home provided us with details of training that had been arranged for staff. We also saw copies of their training certificates which set out areas of training. Topics included infection control, moving and handling, health and safety, Mental Capacity Act and safeguarding.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. We were informed by the registered manager that two care workers had completed the Care Certificate. This course is comprehensive and has an identified set of standards that care workers work through with their trainer. The registered manager stated that new care workers would be enrolled on the Care Certificate if required.

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed

that these took place and we saw evidence of this in their records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. Where people lacked capacity, details of their advocates or people to be consulted would need to be documented in the assessments. This was evident in the care records we examined.

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. We saw evidence of DoLS applications and authorisation approved for people who needed them.

Good

Is the service caring?

Our findings

People made positive comments regarding care workers and informed us that they were mostly caring. One person said, "Staff are very good and treat me with respect and dignity." Another person said, "Yes, some staff show respect and dignity to us although not all staff do." A third person said, "Yes, I am treated with dignity and respect. They do knock on the door." A relative said, "I am very happy with my relative's condition in this place. My relative has really improved. The staff are very kind and do their very best." Three care professionals informed us that people were treated with respect and dignity.

We observed that care workers interacted well with people. Care workers smiled and talked with people in a friendly manner. People looked comfortable with care workers. Care workers treated people well and respected their dignity. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering.

They service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. Care workers were aware that all people should be treated with respect. The registered manager stated that they celebrated various cultural events including Burns Night and St Patrick's Day. They had also planned to have an Italian and a Caribbean night. Religious services were conducted in the home for people who wanted to attend.

Care plans included information regarding people's individual needs including any special preferences, their spiritual and cultural needs. Meetings had been held where people could express their views and be informed of any changes affecting the running of the home such as activities and meals provided. The activities organisers informed us that they visited people who because of mobility problems spent much of their time in their bedrooms. They told us that they talked with people and did gentle exercise, played music or provided hand massage for people. This was to ensure that they were provided with social and therapeutic stimulation.

Effort had been made to provide a pleasant environment for people and help them feel at home. The courtyard garden was attractive and seating was available for people. The lounge had comfortable seating. There were plants and flowers in the home. The bedrooms were well-furnished and had been personalised with people's own ornaments and memorabilia.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager provided us with their policy on ensuring people can understand the information they were given. She stated that the service was currently reviewing what can be done to meet this standard.

Requires Improvement

Is the service responsive?

Our findings

Some aspects of the service were not responsive. Some relatives and people stated that people were not receiving the care they needed. This was noted in the minutes of meetings with people in April and July 2017 and in a staff meeting in July 2017. On the first day of inspection, our expert by experience observed that over a period of 30 minutes on the nursing floor no one went into the bedrooms of three people who had mobility difficulties. No care worker checked on them or ensured they were encouraged to drink. The registered manager explained to us after the inspection that It was normal to do hourly checks in the day. She added that most people who stayed in their rooms also had their doors left open unless they wished not to. They had call bells to ring and care workers did respond.

The lead inspector also observed that on day one of the inspection a beaker of drink was left by the bedside of a person in the morning and the level of fluid did not appear to have gone down significantly in the early afternoon. This was discussed with the registered manager who agreed there was a need for closely monitoring the care provided. She stated that regular "comfort rounds" to check on people would be started soon. On the second day of inspection we observed that the fluid level of the beaker beside this person's bed had gone down to indicate that this person had been encouraged to drink.

The registered manager stated that "comfort checks" had been carried out during the night. She added that the deputy manager had resigned recently and there had been some staffing problems due to some staff being on extended leave. We were also informed soon after the inspection that a new clinical lead had been appointed to closely monitor care provided. The registered manager informed us after the inspection that "comfort checks" during the day were implemented immediately. This was to ensure that all required care for people had been provided.

One relative present stated that care workers did not regularly assist her relative to have a bath or shower. We noted in the personal care records of one person that they only received a shower once a week. The nurse in charge explained that this person had a wash in bed at other times. However, there was no record of this being agreed with the person or their representative. With two exceptions we did not see recorded evidence of regular reviews of care with people or their representatives in the records examined. One of the reviews carried out with one person and their representatives was 11 months previously. The second review was carried out with the person who used the service within the past 6 months. Regular recorded reviews provide an opportunity for people or their representatives to express their views regarding care provided. The registered manager informed us after the inspection that at the time of the inspection, the monthly care plan reviews had been carried out. A spreadsheet tracker has since been created and is in place at the home as recommended by CQC.

Some people we spoke with were satisfied with the care provided while others stated that more could be done. One person said, "Some of the staff and the manager are good and responsive. However, there is a shortage of staff and care needs are not met." One relative said, "I am satisfied with some care. Some staff are good but more need to be done to improve care. More staff are needed generally. Some residents need regular checks to make sure they drink in between intervals – some also require one to one care." Another

relative said, "Some residents are not checked on regularly. Some staff spent time checking their mobile phones. The registered manager stated that the use of mobile phones by care workers had been addressed in their previous staff meetings for both June and July 2017. This would be treated as misconduct if staff were not to follow the guidelines set out by the organisation.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their mobility, mental health, nutritional needs and communication needs. Care plans were then prepared by care workers. The care plans and risk assessments in areas such as pressure area care and falls prevention had been evaluated regularly by care workers. Care records contained photos of people so that they could be easily identified by care workers. We checked specific aspects of care to assess if people's needs had been met.

Our specialist nurse inspector discussed the care of people with diabetes with nurses on duty and checked care records. Diabetes risk assessments and care plans were in place for people who needed them. Nurses we spoke with were aware of the dietary needs of people and potential complications which may be experienced by people with diabetes. We noted that the care of the people concerned had been reviewed with their GP and the diabetic nurse.

We received information from a healthcare professional who expressed concerns regarding the care of people with pressure sores. This professional however, stated that improvements had been made recently. Our specialist nurse inspector discussed the care of people with pressure sores with the nursing staff and checked care plans and monitoring records. Pressure area assessments had been carried out. Pressure area care plans were in place and this included body maps detailing areas affected. Charts for position changes had been completed. People's care had been reviewed with the tissue viability nurse. The charts indicated that people had been turned in bed to reduce the pressure on their skin. We however, noted that in one chart it indicated that a person was positioned on their back at 0400 hours and was again turned at 0930 hours onto their front. This was discussed with the nurse in charge who stated that it was an error and the person should not have been turned on their front. After the inspection the registered manager stated that the person concerned had not been turned to their front; the care worker had confirmed that they ticked that section on the chart but they had turned the person to seating facing forward. The registered manager added that the form was changed immediately to remove the "front" wording. We also noted that the same person had an exercise plan prepared by the physiotherapist for passive exercises. Although the nurse in charge stated that a senior care worker had carried out the plan, there was no documented evidence of this in the care records. The care plan had not been signed by the person or their representatives. The registered manager stated that the deficiencies noted would be looked at.

Our specialist nurse inspector discussed the care of people on peg (percutaneous endoscopic gastrostomy) feeds. She noted that fluid charts were in place and the care had been reviewed by nursing staff and a dietician. However, she noted that following a recent review the changes were not reflected in the care plan. She further noted that the peg feed sites had not been cleaned twice daily and there was no documented evidence that oral care had been given. We were informed soon after the inspection that the peg feed sites had now been cleaned twice a day and the care plan concerned had been updated.

The service failed to ensure that all people who used the service are provided with appropriate care which met their needs and preferences. Our specialist nurse inspector had identified certain specific care tasks which were not done. Feedback received from some relatives and a healthcare professional confirmed our findings. Some people's care had not been regularly reviewed with them or their representatives so that they received care which reflected any changes in their care needs or preferences. This means that some people did not have care or treatment that is personalised specifically for them. This is a breach of Regulation 9 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

Following the inspection, the regional manager informed us that the service had taken action to closely monitor the care provided and a clinical lead had already been appointed to carry out daily checks. She stated that she would also be closely reviewing the progress made.

The home employed two activities organisers. There was a varied activities programme to ensure that people received social and therapeutic stimulation. People were satisfied with the activities provided. Activities people had chosen to engage in were documented in their care plans. Activities provided included gentle exercise, quizzes, walks and singing sessions. One relative however, said that their relative who was in the home had not been taken out of their bedroom to join in activities and interact with others. The registered manager and an activities organiser in stated that they visited people in their bedrooms to provide relaxing activities such as hand massages, relaxing music, and singing gently. The registered manager stated that following the inspection they were reviewing the care of people who had mobility problems and had been spending much of their day in their bedrooms.

The home had a complaints procedure. We examined a sample of five recent complaints and noted that complaints had been promptly responded to. People and relatives we spoke with were aware of who to complain to if needed.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not well led. This had resulted in dissatisfaction being expressed by some relatives. This dissatisfaction was noted in the minutes of two meetings attended by people who used the service in April and July 2017. The minutes reported that they were of the opinion that the care needs of some people had not been fully met. They stated that there was insufficient staff to attend fully to the needs of people.

Concern had also been expressed regarding communication with people's relatives and a healthcare professional. Two relatives stated that communication was not always satisfactory. One said that the service was slow in informing them of issues affecting their relative who was in the home. One healthcare professional stated that care workers did not always follow guidance provided and senior managers were not always available to check on the care provided. The registered manager stated that staff communicated directly with professionals and any communication with relatives was entered on "Relatives communication" sheet in the care plan. The registered manager explained that the service had experienced a lot of changes recently. Some care workers were on maternity leave and the previous deputy manager had left recently. We were also informed by her that the regional manager who left a few months ago had not been replaced until August 2017.

Checks and audits of the service had been carried out by the registered manager and the regional manager. We saw evidence of monthly audits carried out by the registered manager. The annual audit carried was out by the quality assurance department of the company. We however, noted that checks on the care provided for people were not sufficiently robust to ensure that deficiencies were identified and promptly responded to. This was also confirmed by a social care professional who provided us with feedback. In addition, we noted that some maintenance issues were not rectified until we pointed it out.

The service did not have sufficiently effective quality assurance systems for fully assessing, monitoring and promptly improving the quality of care provided for people. We recommend that the service regularly audit progress and action taken to ensure that deficiencies are promptly identified and rectified.

The regional manager informed us that her audit report since taking up her post had identified some of the deficiencies noted. Following this inspection the service had started to closely monitor the quality of care provided. The new clinical lead was already in post. The registered manager and regional manager promptly sent us their action plan for improvement.

We noted that the local authority had carried out a quality monitoring visit in February 2017. The report indicated that there were deficiencies in the management of the home. We noted that the home had taken action to improve areas previously identified.

The company had carried out a satisfaction survey in 2017. The results highlighted that people were mostly satisfied with the care provided. Three professionals who provided us with feedback indicated that they had a good working relationship with the home and there had been improvement in the management of the

home.

The service had a management structure. A regional manager provided management support for the registered manager. The registered manager was supported by a deputy manager and clinical lead. The previous deputy manager resigned prior to this inspection and a new deputy manager was appointed soon after the inspection. Each of three units with people requiring nursing care had a nurse in charge of each shift. In the non-nursing unit, there was a team leader in charge of each shift.

The home had a communication system. Hand-over meetings took place at the beginning and end of each shift. Care workers informed us that there were also team meetings where they regularly discussed the care of people and the management of the home. Care workers stated that communication with their managers was good. They had confidence in the management of the home and found their manager approachable.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

The service had a record of compliments received. Compliments received included the following comments:
"We would like to thank you for the care my relative received at the home."
"Thank you for the lovely service and warm care."
"I would like to nominate X for a kindness award. X showed extreme kindness towards my relative."

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 service failed to ensure that people received care or treatment that was personalised specifically for them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not have adequate staffing levels and adequate deployment of staff. This places people's welfare and safety at risk.