Care Quality Commission

Porthaven Care Homes No 2 Limited

Woodland Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

The inspection took place on the 6, 7 and 8 March 2018. The inspection was unannounced. At the previous inspection in January 2017 the service was in breach of regulation 12, 17 and 18 of the Health and Social Care Act 2008.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) safe, effective, responsive and well-led to at least good. At this inspection we found the provider was still in breach of regulations 12, 17 and 18 of the Health and Social Care Act 2008. There were further breaches identified in relation to regulations 9 and 13.

Woodland Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woodland Manor accommodates 64 people across four separate units. Two of the units specialise in providing care to people living with dementia. The other two units are described as nursing care units. At the time of the inspection there was 48 people living in the home. The home is purpose built, with all bedrooms having an en -suite shower and shared communal dining and sitting room facilities. It has a separate dining room for special occasions, a cafe bistro at the entrance to the home, a cinema and activity room which is accessible to people.

The service is required to have 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 2008 and associated Regulations about how the service is run.' At the time of the inspection the service had a registered manager. The registered manager had resigned and was due to leave the organisation later in the month. However they left two days after the inspection ended without giving the provider appropriate notice of an early departure date. A manager from another location was been inducted to take on the manager's role until a new registered manager was recruited.

Some people were happy with their care, however the majority of people we spoke with were dissatisfied with their care which they contributed to the lack of sufficient staff. They gave examples where there was a delay in their needs being met. All of the relatives we spoke with were unhappy with the care provided. They felt the staffing levels were not safe or sufficient. They gave examples where their family members were not provided with appropriate supervision. Two relatives told us they visited at meal times to ensure they were available to support their family member with their meal. The provider told us for one of those people they will only eat their meal for their relative and the relative had made the decision to be present to support that.

Staffing levels were not sufficient. Throughout the three days of the inspection there was a delay in people

getting their meals, medicines, appropriate supervision and support. Staff had completed some aspects of training however staff were not suitably skilled, trained and supported in their roles.

Risks to people were identified but there was no intervention to minimise risks. Accident and incident reports were completed but recurrent trends such as falls were not addressed. The provider told us falls were reported and actions put in place which included third party referrals to other relevant professionals. This was not always recorded or communicated appropriately. Staff were not aware of the risks people presented with and they failed to safeguard people who were at risk from pressure sores, malnutrition, falls and use of lap belts.

The delivery of high-quality care is not assured by the leadership, governance or culture in the service. People's records and other records such as staff files were not suitably maintained and accurate. The provider had systems in place to audit the service but the auditing failed to address the issues we found.

Systems were in place to safeguard people but appropriate action was not taken in relation to the staffing levels, recruitment of staff and some staff performance issues to ensure people were appropriately safeguarded.

People had care plans in place which were incomplete and were not routinely used by staff to enable them to support people appropriately. People's life histories were identified but person centred care was not provided. People had access to activities but limited activities were provided for people on the dementia care units. They were left watching television, wandering, distressed or asleep.

People's communication needs were identified but no support was provided to promote people's communication and involvement. A recommendation has been made to address this.

Systems were in place to manage complaints but information on how to raise complaints was not provided for people with dementia. The provider told us the next of kin and power of attorney is provided with a copy of the complaints procedure and a copy of the complaints procedure is on display at the main entrance to the home. However this is not in a format that would be accessible to people with dementia. A recent complaint was concluded without the key witness statement. A recommendation has been made to address this.

Staff were kind and caring in their brief interactions with people. People's privacy was generally promoted. Staff and relatives of people on the dementia care units felt they were not treated equally and fairly in line with the Equality Act 2010. They gave examples where they felt they were treated differently. The provider disputed this was the case and confirmed they worked in accordance with the Equality Act 2010.

People had access to a GP and other professionals such as the tissue viability nurse and community mental health nurse. The GP confirmed they had a positive relationship with staff at the service. People had access to a varied menu and systems were in place to get feedback on the menus to bring about improvements.

The home was suitably maintained. Equipment relating to fire safety, hoists, the lift and electrical appliances were serviced. The home had housekeeping staff who were responsible for the cleaning of the home and laundry. The home was clean although some relatives were dissatisfied with aspects of the cleaning.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that

providers found to have been providing inadequate care should have made significant improvements within this time frame. If not enough improvement is made within this time frame so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of this registration.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures. The Care Quality Commission is now considering the appropriate regulatory response to resolve the problems we found during our inspection.

We found a number of 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. Full information about CQC's regulatory response to the more serious concerns found during this inspection has now been added to 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 was not safe

People were not supported by sufficient staff to meet their needs.

Risks to people were not managed.

People were not safeguarded from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective

People were supported by staff who were not suitably inducted, trained, supported and appraised to do their job.

People had access to health professionals.

People were provided with adequate food and fluids.

Is the service caring?

Requires Improvement

The service was not always caring

People's communication needs were not identified and met.

People were supported by staff who were generally kind and caring but continuity of care was not promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Person centred care was not promoted.

People did not have access to activities suitable to their needs.

Some people knew who to speak to if they had any complaints, however not everyone using the service could access the complaints procedure.

Is the service well-led?

Inadequate

The service was not well led

People were supported by a service that was not suitably managed and monitored.

People's records were not properly maintained, accurate and up to date.

People were not supported by a service that worked to best practice in dementia care.

Meetings took place to get feedback on the service but feedback and concerns raised were not acted on.

Care Quality Commission

Woodland Manor Care 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 inspection took place on 6, 7 and 8 March 2018 and was unannounced. The inspection was carried out by two inspectors over the three days and an expert by experience on one day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and dementia care.

Prior to the inspection we requested and received a Provider Information Record (PIR) on the service. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed other information we held about the service such as notifications and safeguarding alerts. We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

Some people who used the service were unable to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager, the deputy manager, five team leaders, seven care staff, the head chef, two housekeepers, maintenance person and sixteen people who used the service. We spoke with eight relatives and a friend over the course of the three days. We looked at a number of records relating to individual's care and the running of the home. These included eight care plans and medicine records, staff rotas, daily

allocation sheets, nine staff recruitment files, staff training and eleven staff supervision records.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence.

Inadequate

Is the service safe?

Our findings

At the previous inspection the provider was in breach of Regulation 18 of the Health and Social Care 2008. The provider sent us an action plan indicating they would be compliant by July 2017.At this inspection we found there was a continued breach of Regulation 18.

People, relatives and staff told us safe care was not provided. This was because they believed sufficient staff were not provided.

People gave us examples where there was delay in them being supported to get up in the mornings, be assisted to use the toilet and have their breakfast. People told us staff came to their assistance but then often got called away and they were left, often needing the toilet. People commented "Can't call anyone, you call but no one comes." "I ring the call bell, but no one comes when I need the commode. Most carers have their own rota. You have to fit in with them." "Always waiting, I have breakfast and then have to wait sometimes ages, definitely not enough staff." "There is not enough staff; I spend a lot of time waiting for them." "Staff say they will come back but never do." "First thing in the morning I need two people to help me. The times vary day to day. If I am desperate for the toilet I will use the call bell. However sometimes they can take a while to respond."

A person told us of an occasion where they had complained of stomach pain and requested to go to bed. They were eventually assisted to bed two hours later. The person's daily progress record had an entry to say the person had complained of pain but did not say what time this was reported or what time they were assisted to bed.

Two relatives told us they visited at meal times to satisfy themselves that their family member was supported to eat their meal. A relative commented "I don't feel confident that there is enough staff provided so I try to be here at mealtimes to ensure my family member gets fed." The provider told us for one of those people they will only eat their meal for their relative and the relative had made the decision to be present to support that.

A physiotherapist had recorded in a person's notes in February 2018 that during their visit to a person "Other residents were interrupting and no staff were around to occupy them."

Staff told us they worked under extreme pressure due to the lack of sufficient staff provided. During the inspection we observed a care staff member was upset. Later they told us this was as a result of the daily pressures they faced in working without enough staff to get people up and dressed.

The provider had a dependency tool in place which they used to work out the staffing levels required, however the feedback and observations noted during the inspection indicated the staffing levels were not sufficient.

During the inspection we observed a person was left unsupervised and unsupported in a distressed state on

our arrival on one unit. They remained unsupported for a further period of 10 minutes. The delay resulted in an increased escalation of their distress and the distress of another person on the unit. At this time there was two staff on the unit who were in a bedroom supporting a person with their personal care. There was no other staff presence visible on the unit to support, supervise and intervene to support that person or observe the other vulnerable people on that unit.

On the first and third day of our inspection there were only two carers on duty on the morning shift on one unit. Staff had called in sick, agency was expected but did not arrive and this was not communicated or acted on. Therefore staff had no morning breaks, people who were up were left unsupervised and other people were not assisted to get up until midday.

The residential dementia care units had a high number of people who were assessed and it was recorded they required nursing dementia care. However the registered nurse on shift was not based on those units and spent very little time on those units during the course of the inspection. There was mainly three staff on each unit with a registered nurse meant to oversee two units. On some units one of those three staff was a team leader who was a medicine trained technician who had to administer medicines. This left two care staff supporting people. Each unit had a number of people who required two staff to support them with their personal care and required one to one assistance for their meal. On one unit nine people required two staff for moving and handling and personal care and seven people required a staff member for support with their meals. The team leader was administering medicines which left two care staff to provide support to those individuals.

The rotas showed there was seven staff provided at night, which included at least two registered nurses most nights. This allowed for a registered nurse on each floor. That left one unit with one staff member. Staff had raised concerns in team meetings and supervisions that the staffing levels at night was not sufficient. No action had been taken to address those concerns. The provider confirmed after the inspection staffing levels at night had increased in response to staff feedback and further reviews of staffing were underway.

The service had two hosts who were employed to serve meals. One of the units always had a host. Two units had no host and the other unit had a host on some days only. This meant the care staff had to serve the meals. Extra care staff were not provided to enable the care staff to do that and they were expected to serve the meals as well as assist people with eating their meal. The provider confirmed hosts were provided for the residential residents only and extra hosts had been recruited. However relatives told us this was an on-going promise which had not been fulfilled.

Shifts were not managed appropriately and staff were not deployed effectively. On day one of the inspection there was two team leaders and a registered nurse on one unit, whilst there was a regular carer and agency staff member on the other unit. On other days there was two agency staff on one unit, whilst regular staff were deployed to work together. Most of the care staff worked 12 hour shifts. Staff breaks were not organised and scheduled. This meant staff went for long periods of time without breaks and a number of staff were on breaks at any one time. Some staff decided when they would have breaks as opposed to this been delegated and organised appropriately to ensure sufficient staff were left on the units.

The monthly manager's report showed a high staff turnover and high sickness levels. Whist attempts were being made to recruit into vacancies no action was taken to address the continued sickness and high turnover of staff which caused risks to the service. The provider confirmed after the inspection that the registered manager carried out 'return to work' interviews with staff and some actions were taken. The senior management team visit meeting for October 2017 recorded that people had raised concerns about staffing levels and at the February 2018 visit staff had raised concerns about the staffing levels. The senior

manager concluded that the staffing levels were appropriate at that time. The provider confirmed after the inspection that the February 2018 visit report states that the staffing on that particular day, in one unit only, Windsor, with 4 carers and one nurse was seen as appropriate. However the monthly auditing of the service should have monitored if staffing levels on all units were sufficient and were maintained during the period they are reviewing and not just on the day of their visit.

As a result of the staffing levels there was a delay in people receiving their medicines, getting up and having their meals. Throughout the course of the inspection we saw morning medicines administered as late as 11am. Staff administering medicines told us they would allow the required time between the next dose of any timed medicines such as pain relief and antibiotics. People who were up and who required supervision were left for long periods of time without staff supervision, engagement and support.

These were continued breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection the provider was in breach of regulation 12. This was because safe care and treatment was not provided. The provider sent us an action plan indicating they would be compliant with regulation 12 by July 2017. At this inspection we found there was a continued breach of regulation 12.

In the care plans viewed risks to people were identified but there was no intervention or management plan to reduce the risk. Instead the intervention was a repetition of the risks they had identified. Care plans and risk assessments were cumbersome and key information not easily accessible. Staff told us they did not have time to read the care plans and relied on their knowledge of people as to what support they required. They said for new people they asked other staff what support was required.

Staff were not aware of risks to people. A person with dementia managed to leave the locked unit. It was not established how it happened and no preventative measures were put in place. People had nutritional risk assessments in place. A person had had been identified as a nutritional risk following a review on the 4 March 2018 but no action was taken. The registered nurse who had completed the review told us they had informed the manager. There was no record completed to indicate the registered manager was informed and staff on the unit were not aware the person's nutritional risk had increased.

During the inspection we noted a number of people had air flow mattresses to manage the risk of pressure sores. We visually checked and saw that people's mattresses were set too high for their weight. This had the potential to put people at increased risk of pressure damage. The provider confirmed after the inspection the settings of air flow mattresses will not affect skin integrity if there is no damage present. They advised settings can be set for a person's comfort as moving the position of the person is just as important. Some staff told us they were not trained in the management of pressure sores whilst other staff had no awareness of what air flow mattresses should be set at. Staff were not routinely recording that they had checked the air pressure of the mattresses and there was confusion amongst staff as to where on the new electronic care plan system that should be recorded. In the absence of recording and checking the air flow mattress pressures there was no records that people were being moved and turned regularly either which the provider had indicated was just as important.

A person was identified at risk of opening their lap belt and had previous falls. Their risk assessment did not provide interventions or a management plan to minimise the risk. The person was left unsupervised and observed opening their lap belt. The inspector alerted staff to it to prevent injury to the person. During the inspection we noted a person was wearing slippers that were too big for them. This increased the person's risk of falls. This went unnoticed by staff. The inspector pointed it out and staff assisted the person to

change their slippers.

Another person's care plan did not contain specific, detailed risk assessments e.g. for diabetes as the person was insulin dependent, or for taking an anticoagulant. Anticoagulant medicines are used to reduce the risk of blood clots. Risk assessments were not in place for other people who were on anticoagulant medicines and for whom risks could be compounded by their risk of falls and a potential bleed.

People had call bells in their rooms but these were not always within their reach. On the first morning of our inspection, we saw that two people we visited had calls bell handsets attached to lampshades, which was out of their reach. One person asked us to move their call bell to their bed. Another person told us of an occasion where they were assisted to the toilet and left with the call bell out of reach for a considerable amount of time. This had the potential to put people at risk as they would be unable to summon help when required.

A person had physiotherapy involvement. The physiotherapist told us that there was an expectation on staff to support the exercises they were doing. Therefore staff were required to walk the person three to four times a day. The person's mobility care plan and risk assessment made no reference to that. During discussion with staff they were unaware of it. The physiotherapist fed back to the team leader on shift on the 7 March 2018 that the person needed to be mobilised 3 to 4 times a day. There was no record this was handed over and communicated with staff on duty. Staff on duty on that unit on 8 March 2018 were still unaware of the request.

The service had a person with Methicillin-resistant Staphylococcus aureus (MRSA). The infection control risk assessment made no reference to it and staff on duty had variable levels of understanding as to how MRSA was transmitted and what measures they needed to take.

The service had a generic risk assessment document which outlined risks to people, staff and visitors. The home had a number of staff who were pregnant. A pregnant staff member told us they had not been supported to manage risks to them. The staff members file evidenced a discussion on the pregnancy but a pregnancy risk assessment and management plan was not put in place to address the risks. This was fed back to the provider to action in relation to the pregnant staff that worked for them.

Performance issues relating to staff were recorded but there was no consequence or warnings given to staff in line with the disciplinary and grievance procedure. We found some performance issues for staff were recorded and dealt with through supervision. For one staff member, seven performance issues had been identified and discussions and meetings had taken place with them on each occasion. However; no disciplinary action had been taken. For another member of staff where concerns had been highlighted over their conduct the supervisor had recorded "If improvements are not marked on the attitude of the staff, this areas would be discussed again."

Since February 2018 the service had commenced recording accident and incidents on the electronic care plan system. Accident and incident reports were completed. However care plans and risk assessments were not updated following an accident or incident and measures were not put in place to minimise risks. We saw there was no evidence of learning from incidents. A person had a recent fall which resulted in injury to them. We saw there had been an increase in falls for that person prior to the incident resulting in the injury. However no action was taken to minimise the risk which lead to the person having a further fall that resulted in a hospital admission. We noted in another person's file they had two falls in January 2018. Their falls risk assessment was not reviewed or updated following those falls. The provider confirmed after the inspection action had been taken and staffing levels were increased by one carer overnight to provide additional

oversight of people.

These were continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff we spoke with told us they had undertaken training in safeguarding adults via e-learning. They told us they would and had reported poor practice. Staff told us the registered manager listened to their concerns but staff felt the registered manager was powerless to act. We saw staff had raised concerns in relation to staffing levels but there was no indication action was taken. The provider confirmed action was taken and staffing levels were increased in February 2018 however the concerns and observations noted during the inspection in relation to staffing levels and the management of risks indicated people were not adequately safeguarded. Alongside this issues recorded in staff files in relation to their practice such as sleeping on duty and not using a hoist were not treated as safeguarding and dealt with appropriately under the safeguarding procedure.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This was because systems and processes were not operated effectively and investigated to prevent the risk of abuse of people.

Recruitment records included a photograph of the person, application forms and the completion of necessary checks on previous conduct and employment. Disclosure and barring checks had been completed. However we found in four of the nine files viewed there were discrepancies between the information recorded by the applicant and those provided by referees from the previous employments. This was because the date candidates recorded on their application forms or curriculum vitae did not match the employment dates on the references provided by previous employers. There was no documentation to verify the gaps in employment histories had been explored or checked either.

It is recommended the provider works to best practice in their recruitment of staff.

The provider had recently started using an electronic medicine administration recording system. However the provider's medicine management policy had not yet been updated to reflect the change to an electronic system and their current practice. The provider confirmed after the inspection that their medicine practices remained unchanged and therefore their policy was still appropriate. The medication audit for January 2018 indicated that reviews of PRN (as required) medication were in place. Medicines were stored securely and at the correct temperatures. The service used approved homely remedies and over the counter medicines such as paracetamol and senna. We observed the nurse to complete medicine administration in line with current guidance and practice.

After the inspection we were informed that there was delay of six days in a person getting their prescribed antibiotic. This was feedback to the nominated individual to investigate and act on.

Staff involved in medicine administration told us they had been trained and assessed prior to administering medicines. Staff had up to date training in medicine administration and electronic medicine administration. However, we did not see any records related to competency checks, except for one staff member who was not a medication technician (Medtech) but a senior carer. This was fed back to the provider to follow up on. The provider confirmed after the inspection staff are asked to keep their own copies of their medicine competency assessments and a copy is maintained by the organisations medication training provider. They advised medication technicians cannot give medication until 10 medicine administrations have been observed by a nurse and this is documented on their portfolio. The completed portfolio is then sent to the

training provider to be checked by them and a third party before a certificate of competence is issued.

A professional involved with the home told us they had recently carried out medicine reviews on approximately ten residents. They commented "I have always been impressed by how well the nurses know their residents – especially [names of two registered nurses]. The home is always very welcoming to the ward round and ensures that there is a Senior Nurse available to join us to support the review."

The service had a maintenance person who took responsibility for day to day maintenance issues and all of the health and safety checks of the service. A schedule was in place to show when servicing took place and was due. Records were provided which showed equipment such as fire equipment, water, gas, electricity, hoists and lifts were serviced and up to date. Health and safety checks took place which included water temperature checks and visual checks of the environment such as window restrictors and electrical equipment. Systems were in place to promote fire safety. Fire drills took place and the fire equipment was checked to ensure it was in working order. An emergency folder was provided at the entrance to the home which included all of the key information required by staff in the event of an emergency, including a business continuity plan. People had individual personal emergency evacuation plan (PEEP) in place and these were accessible to staff.

The home was suitably maintained and schedules were in place to promote a clean environment. The home had a team of housekeeping staff which included laundry and cleaning staff. During the inspection the home appeared clean. However we received mixed feedback on the level of cleanliness. Whilst some people were satisfied the home was kept clean some relatives felt the cleaning was unsatisfactory. They gave examples where chairs in bedrooms were not moved for cleaning and shower and toilet areas were often left stained and with soap residue. This was fed back to the provider to follow up on.

The provider had policies and procedures in place in relation to infection control. Staff told us they had been trained in infection control, although not specifically in MRSA. The provider completed quarterly infection control audits. After the inspection the provider confirmed they had identified a staff member to act as an infection control champion. A staff member had raised concerns in their supervision meeting about staff not using protective clothing and gloves. There was no indication the concerns raised were acted on. Throughout the inspection we saw staff used appropriate protection such as gloves and aprons. Staff confirmed they had sufficient supplies of personal protective equipment provided.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection the provider was in breach of regulation 18 of the health and social Care 2008. The provider sent us an action plan indicating they would be compliant with regulation 18 by July 2017. At this inspection there was a continued breach of regulation 18.

People told us some staff were better trained than others. A person commented "Staff are pleasant enough, some are quite good but sadly they are lacking in information from their team leaders and management."

Relatives did not feel the care provided was effective. They did not feel confident that all staff had the required skills and training to do their job.

Staff told us they did not feel suitably trained. The registered nurses did not work alongside care staff in supporting them either. Care staff felt they were left to their own devices and expected to get on with it. Staff told us roles and responsibilities were not clear which contributed to the conflict within the team.

People were not always supported by staff who were suitably skilled, trained, competent and supported to do their job. During the course of the inspection it came to light there had been a recent problem with the records related to the training staff had completed. This dated back to sometime in 2017. There were concerns the training records for staff were not accurate or up to date. This resulted in the provider not being certain which staff had completed which training. As a result the provider had decided to "clear and re-set" the e learning training records for all staff from December 2017. The provider had employed a team leader to the post of trainer. This appointment was to replace the previous home trainer. The trainer had been in post a week at the time of our visit. They had received an induction by another trainer employed by the provider in a different service on how to access the e-learning module. This covered 16 areas of learning deemed as mandatory by the provider. This included areas such as manual handling, food safety, safeguarding and dignity in care amongst others. The trainer was a qualified Care Certificate Assessor.

The trainer showed us the e-learning total for the service. It showed that 34 staff had not completed any mandatory training. The deputy manager had only completed four areas of mandatory training. We calculated with the assistance of the senior staff present during the inspection that only three staff had recent up to date practical moving and handling training in place. This placed people and staff at risk of injury as only 56 percent of staff had completed the moving and handling e learning theory module. The minutes of a clinical governance meeting on the 20 December 2017 and a daily meeting dated 28 December 2017 indicated moving and handling practical training was outstanding for all staff. However no action was taken. Some staff told us they had not attended icare training on the use of the new care plan electronic system that they were required to use daily. They also lacked knowledge and understanding on their responsibilities in relation to the management of pressure sores, best practice in dementia care, nutritional risk assessments and the Mental Capacity Act 2005. The Operations Director and the Director of Nursing and Quality arranged for practical manual training and further iCare training to take place immediately following our visit. They confirmed this had taken place following this inspection.

The provider used the Care Certificate as part of their introductory training and induction for staff. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. Because the records were not trustworthy, the provider was unable to confirm how many staff had completed this training as the competency assessments were not completed. They told us their intention was to put staff through this training again which was a huge challenge for the trainer.

We received a number of complaints from carers about registered nurses and their lack of skills. We saw emails between the registered manager and regional manager regarding staff competencies and notes in staff supervision records about the level of training and lack of skills of some of their colleagues. These concerns were not followed up in subsequent supervisions and those staff were not put forward for further training.

The provider had no system in place to satisfy themselves that registered nurses and staff had the required skills and competencies to do their job. The provider informed us competency assessments on nurses was not required by the Nursing and Midwifery Council. Whilst we acknowledge that is the case, the provider needs to satisfy themselves that staff including registered nurses are suitably trained, skilled and competent to do the job they are employed to do. The concerns raised by other staff and our findings would suggest this is not the case.

Staff told us they did not feel supported. A staff member told us "We are just left to get on with it and learn as we go along". Some staff told us they had access to one to one supervision but not on a regular basis. Other staff could not recall having any formal one to one supervision meeting. A staff member told us that supervision was "sometimes used negatively". Another staff member commented " I only have supervision when they perceive I have done something wrong, there is rarely any thanks or positive feedback"

The provider had a supervision policy dated July 2017 and appraisal policy dated October 2017. The content was confusing as the supervision policy stated "The basic principle is that supervision will not be used to assess performance or competence and is distinct from managerial processes…" The appraisal policy stated performance issues would be documented on supervision record and retained with the formal annual appraisal document."

Supervision was not taking place in line with the provider's policy of "every two months." For one staff member who had been employed for four months they had received no supervision. Another staff member who was employed in 2015, records showed they had received four supervision sessions and one appraisal. For a third staff member who commenced work in April 2017 they had only received one supervision session.

Appraisals were not taking place annually for all staff. For one staff member who had been employed since 2015 there was no record an appraisal had taken place. We read the notes of one staff member's appraisal, it stated the goals the staff member was required to achieve was to attend training in two areas and to read three policies and procedures a week and discuss with senior staff. The policy stated "Of most importance is that the process is meaningful and conversations happen regularly." We did not find this record to reflect a meaningful dialogue and there was no subsequent follow up of those actions.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. Some staff told us they had done training on Mental Capacity Act 2005 (MCA) on e-learning. One carer told us that they had not done any training on this subject. They told us "I would have remembered." However, carers we spoke with showed a very limited understanding of this legislation. When we asked if they could recall any key points of it, a carer told us it was "about 1947 or something". Another carer told us "Not really, it doesn't really come to mind." After some discussion, the carer mentioned the concept of best interests. Subsequently, we saw that a poster showing the key principles of the MCA was displayed at the care station but not understood by staff.

In electronic care plans, we saw references to mental capacity assessments. For example, the person 'has been assessed as not having the capacity to make decisions relating to medication, treatment and healthcare'. Another care plan stated 'is assessed to have the capacity to make decisions relating to medication, healthcare and treatment'. Where a person lacked capacity a best interest meeting was recorded to support the decision. The service was in transition from paper to electronic records and mental capacity assessments were not included in the electronic care plans system at that time.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the Local Authority for people who required it and some were due for renewal.

People were assessed prior to admission. People confirmed the registered manager or deputy manager visited them at home or in hospital. People told us they had access to the GP when required. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Professionals included the tissue viability nurse, speech and language therapist (SALT), and members of the community mental health team. We spoke with a GP who visited the home on the second day of our inspection. They told us there was a good working relationship with the home and that staff were accessible.

People had drinks in their rooms and were offered drinks throughout the day. The service had catering staff who were responsible for planning the menus, ordering and cooking food. The chef told us meal choices and special dietary considerations for individuals were addressed. We saw people had requested and were provided with an alternative meal to what was on the menu.

The chef told us that everyone had a dietary notification form in their care plan that outlined special requirements. The kitchen had two whiteboards which contained information on needs e.g. 'type 2 diabetic, shellfish allergy'; 'fortified milkshake twice daily 200mls'.The chef told us that food was fortified with for example double cream or honey to enhance nutritional intake.

Some people had prescribed nutritional supplements such as 'fresubin' or 'ensure compact' where their food intake and consequent weight loss was causing concern. This would be identified by weight and the person's malnutrition universal screening tool (MUST) score. Staff we spoke with were aware of how to prepare thickened drinks. They knew the stage of thickener (e.g. stage 1) a person required and how to prepare this. Thickener was stored safely although we saw two fortified milkshakes were left in a kitchen cupboard in one of the units. Staff told us that was probably from the previous day and had been dispensed but not given. This was fed back to the registered manager to address with staff.

We received mixed feedback on the meals. Some people thought the food was good whilst others said they would prefer more traditional home cooked meals. People commented "Good food and good choices." "Pretty good on the whole, they use Food Farms", "Food can be variable, quite adequate. We do have choice." "The food is alright-, just alright." "The food is not really very nice- Food is not always good."

Some relatives told us the quality of food such as meat was poor which resulted in it being tough and fatty. During the inspection a person complained that their mashed potato was cold. Staff gave them another serving. We did a sample taste of the meal and agreed the mashed potato and vegetables were lukewarm. Food forum meetings took place where people and the chef were able to discuss the menus and issues around them. A person told us "I used to get too much food. They have taken note that I don't like large portions and now it is better."

Requires Improvement

Is the service caring?

Our findings

People told us the majority of staff were caring. People commented " Staff are very kind and polite." "Staff are always very friendly. "Staff are very nice, helpful and sympathetic at times when needed."

Relatives were very complimentary of individual staff and the care they gave their relative. However relatives told us there was no continuity of staff which they believed caused further distress and confusion for their family members on the dementia care units. Relatives did not feel the organisation was caring towards their family member or them either. A relative commented "We are just commodities to them".

Throughout the inspection we observed positive interactions with people. Despite the demands on staff time staff were gentle, kind and caring in their brief interactions with people. They offered people reassurance, a gentle touch, helping hand and maintained good eye contact with people. However there was lack of continuity of care for people. At meal times we observed some people who required assistance with their meal had up to three different carers support them throughout the mealtime.

People were given a choice of drinks but people with dementia were not provided with any aids, prompts or pictures to enable them to make a choice on other aspects of their care. People's care plans made reference to difficulties people had in communicating verbally but the interventions recorded did not promote communication. For example one person was described as having difficulties forming words and sentences. The intervention was to use natural gestures to communicate. There was no explanation as to what "natural gestures" were. Another person was unable to communicate their needs. The care plan indicated they were under the speech and language therapy team but not why. The intervention to communicate with the person was stated [Person's name] needs staff to interpret their body language. There was no indication as to how.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider had an accessible information statement in place which stated "All our residents are assessed prior to admission and communication is one of the areas assessed. Where support is required with communication, this will be organised and provided prior to admission."

People's assessment document viewed outlined if they could communicate verbally or not. Where it was identified people were unable to express themselves verbally as a result of their dementia no aids or support was identified or provided. We noted information such as the activity programme, the menu and the complaints procedure was not available in an easy read format or pictures to promote peoples' involvement and understanding. Throughout the inspection staff struggled to communicate effectively with people on the dementia care units. Staff acknowledged them but some staff did not understand what the person was saying nor wanting to do which lead to an increase in individual's distress levels. The provider confirmed staff had attended a two day face to face training on dementia in July 2017. They told us ten of those staff were still in post. However skills from that training was not demonstrated by staff during the inspection.

It is recommended the provider works to best practice in promoting people's involvement in their care.

People told us staff promoted their privacy and dignity. They commented "Staff always knock if door is closed or call out." "Would be very annoyed if they knock, yes they are respectful."

People had their own bedrooms with an en-suite shower. The bedrooms viewed were comfortable and personalised. The majority of staff knocked on people's bedrooms. However an agency housekeeper did not knock on a bedroom door we were in with a relative. This was fed back to the head of housekeeping to address with them. People's clothes were protected at meal times although staff ran out of protective napkins on one unit and had to spend time trying to source more. We saw a nurse offered a person eye drops while at the lunch table. The nurse told us "She refused." We asked the nurse whether they would usually give eye drops in the dining room. We discussed with the nurse the importance of administering e.g. eye drops and topical applications in a private area to uphold the person's dignity.

The registered manager was aware how to access advocates for individuals when required. We were aware of an occasion where an Independent Mental Capacity Advocate (IMCA) was accessed for a person who did not have capacity to make a decision on their care.

The provider had systems in place to promote people's confidentiality in line with the data protection act. People's paper records were kept secure and computers were password protected to ensure they could only be accessed by staff authorised to.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us the service was not responsive. A relative told us they had to instigate everything for their family member for example a medicine review and community psychiatrist input. Another relative described the service as reactive as opposed to responsive. They commented "They have to be asked to do everything". A relative commented "I was sold the dream, the reality is a nightmare."

The service had introduced an electronic care planning system. Care plans were in a state of transition at the time of our inspection. Some information for people having been entered onto the new system, while some information was still held on paper records. This meant it was difficult to see the full care plans clearly for a person. The electronic care plans viewed were repetitive throughout. They identified the area of support but did not have clear guidelines for staff on how to deliver that support. For example a care plan on nutrition stated "[person's name] is dependant on staff assistance to eat but did not outline the assistance required. Other care plans outlined people presented with behaviours that challenged, dementia, depression or anxiety. They did not outline how those symptoms presented or what support and intervention was required. The care plans viewed were not person centred. People's life histories were completed but these were not incorporated in care planning. The service operated a 'resident of the day' system in which the needs of a person was identified to be reviewed. However these reviews failed to address changes in individuals and respond appropriately.

People and their relative told us they had no involvement in care plans. A person commented "Not aware of a care-plan or any meetings." "Yes it was put together when I came in. I can't tell you what it says but I am not in need of assistance. Not had any progress meetings." Relatives told us they were not invited to reviews and they did not feel they were not enabled to contribute to their family member's plan of care.

The service did not operate a keyworker system. A key worker is a named member of staff who supported the person to coordinate their care. As a result relatives felt no one had an over sight of their family members care. People commented "I am not aware of having a Key worker. Not been introduced to anyone." "Was given one at one time, she does nights now." "I don't think so; No I am not aware of anyone."

People told us they had access to activities. They commented "I do like to get involved with whatever is going on," "They do support residents to get involved." "I attend some things whilst other things don't gel with me. They send round a notice to tell you what is planned."

The service had two activities organisers who worked across the four units. A programme of activities was provided. Some people were pleased with the activities provided. Relatives were unhappy with the range of activities provided especially with the lack of exercise included in the programme. People on the dementia care units had limited access to person centred appropriate activities. Staff were not available to take people off the dementia care units to participate in the activity programme either. Throughout the three days of the inspection a music session was the only activity that took place on one of the dementia care units. People were left watching television, asleep on the chair or wandering around distressed and becoming increasingly more agitated.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because person centred care was not provided.

Care plans included 'My wishes for the future, end of life and palliative care plan'. Senior staff told us that nobody was receiving end of life care at the time of our inspection. People who lacked the capacity to make the decision regarding their end of life care had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order in place. A visiting GP we spoke with told us that most people had an end of life care plan and that resuscitation status would be reviewed annually.

The people we spoke with told us would talk to staff or their family if they had any worries or concerns. People commented "I would go to the registered manager or deputy manager", I would speak to a member of staff," "Anyone here is approachable." One person commented "Don't know who to approach for any concerns. The carers don't come. They just put their heads around the door. I would like a list of people to contact in the event of needing information for example who is responsible for lost laundry. If you ask a carer for something they don't come back."

People with dementia were not provided with the information on how to make a complaint in a format suitable to their needs. Staff told us they would tell the nurse in charge or the registered manager if a person using the service or a relative complained to them. Relatives told us they felt able to raise issues with the registered manager. However relatives felt the concerns they raised about individual staff and the staffing levels were not acted on. They believed the organisation rendered the registered manager powerless to act. The provider confirmed after the inspection the registered manager had not voiced concerns to them during their employment to enable them to act.

Systems were in place to acknowledge and investigate complaints. The home had a log of complaints which showed complaints were acknowledged, investigated and responded to. However we saw a recent incident which resulted in an injury to a person was investigated under the provider's complaints policy. It was concluded without the key witness statement. The registered manager told us the staff member had written a statement but they were unable to locate it throughout the three days of the inspection.

It is recommended the provider works to best practice and organisational guidance in response to complaints received.

Inadequate

Is the service well-led?

Our findings

At the previous inspection the provider was in breach of regulation 17. This was because records were not suitably maintained and kept up to date. The provider sent us an action plan telling us the service would be compliant with Regulation 17 by July 2017. At this inspection we found a continued breach of regulation 17 and the delivery of high-quality care was not assured by the leadership, governance or culture in place.

Information on people was not easily accessible. Electronic and paper records were in use with none being up to date and accurate. Therefore care plans did not reflect the care people needed and risks to people were not identified and minimised. Staff were not aware where they needed to record aspects of a person's care for example air flow mattress checks and a fluid chart was completed in advance of the fluids being taken.

Systems were in place to promote the safety of controlled drugs. When we checked controlled drugs with the nurse in the first floor clinical room, we found that controlled drugs were checked twice daily on shift change. Balances were correct. However, we observed that five recent entries in the controlled drugs record book were undated. The dates of missing entries were between 3rd and 5th March 2018. On two occasions, a medicine had been administered while the other three occasions were checks.

Throughout the inspection there were some technical issues accessing the computer records. We noted that the system would 'time out' a user although they were actively using the system. This was frustrating for the user who had to keep logging in. Staff told us that the monitor at Balmoral unit was particularly problematic in this respect. A nurse told us "That one's a nightmare." On the second day of our inspection a nurse based at the ground floor Sandringham unit told the deputy manager "The computer is frozen." The registered manager told us this was due to the computers as opposed to the icare care planning programme.

Staff recruitment, training, inductions and supervision and rotas were not up to date. The rotas were not reflective of the staff on duty and did not correspond with the daily allocation sheets. Agency staff names were not recorded on the shift planner or rotas. Therefore an accurate record of the staff on duty was not suitably maintained.

The provider had a quality assurance policy in place dated October 2017. It outlined the key elements of their quality assurance was evidence based practice, risk management, clinical supervisions and appraisals, continuing professional development, complaints/compliments management and audits. It indicated each home had an annual programme of audits which audited all aspects of the care provision as well as spot checks which are carried out by the Operations Team and the Director of Nursing and Quality. The regional manager had visited the service regularly to carry out monitoring visits as well as providing informal support to the registered manager. A whole home audit was completed in February 2018. However the regional manager visit records and audits had failed to pick up the issues we found across the service. Therefore those audits were ineffective. Alongside this the registered manager completed monthly reports which were sent to the organisation. These picked up on key areas such as staffing sickness and turnover, accident/incidents. There was no indication on any follow up to those. The provider had identified an issue with the

accuracy of their training records in 2017. They made the decision to put all staff on the eLearning training again. However they failed to audit how many staff had the required practical training such as moving and handling and this was not addressed or actioned by them until our inspection.

Throughout the service effective communications systems were not in place and risks to people were not mitigated. The service had a daily morning meeting with heads of departments to identify key issues within each department. However key information on people was not handed over such as the outcome of a physiotherapy appointment, a change in a person's nutritional risk and a person attempting to abscond from the home. Staff had raised concerns in one to one discussions about the lack of communication but there was no indication this was explored or acted on.

The provider had a dementia care strategy document in place which outlined that they would develop person centred outcomes for people and provide a dementia friendly environment. People on the dementia care units had memory boxes, some which were not filled. Their bedrooms had red light switches. However person centred care was not provided and the provider was not working to best practice guidance in relation to supporting people with dementia. This was because people were left distressed, unsupervised, unstimulated and not engaged with. They were not provided with information or activities suitable to their needs and staff were not provided with appropriate dementia care training to enable them to support people appropriately. Some relatives on the dementia care unit told us they felt their family members were not treated equally. This was because people on those units did not have the same access to the registered nurse on duty, activities were not routinely provided and a host was not always available to serve their meals. This they felt disadvantaged their family member.

Staff and relatives fed back that they did not find the senior managers of the organisation approachable. A person commented "They could have better leadership." People, relatives and staff were all complimentary of the registered manager. They found him to be approachable, accessible and felt he had made improvements to the service since he had been in post. Staff described the registered manager as "very good" and "gives such excellent advice". A staff member commented "I've been feeling quite stressed, [managers name] can see it."

The registered manager was due to leave the service the week after the inspection. The provider confirmed after the inspection the registered manager had left two days after the inspection ended without giving the provider appropriate notice of an early departure date The organisation had an interim manager in post until such time as a new manager was appointed. People, relatives and staff felt the registered manager was not supported by the organisation which they believed resulted in him leaving. The registered manager confirmed he felt supported by the regional manager but felt disempowered by the organisation. As a result they felt their role as registered manager was compromised. The provider confirmed after the inspection there was no documented evidence in the registered manager's personnel file that they had issues with their line manager or senior staff of the organisation during their employment up until they received the registered managers resignation letter.

Systems were in place to gain feedback on the service provided. Staff, people and relative meetings took place. Minutes of minutes showed staff and relatives had regularly raised concerns about staffing levels and the level of care and support given to people. Whilst those concerns were recorded our findings from the inspection would suggest appropriate action was not taken.to mitigate risks to people and staff. Concerns raised by relatives and people who used the service about meals were addressed. A separate food forum group was set up to bring about improvements to meals.

Staff told us staff morale was low and there was no teamwork and joint working. Care staff told us some

registered nurses and care staff refused to assist across other units and there was conflict and disharmony among the staff team. Staff on the dementia care units told us they "Felt forgotten" and said "Some staff and registered nurses refused to work on those units and that was allowed by the management of the service"

Staff told us they did not feel cared for or valued by the organisation. They told us they felt over worked, stressed and unsupported. Some staff told us they did not feel they were treated equally and fairly. They gave examples where reports of some staff's poor practice was not addressed, whereas they perceived other staff were continually blamed and subjected to a meeting with senior staff of the organisation.

These were continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual confirmed people are surveyed monthly. They provided us with a summary of a survey completed by people who used the service from the period March 2017 to March 2018. Nine people had responded and their feedback indicated they were happy with the service. Alongside this the organisation provided us with a summary of reviews from carehome.co.uk website where relatives had provided positive feedback of their experience of the service. The organisation told us staff are informed of the outcome and actions from surveys at team meetings and stand up morning meetings. The nominated individual confirmed the organisation was in the process of introducing a staff survey.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Person centred care was not provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not safeguarded from the potential of abuse.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe Care and treatment was not provided.

The enforcement action we took:

We imposed a positive condition on the locations registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not suitably maintained and the service was not effectively audited.

The enforcement action we took:

We imposed a positive condition on the locations registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably skilled, trained and supervised staff was not provided to meet people's needs.

The enforcement action we took:

We served a warning notice with a compliance date of the 31 May 2018.