Sovereign (George Potter) Limited

George Potter House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 10 May 2016 and was unannounced. At our last inspection on 23 November 2013 the service met all the regulations we checked.

George Potter House is a care home with nursing which provides accommodation for up to 64 older people, including people with nursing needs and dementia. At the time of our inspection there were 57 people living in the service. The building was divided into two units, with the first floor providing care to people with dementia. Each floor had a dining room and lounge, and the first floor had communal bathrooms, whilst rooms on the ground floor had en suite bathrooms.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the building did not meet the needs of people with dementia and was in need of redecoration. Chairs in particular were dirty and urine stained, and in some cases bin liners had been used to protect furniture. There was a pervasive odour of urine throughout the service, audits had identified this but no action had been taken to improve the environment. Many people told us that call bells were not responded to in a timely fashion, and we found that several bells were broken at the time of our inspection. Risks to people were not always adequately assessed, for example with regards to pressure area care, although when people had pressure sores, measures were in place to treat these.

Staffing levels were adequate to meet people's needs and were regularly reviewed. The provider followed safer recruitment measures to ensure that staff were suitable for their roles. However, we did not always see positive interactions between staff and people who used the service, and did not find that there was a culture of protecting and promoting people's dignity. The two units in the service were known as "Elderly Mentally Infirm (EMI)" and "Elderly Frail Unit (EFU)", even though it was noted at our last inspection that these were outdated and needed to change.

Staff did not receive enough supervision from managers, staff training was not well recorded and in some cases staff had not received essential training. People's nutritional needs were assessed and people were monitored for weight loss, however there was limited choice with food and the support people received to eat was not always appropriate.

Medicines were safely stored and administered by staff with the correct skills to do this. The provider had carried out suitable checks on the safety of the building and equipment. However, we noted that the front door was at times left open and unattended, which could compromise the safety of people who use the service and staff. Care plans adequately described people's care needs and these were regularly reviewed, however they did not give detailed information on people's wishes and preferences. In some cases people

did not have care plans in place to meet their needs at the end of their lives. We saw that there were good links with a hospice that provided this support. Activities were limited and not always suitable for people with dementia, there was limited evidence of community involvement.

Quality assurance measures were in place, however these did not always identify concerns or take adequate steps to address these. The service did not adequately monitor and respond to complaints.

We have made two recommendations concerning providing suitable person-centred activities and the suitability of the premises for people with dementia. We found a number of breaches of regulations relating to the assessment and management of risks, the cleanliness of the premises, person-centred care, dignity and respect, complaints and good governance. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in all respects.

Call bells were not always responded to in a timely manner and a number were not working. There were not sufficient checks in place to ensure that call bells worked. Risks to people were not always adequately assessed and managed.

There were measures in place to ensure that the building and equipment were safe. However, these did not address issues of hygiene and cleanliness. The building had a strong and persistent odour of urine stemming from unclean carpets and chairs and unsuitable covers were being used on seat cushions.

There were sufficient numbers of staff available and the provider followed safer recruitment processes to help ensure that staff were suitable for their roles. Medicines were managed safely and appropriately stored and disposed of.

Is the service effective?

Requires Improvement

The service was not effective in all respects.

Staff training was not well organised and staff did not appear to have completed all essential training. The service was working in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The provider took suitable steps to address the risks of malnutrition. However, food was not always served appropriately to people who used the service.

The decoration of the service was shabby and did not meet the needs of people with dementia.

Is the service caring?

Requires Improvement

The service was not caring in all respects.

People's dignity and privacy were not promoted at all times, and the names of the units were not appropriate. Many people were positive about the care they received, however we did not always

observe positive and caring interactions.

Activities were limited, partly due to staff shortages, and did not promote good outcomes for people with dementia or facilitate community engagement.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care needs were recorded and reviewed monthly. However, in some places people did not have care plans to address their identified needs, including those relating to end of life care, in a timely manner. Care plans were not always legible, and gave insufficient information on people's preferences, routines and family background. People's life stories were not well known and care was not structured around their needs as individuals.

Complaints were not recorded or addressed appropriately.

Is the service well-led?

Requires Improvement

The service was not well led in all respects.

Audits were not always effective, and failed to address areas such as the condition of the building. Staff did not always receive adequate levels of supervision.

The management team did not promote good practice and an ethos of dignity and respect.

George Potter House

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 10 May 2016 and was unannounced. The inspection was carried out by three inspectors, a specialist professional advisor who was a nurse with experience in caring for older people 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.

Prior to carrying out this inspection we reviewed information we held about the service. This included information the provider submitted to the Care Quality Commission (CQC) and information about significant events which the provider is required by law to notify us of.

In carrying out this inspection, we spoke with 12 people who used the service, seven relatives, the Registered Manager, three nurses, an activity co-ordinator, one volunteer and seven members of care staff. We carried out observations of the care people received and used tools to observe and understand the experience of people who were unable to speak with us, including the Short Observational Framework for Inspection (SOFI).

We reviewed the care files of 14 people who used the service, records of medicines administration and the files of five staff. We reviewed information regarding the management of the service including rotas, training files and records of audits.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe. Relatives told us "[my family member] is safe here. I've no concerns" and "[my family member] is safe and well looked after." Staff had training in safeguarding adults and the provider had a safeguarding policy which identified different forms of abuse. The policy did not contain information about how concerns should be reported to the local authority, although we saw that when concerns occurred these were reported promptly to the local authority and to the Care Quality Commission (CQC). The provider had a whistleblowing policy which explained that staff should report any concerns about how the service operated, however this policy did not contain information about how staff were to do this.

We noted that during the course of our inspection the front door was being repaired and was left open. There were no staff in the reception at this time, meaning that people could enter and leave the building without being observed. This meant that the building was not safe at this time.

The service had a call bell system in place for people to request help. There was a separate button for emergencies which sounded an emergency tone. We observed that when this tone sounded staff ran quickly to the appropriate room. Two people told us that staff responded to the call bells within five minutes, however, two more people told us that response times could be up to 20 minutes, and a relative told us that it had once taken an hour for staff to respond. When we tested one call bell staff arrived quickly, but two more call bells we tested were not working at all. When we pointed this out to the registered manager she arranged for these to be replaced immediately. The registered manager told us that maintenance staff tested the bells weekly and replaced the batteries when needed, however records showed that this was taking place monthly. Following our inspection, the provider showed us evidence that these checks were now being carried out daily.

We saw that when people were identified as being at risk, staff had completed care plans and risk assessments to manage these, for example for addressing the risks related to moving and handling, falls and health needs, which were reviewed regularly. We saw that risk assessments were relevant to people's individual needs, for example a person had a pacemaker, and the risks that were specific to this were documented and managed well. We saw that monthly audits were carried out when people had pressure sores that verified that people had been seen by the seen by a tissue viability nurse and that care plans and turn charts were in place.

However, in one instance we found that a person had previously had a pressure sore, which had since healed. The person declined some of the measures required to prevent a recurrence of this. We saw that staff had documented a discussion with this person, where the risks were noted, however no risk assessment had been carried out of this risk, and although a care plan had been written to manage pressure area care, this had been removed from the file and filed away. This meant that the risk to this individual was not appropriately managed.

The above issues constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

The premises were not clean and did not adequately promote hygiene and the control of infection. There was a persistent odour of urine throughout the building, and many areas of the service were carpeted with carpet that appeared old and stained. A cleaner told us that the carpet was shampooed frequently, however the odour of urine would come back within a few days. A relative said "Nine times out of ten when we come here there is a smell of stained urine." The provider had installed hand hygiene points, however a number of these were empty or not working. Where people had been handling the pet therapy chickens a sign prompted people to wash their hands, however there was nowhere for people to do this without moving further into the building. We saw that windows were dirty, and in the upstairs lounge were covered in bird droppings. Upholstery was heavily stained with urine stains, and below some sofa cushions we found traces of food and crumbs. In the upstairs lounge, suitable covers were not being used to protect cushions from bodily fluids. We found some urine stained chairs where the cushions had been covered with bin liners. A relative told us "The upholstery all needs steam cleaning; there's lots of stained chairs in the lounges."

The registered manager had conducted a monthly audit of the presentation of the building. This had identified that carpets needed to be replaced due to the odour, and that brochures for the service were not present in the reception area. It did not, however, identify the state of the furniture. This audit was identical for every month in 2016, with no evidence of an action plan to address these issues and the same issues listed each month. The provider told us that they had arranged to replace the upstairs carpets, but we did not see evidence of this on the monthly audits.

These issues constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the provider had measures in place to check the safety of the building. These included monthly health and safety checks, gas safety and electrical safety checks which were in date, and that regular checks were carried out of the safety of the water system. We saw that equipment such as lifting baths and hoists had regular and suitable safety checks. Records showed that staff checked the temperature of showers before administering personal care in order to prevent people being scalded by hot water.

We saw that people's evacuation needs in the event of a fire had been assessed, and that the provider reviewed these on a monthly basis. Inspections had been carried out of the fire safety equipment, including alarms and fire extinguishers, and we saw that staff undertook regular fire drills and testing of fire alarms and emergency lights. Where faults were identified, these were logged by the Provider and action taken to address these promptly.

People told us that there were enough staff on duty to support them safely. A relative told us "There are enough staff, they're always walking past." The registered manager told us that they aimed to have one staff member for five people during the day time and one staff member for 10 people at night. We saw that rotas reflected these staffing levels. There was at least one nurse on duty on each floor at all times, and a mix of nursing and care staff. We saw that the provider carried out a monthly audit of staffing levels based on people's dependency levels, and that staffing was adjusted in line with people's current needs. The provider's audit also showed that they had adequate staffing levels.

Staff files we looked at were consistent and showed that the provider had robust recruitment procedures in place to help safeguard people. We saw that the provider had obtained photographic proof of identity and that where necessary there were up to date records that staff had the right to work in the UK. The provider had carried out checks with the Disclosure and Barring Service (DBS) when new staff were recruited. The

DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. There was also evidence that the personal identification number (PIN) codes for registered nurses were in date, and the provider carried out checks every month to ensure they were aware of the registration status of nursing staff. The provider had obtained two references for new staff, and referees were asked to rate the candidate on specific areas of their performance, including reliability, attitude and standard of work. There was a checklist to make sure that all relevant documents had been received before employment commenced, and the provider had an audit system in place to ensure relevant information was in place for all staff. This meant that people were supported by staff who were suitable for their roles.

People told us that they were satisfied their medicines were being administered appropriately. We looked at medicines with two staff nurses, who were both confident of their knowledge of the provider's medicines systems and able to explain why people received certain medicines. Nurses were able to explain people's medicines needs and any recent changes which had taken place. Where possible, the provider was using the Biodose system, which places tablets and liquid medicines in sealed, pre-dosed containers. Staff told us that this system was more hygienic and better suited for people who wanted to take medicines away, for example if they were going out for the day or overnight.

Medicines not stored in this system were stored appropriately, with stocks of medicines checked weekly and as required when people were admitted to the service. Staff recorded when medicines had been administered appropriately on Medicines Recording Charts (MRC). We saw that fridge temperatures were recorded daily, and that staff nurses knew which actions to take if temperatures were not correct. The provider maintained appropriate records of controlled drugs which were kept by the service, and when surplus controlled medicines were disposed of these were checked and signed for by two nursing staff and by the pharmacist. There was also a robust system in place for the disposal of all other medicines. Ear and eye drops were stored appropriately and labelled with the date they were opened. Staff received training every two years on administering medicines, and the provider carried out monthly audits of medicines, together with a yearly audit carried out by the supplying pharmacy. This meant that medicines were being stored and administered safely.

Requires Improvement

Is the service effective?

Our findings

Staff reported that they received training and supervision to ensure they were able to meet people's individual needs. They also reported receiving dementia specific training, and responding to aggression training.

Staff completed a three day induction when they first started employment with the service. We spoke with one healthcare assistant who confirmed this and said it was made up of classroom based learning, watching training DVD's and written assessments. We looked at a completed induction booklet in one of the staff files. It covered an overview of the structure and function of the service, responsibilities of staff and their role in the home, and an orientation of the building. This focused on fire safety, health and safety and a range of policies and procedures.

We saw records within one file where a healthcare assistant was completing a workbook of standards for the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. New starters also had the opportunity to shadow more senior staff when they first started to increase their confidence.

There was a training programme in place that was delivered to staff throughout the year. Modules included safeguarding, infection control, food hygiene, moving and handling, medicines management and first aid. We saw that staff also received training which was specific to people's individual needs and that staff had completed training in a range of areas, including dementia awareness, challenging behaviour, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw the training matrix for 2015 and 2016, however at times it did not match up with the certificates in the staff files. After checking a sample of 10 training attendance sheets in the past 12 months we could confirm that training had taken place but this was not always appropriately recorded. The matrix also highlighted that there had been no health and safety or fire training in the past 12 months. The registered manager told us that she was also unable to find a record that this training had taken place, and was arranging for this to happen as a matter of urgency.

Although staff had had training in the Mental Capacity Act 2005 (2005), we found that they demonstrated a limited understanding of this. The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care plans contained information about people's ability to consent to their care and treatment. We saw that where it was unclear that people were able to consent to their care, assessments had taken place of people's mental capacity, and we saw that discussions were held and documented with health professionals and family members to show that the service was working in line with people's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good understanding of DoLS. There was no use of physical restraint of people who used the service, however where people's liberty may be restricted for their own safety, for example through the use of bed rails, the service had sought appropriate authorisation from the local authority and notified the Care Quality Commission (CQC). We saw that a monthly audit was carried out concerning the use of bed rails, to ensure that the appropriate DoLS authorisations were in place.

We saw that in most cases people received a healthy diet. Where people were at risk of malnutrition the service carried out a malnutrition universal screening tool (MUST) assessment and kept appropriate records of people's food and fluid intake. We saw that people were weighed monthly, and the service carried out monthly audits of people's weights, and where changes were identified, the registered manager ensured that appropriate measures were in place to manage these. We saw that people had nutritional care plans where necessary, and advice sheets had been prepared for the catering staff, for example giving information where people required high protein foods and soft foods. A relative told us "They feed [my family member] and give them enough fluids."

We observed that people were supported to eat and received supervision at lunch when required to encourage them to eat. However, we observed that some people did not receive suitable support with food. For example one person was asleep when dinner was served, and did not receive support for 15 minutes. The care worker did not verify if the food was too cold or to the person's liking. We did not observe people being offered second helpings of lunch, drinks were served in plastic cups which appeared old and in need of replacement, and people's desserts were served at the same time as their main meal. Some people told us that they thought the choice of food was quite limited. We saw that there were menus on the table, however both dishes served were meat and both were served with the same mashed potato and vegetables with considerable amounts of gravy. One person told us "Everything is covered in what looks like engine oil."

Feedback about the food was mixed. One person told us "They did a smashing job" and several people told us it was "nice" and "fine", with one person telling us "The chef's good, he comes round, he does a brilliant curry." One person said "The food is nothing special. My interest is that I'm served reasonable food and I am."

Staff told us that they had good links with the local GP, nurses, community mental health team and other associated services, and that they were able to respond effectively and quickly to physical health needs outside of what the service could provide. We saw evidence that health professionals were involved in people's care. For example, where a person had a pressure sore on admission they were regularly seen by the GP and tissue viability nurse (TVN). Care plans showed that people had seen opticians and attended eye clinics where required, and that where appropriate regular observations were carried out of people's temperature, blood pressure, pulse and respirations.

People's needs were not always met by the adaptation and design of the service. The decoration was quite shabby and the downstairs was painted in the same shade of beige throughout. A relative told us "The home looks very tired."

Upstairs was painted in brighter colours, and we noted that outside people's rooms were pictures of them and information about things that were important to them. This enabled people with dementia to identify their rooms and recall important information. However, the environment was otherwise unsuited to people

with dementia. Although corridors looked very similar and were laid out in a square, there was no use of colours or visual aids to enable people to orient themselves. We saw no evidence of best practice such as using contrasting colours to identify objects and places. The layout was confusing and contradictory, which could be unsafe for both staff and people who use the service, for example with regards to the numbers on people's rooms. The upstairs lounge had two doors, one was labelled "lounge" and the other was labelled "sensory room." This was not a suitable environment for people with dementia.

We recommend the provider take advice from a reputable source on ensuring that the design and decoration of the service meets the needs of people with dementia.

Requires Improvement

Is the service caring?

Our findings

Staff did not always promote people's privacy and dignity. We saw that doors were closed when people were being changed and personal care provided. Staff showed a good understanding of the need to promote people's dignity, and we observed that staff knocked on people's doors before entering. However, we saw that one person was sitting naked in their room with the door open, and this continued for several hours without a staff member intervening. In another room an individual was in bed in a state of undress, and we did not see that this person was offered a blanket or sheet which may protect their dignity. We also noted that the curtains in people's rooms were quite worn due to being washed, and that as a result these had shrunk. This meant that people from outside the building would be able to see into people's rooms even with the curtains closed. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in October 2013, we saw that the service was using outdated terminology, and was holding a competition to provide more appropriate names for the two units, which were known as "Elderly Mentally Infirm (EMI)" and "Elderly Frail Unit (EFU)." However, at this inspection we saw that nothing had come of this and that these inappropriate names were still in use.

People were positive about their care workers most of the time. Comments from people who used the service included "The carers are very genuine, very caring", "there's always someone to talk to" and "[they are] very, very kind." One relative approached us to say "it's so nice here, they are so caring to me and my family…staff were so kind." However, one person said "None of the staff talk to me, they spend more time writing than caring….they're not interested."

We observed a number of respectful and kind interactions between people using the service and staff. For example we spoke with one person whilst their care worker was present, and saw there was a caring and compassionate relationship between them. The person told us how kind their care worker was and how happy they were in their company. We observed people being supported by staff to eat in their bedrooms and saw positive and friendly interactions between them.

However, some interactions we saw were less positive. For example at lunch time, we saw a staff member feeding a person without speaking with them or asking their opinion. On another occasion we saw a care worker come to a person's room and take away what was left of their lunch, and later returned to make their bed, all this took place without speaking to the person at all. We saw a staff member approach a person at a dining table and take away an unused chair, without displaying the courtesy of asking the person's permission. A person who used the service told us that previously the home was a "happy and upbeat place" but that it had significantly changed, and now "[there is] no welcome, no smile".

The provider employed two staff who were responsible for arranging activities. At the time of our inspection one of these staff was sick. We saw that activities were cancelled due to staff shortages, and an out of date activities timetable was on display. The single staff member responsible for running activities was quite overstretched, including carrying out care tasks, but did have an understanding of which activities needed to

be carried out. Activities included knitting, reminiscence and cake baking. The service also kept chickens in the courtyard, and one person who used the service was responsible for collecting eggs. However, there was otherwise no evidence that the provider worked with external organisations to arrange activities which were suitable for individuals with dementia to facilitate improvement or recovery, or to work with community groups to provide variety and improve links with the local community. One person told us ""I sit here and fancy me lot. I do very little. I would like more participation."

We did not see evidence that activities took into account people's life stories, hobbies and interests to provide individualised activities.

We recommend that the provider take advice from a reputable source to provide person-centred activities suitable for people with dementia which promote recovery and community engagement.

Requires Improvement

Is the service responsive?

Our findings

Staff told us that they were able to recognise signs that people's health needs may be changing, for example due to changes in their behaviour, and that this information was well communicated to them.

Care plans were in date, and accurately reflected the needs of people who used the service, such as personal care and health needs. For example, we saw detailed information about how a person was supported with their continence needs and how to make transfers. Another care plan we looked at gave detailed information about a not commonly found diagnosis that a person had, and gave clear instructions to staff about how they needed to support this person to avoid risks to their health, signs that a person's condition may be deteriorating, and what actions should be taken.

Record keeping was factual, and showed that staff accurately recorded the care that people had received. However, a large number of records, including care plans, were hand-written and in places illegible. Following a recent complaint about the service, the registered manager was typing up all care plans into a clearer format, but we saw that this work had not yet been completed. The organisation of files meant that it was not always possible to find people's essential information easily. Therefore, there was a risk that staff would not have access to up to date information about people's care needs. In response to a recent safeguarding investigation, the provider had introduced a system of family contact sheets, so that contact with family members was recorded and monitored in order to improve communication. However, these were not yet in place for everyone who used the service.

We saw that people's needs were reviewed monthly, and that this information was used to assess how dependent people were on staff, which in turn was used to inform staffing levels. However, in two cases we saw that people did not have care plans within 24 hours of arriving within the service. This meant that these people were at risk of receiving unsafe or unsuitable care. One staff member told us that this had occurred as the task of care planning had been allocated to them, even though they were not at work that day.

Care plans were limited in how they described people's needs as individuals. For example, many files we looked at had little or no information about how people preferred to receive personal care, what people's likes and dislikes were and their preferred routines. In one instance a person had an 'All About Me' form, which gave information about the person's life story, family and interests, but we did not find that this information was sufficient to ensure that their care was person-centred. Several people we spoke with had unusual life stories or professions, there was no recognition of this amongst staff and no evidence that the provider had used this information to provide activities and engagement which could enhance the person's quality of life and wellbeing.

In two instances, people were receiving end of life care, however end of life care plans were not in place for these people, including for one person who had died before an end of life care plan was in place. This meant that the provider could not show that people were receiving suitable care at the end of their lives.

The above concerns constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

We saw that the provider had good links established with local hospice services, which provided specialist input for people who required end of life care. Where people had orders in place not to resuscitate them, known as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), these were in date and signed by the appropriate health care professionals, reviewed regularly and discussed with family members. Staff were aware of these and they were clearly displayed, meaning that people were not at risk of receiving inappropriate resuscitation. We saw that when people were not yet at an end of life stage, this was regularly reviewed and discussed with the person, staff and families where appropriate.

Not everyone we spoke with knew how to make a complaint or said that they felt confident doing so. One person told us they had commented that they had received their medicines late, and had been told by a manager, "If you don't like it here get your family to find you another home." On one occasion a person informed us that they had complained to the management about the smell in the building. We saw evidence that a relative had complained about the quality of care their family member had received. However, despite this, the provider's record of complaints showed that not a single complaint had been received in 2015 or 2016. This meant that the provider was failing to operate a system for recording, handling or responding to complaints, and could not demonstrate that the appropriate action had been taken to investigate and address these complaints. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

We received mixed comments on the quality of the management of the service. Three people told us "It's well run" or "It's very well run, very well organised". Two people told us that they had never seen the registered manager. Staff told us that they felt able to raise any concerns they may have and were confident that they would be listened to."

The provider had systems in place for monitoring the delivery and effectiveness of the service. The registered manager showed us systems which were in place for auditing care plans, medicines, infection control, health and safety and incidents and accidents. These were effective in some areas, such as medicines, and we could see that detailed monitoring was carried out of pressure care needs, the use of bed rails, hospital admissions and when people had gained or lost weight, These audits showed that actions were in place to address some specific safety and welfare needs and that the appropriate healthcare professionals had been involved. The management were aware that care plans needed to be improved, and we could see that this was in the process of being addressed. However, other audits had failed to identify several of our concerns. For example the audit of the presentation of the building had failed to take account of the dirty and unsanitary condition of the furniture, and although the odour of urine had been noted in several consecutive monthly audits, no action was in place to address these.

Similarly, audits and recording of staff training were not sufficiently organised to identify and address staff training needs. An external audit had shown that some staff working in the service did not have suitable references on their file, we could not see any evidence that this had been addressed. The management of the service had not addressed the condition of offices, where we saw significant amounts of old files which should have been archived, we found that staff rooms were dusty and disorganised. Files were also not well organised.

From the audit for staff supervision, it was hard to tell if planned supervisions of staff had taken place. For example, the audit of nurse supervisions in 2015 showed that only two nurses had received a supervision session. Records showed that some healthcare assistants had received two supervisions in the past year, but generally we could see only evidence of one. One healthcare assistant told us "We don't have them very often, but we have an annual appraisal. We can discuss things at our team meetings though." Another healthcare assistant said "We have a supervision with a nurse every six months and then an appraisal with the manager ever year." We looked at records of supervision sessions which showed that care workers were able to discuss their strengths and weaknesses and if they had any training needs. However, some supervision sessions had no record of input from staff at all, with just a typed handout of a specific policy or procedure. It was difficult to tell what was discussed or what the outcomes were. We saw supervision records which were blank with only a signature. One staff member said "I have had supervision but it wasn't very detailed."

We found that the management team were responsive to our concerns. For example, when broken call bells were found, the registered manager took immediate action to address this and to improve systems, in this case by introducing daily checking of call bells to ensure that these were in working order. We saw that

articles about up to date practice and issues in the field of nursing care and dementia were made available by managers for staff to read. However, we did not see evidence that the service championed areas such as dementia and dignity, and that there was not a strong ethos of promoting people's rights in the service.

People told us that the registered manager did not have a strong presence in the service. One person said "She never comes out of the office." We did not see evidence of the registered manager engaging with people who used the service. The registered manager told us that she was in the process of retyping all care plans for people.

These issues constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service provider did not design care or treatment with a view to achieving service users' preferences and ensuring their needs were met 9(3)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person did not ensure the privacy of service users 10(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was failing to assess risks to the health and safety of service users and failing to do all that was reasonably practical to mitigate these risks 12(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises used by the provider were not clean 15(1)(a)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person did not establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons 16(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not assess, monitor and improve the quality and safety of services provided 17(2)(a)