

## Yara Enterprises Limited

# Hazelgrove Nursing 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?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

We inspected Hazelgrove Nursing Home on the 26 and 27 November 2014. Hazelgrove Nursing Home is registered to provide care to people with nursing needs, many of whom were living with dementia. The home is purpose built, with a lounge/dining areas and a further two lounges arranged over one floor. The service can provide care and support for up to 37 people. There were 17 people living at the home during our inspection.

An interim manager was in post, as there was no registered manager. The home has been without a registered manager for over five months. A registered

manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

At the last inspection in August 2014, we asked the provider to make improvements in respect to supporting workers and quality assurance. An action plan was received from the provider and we found that improvements had been made regarding supporting workers. However, although the provider now carried out regular audit and monitoring activity to assess the quality of the service and make improvements, not all recognised improvements had been met or followed. We also identified further concerns in many other areas.

# Summary of findings

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at did not always reflect the positive comments some people had made.

People's safety was being compromised in a number of areas. Care plans and risk assessments did not routinely reflect people's assessed level of care needs. People's medicines were stored safely and in line with legal regulations and people received their medication on time. However, there were numerous errors and omissions in the recording of administration of medicines, PRN medication (as required) and controlled drugs (CD).

Hazelgrove Nursing Home was not meeting the requirements of the Mental Capacity Act 2005 (MCA). Mental capacity assessments were not routinely completed, or in line with legal requirements.

Care plans lacked sufficient information on people's likes, dislikes and individual choice. Information was not readily available on people's life history and there was no evidence that people were regularly involved in their care planning. The opportunity for social activity and recreational outings were extremely limited. No regular meaningful group or individual activities took place or were planned for people.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink

enough to meet their nutrition and hydration needs. However, we found people ate their lunch either in their rooms or sitting in armchairs in the lounge/dining area, and the communal table dining experience was not made available.

Staff felt supported by management, said they were well trained and understood what was expected of them. However, there was insufficient day to day management cover to supervise care staff and care delivery. The current management staffing structure at the home did not provide consistent leadership or direction for staff.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and people responded well to staff.

Feedback was regularly sought from people, relatives and staff. Residents' and staff meetings were held on a regular basis, which provided a forum for people to raise concerns and discuss ideas. However, we identified concerns in respect to communication within the home. Incidents and accidents were recorded and acted upon.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Hazelgrove Nursing Home was not consistently safe. Risk assessments intended to keep people safe did not include sufficient guidance for staff to provide safe care.

Medicines were stored appropriately, but records used to show medicines people had taken contained gaps and omissions, and had not been routinely checked.

People told us they felt safe. Staff had received training in how to safeguard people from abuse or harm. Staffing numbers were sufficient and accidents and incidents were recorded appropriately. There were systems in place to ensure staff were suitable to work within the care sector.

Inadequate



### Is the service effective?

Hazelgrove Nursing Home Care Home was not consistently effective.

Mental Capacity Act 2005 (MCA) assessments were not completed routinely or in line with legal requirements. There was a risk that blanket judgments around people's capacity could be made by staff.

People were given choice about what they wanted to eat and drink and were supported to stay healthy. However, improvements could be made in how people could to enjoy mealtimes. People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Requires Improvement



### Is the service caring?

Hazelgrove Nursing Home was not consistently caring. People spoke positively of the care they received; however, care practices did not always respect people's privacy and dignity.

People were not involved in planning their own care plans. Care plans did not reflect people's involvement, wishes or aspirations. Information on people's life history was not readily available.

Staff were seen to interact well with people throughout our inspection. It was clear staff had built a rapport with people and people responded to well to this.

Requires Improvement



### Is the service responsive?

Hazelgrove Nursing Home was not responsive. People did not have their individual needs consistently met in a timely manner. Care plans were out of date and contained inadequate information to ensure people received care which was personalised to them.

Inadequate



# Summary of findings

The opportunity for social activity and recreational outings was extremely limited. No regular meaningful activities took place or were planned for people.

People and their relatives however were asked for their views about the service. A complaints policy was in place and complaints were handled appropriately.

## Is the service well-led?

Hazelgrove Nursing Home was not well led.

There was no registered manager in post. Staff commented they felt supported by management. However, there was insufficient day to day management cover to supervise care staff and care delivery. The current management staffing structure at the home did not provide consistent leadership or direction for staff.

The provider carried out audit and monitoring activity to assess the quality of the service and make improvements. However, not all recognised improvements had been met or followed.

People were encouraged to comment on the home to influence service delivery. Systems were in place to ensure that accidents and incidents were reported and acted upon.

**Inadequate**



# Hazelgrove Nursing Home

## Detailed findings

### Background to this inspection

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

The inspection took place on the 26 and 27 November 2014. This visit was unannounced, which meant the provider and staff did not know we were coming. The inspection team consisted of two inspectors and a specialist dementia care advisor.

Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed previous CQC inspection reports and enforcement actions around care delivery,

staffing and supporting workers that we had taken with the provider in June 2014. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided in the service.

Some people had complex ways of communicating and several had limited verbal communication. During the inspection, we spoke with two people who lived at the home, four visiting relatives, the interim manager, a consultant employed by the provider, the owner, a registered agency nurse, four care staff, the chef and two visiting healthcare professionals. We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounges.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at eight care plans and the risk assessments included within the care plans, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Hazelgrove Nursing Home. This is when we followed the care and support a person receives and what is documented about their needs and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

Everybody said that they had no concern around safety for either themselves or their relative. Although people told us they felt safe, we found examples of care practice which were not safe.

Individual risk assessments were in place, which covered areas such as mobility, continence care, falls and pressure damage. They looked at the identified risk and included a plan of action. However, many risk assessments were out of date and did not include sufficient guidance for care staff to provide safe care. For example, not every care plan had an individual moving and handling risk assessment to show the safest way for people to be assisted to move around the home. Those in place did not record any of the person's behaviours, such as whether they would be co-operative or not with being moved, for example if they would become anxious or upset. Where people had sustained pressure damage or injury at the home, details such as wound care follow up information and wound care plans were poorly recorded, and it was difficult to identify if wounds had healed or not.

Risk assessments which were accurate tended to be when visits from professionals had taken place, such as with the community falls team, tissue viability nurses (TVN), or speech and language therapists (SALT). Much of the correspondence and guidance from multi-disciplinary teams had not been updated into the individual care plan. The up to date risk assessments were reactive and had taken place after an incident or intervention had occurred, rather than being preventative and continually reviewed in order to minimise the risk of harm to people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered nurses and clinical assistants were trained in the administration of medicines. Medication administration records (MAR) used to record what had been administered or refused were not accurate and contained errors and omissions. Two people required a controlled drug given via a medicated adhesive patch. Records contained a body chart to inform staff where the patch had been placed, when it had been applied and when the previous patch had been removed. There were a number of omissions in

the records, whereby the position of the patch on the body, when the previous patch had been removed and the signature of the nurse were not documented. Additionally it was not possible to determine accurately peoples' medicines, as gaps in the recording were seen on a further five MAR sheets. People were at risk of not receiving PRN medicine (which is medicine taken as required) due to lack of guidance and risk assessments. PRN medication should only be offered when symptoms are exhibited. Clear guidance and risk assessments must be available on when PRN medicine should be given and the steps to take before administering it. For two people, the nurse told us their PRN care plan had changed or was no longer required. These plans had not been updated to reflect these changes. Additionally, we saw numerous gaps in the recording as to whether people had been offered or refused PRN medication, therefore it was not possible to determine accurately whether people had received medicine they needed, to minimise pain for example.

An audit of medication procedures had taken place in October 2014. An action point from this audit was to ensure that daily checking of the MAR sheets take place, to ensure accurate recording of administered medicines. In light of the number of omissions in the recording of administered medicines, it was clear these checks had not been taking place.

Three people were assessed as needing to receive their medicines covertly, which meant that they received their medicine without their knowledge. Details of this had been recorded appropriately. However the nurse told us one person no longer required their medicine covertly. There was no indication that this decision had been reviewed or updated information recorded.

Medicines were stored appropriately and securely. Some prescription medicines known as controlled drugs (CDs) have legal requirements for their storage, administration, records and disposal. CDs were stored, recorded and ordered appropriately. Medicines which were out of date or no longer needed were disposed of appropriately, however records to state that the disposed of medications had been removed from the service were not signed.

The above in relation to medication is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service safe?

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm or abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and this was refreshed regularly. Most staff described different types of abuse and what action they would take if they suspected abuse had taken place. However one member of staff was unclear as to what safeguarding was, despite stating that they had received training and informed us that they would speak with the nurse in charge for guidance.

Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to try and prevent similar events from happening in the future. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff and people knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and

welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed to ensure people's safety. The consultant told us, "We have enough staff at the moment. Myself and the clinical manager assess the dependencies of the residents to determine staffing requirements". We were told agency staff were used regularly and the home was in the process of trying to recruit registered nurses, further care staff and senior staff. Temporary staffing arrangements were currently in place for these roles. The consultant added that absences due to sickness and annual leave were covered by existing members of staff. The owner told us the home is in the process of recruiting for a registered manager, a deputy manager/clinical lead and an activities co-ordinator. Feedback from people indicated they felt the service had enough staff on duty and our own observations supported this.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.



# Is the service effective?

## Our findings

People spoke positively about the home. Comments included, “Now it’s all about the residents and not just making money, I am very happy” and “The carers are all very good”. However, we found Hazelgrove Nursing Home did not consistently provide care that was effective.

Staff were not working within the principles of the Mental Capacity Act 2005 (MCA). Staff members informed us that a majority of people would be unable to consent to care and treatment, and had a mental capacity assessment completed. However, we found limited evidence of mental capacity assessments taking place. Consent to care and treatment had not been routinely documented in people’s care plans, and mental capacity assessments did not record the steps taken to reach a decision about a person’s capacity. Assessing capacity in the right way at the right time is vital in care planning. Determining whether or not someone has capacity to make a decision has significant consequences. A person assessed as lacking capacity may be denied their rights, or could be put at significant risk if they are making decisions that they do not really understand.

The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found mental capacity assessments did not record the steps taken to reach a decision about a person’s capacity. We asked the interim manager how they completed the mental capacity assessments. They were able to tell us how they undertook the assessments and what steps they took, but we did not see that this information had been routinely documented or recorded in people’s care plans.

The consultant told us they were in the process of implementing a new system of care planning. We saw that the new system had made provision for assessing and reviewing people’s capacity. However, only one care plan had been updated in this way. Mental capacity assessments were not decision specific and were not recorded in line with legal requirements. There was a risk that blanket judgments, such as assuming a lack of capacity because of the varied level of each individual’s impairment could be made by staff.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training schedules confirmed staff had received MCA and Deprivation of Liberty Safeguards (DoLS) training. Care staff we spoke with had a basic understanding of mental capacity and informed us how they gained consent from people. However, the staffs’ understanding of the MCA and DoLS was limited and demonstrated the training had not been effective.

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. The interim manager knew how to make an application for consideration to deprive a person of their liberty.

People were complimentary about the food and the choice of food offered. Comments included, “The food has improved significantly over the last few months” and “I think the new menus are very good”.

We observed lunchtime on the first day of the inspection. There was a pictorial menu in the lounge/dining area indicating two hot choices of food. There were three dining tables, but the communal dining experience of eating at a table together was not made available to people. Lunch was served to people on low tables in front of their lounge chairs, and no condiments or serviettes were offered. One person had to lean forward whilst eating, as the table was too low for them to eat in an upright position. We observed care staff providing one to one support, giving explanations of what was on the plate and asking if people were ready for more before offering it. People received support with eating and drinking, but people had to wait for assistance. There was no adapted cutlery, plate guards, or non-slip mats, which would have assisted people to eat their food more easily and independently, and in a more dignified manner.

Where a need for a specialist diet had been identified we saw that this was provided. For example some people were on a soft or pureed diet due to problems with swallowing. Food and fluid charts were completed indicating a good intake of food and drink for people. This was observed as



## Is the service effective?

drinks in the lounge were given out very frequently, and the portion size of the lunch was good. Two relatives stated that their relatives were maintaining weight. Input from the SALT team was evident and in some cases they had been seen several times. Staff told us that how much people drank was discussed at every handover meeting, and those with a low intake were monitored more closely.

At the last inspection in August 2014, we found the provider was in breach of Regulation 23 of the Health and Social Care Act 2008. This was because they did not have adequate supervisory or peer support arrangements in place for staff, such as regular supervision meetings. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. Improvements had been made.

Staff received ongoing support and professional development to assist them to develop in their roles. Supervision schedules and staff we spoke with confirmed they received supervision and appreciated the opportunity

to discuss their role and any concerns. One stated that supervision was “very helpful” and another felt it was “supportive”. We saw that permanent nursing staff had also received clinical training and support.

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation and health and safety. Staff completed an induction when they started working at the home and ‘shadowed’ experience members of staff until they were deemed competent to work unsupervised. There were also additional opportunities for staff to complete further training which was accredited via the Local Authority. This training is designed around best practice and aims to develop knowledge and standards of care in the local area.

External health care professionals visited the home regularly. These included GPs, tissue viability nurses, dieticians and speech and language therapists. Documentation confirmed staff referred people for specialist advice. A GP carried out a weekly medical round at the home and told us, “I’ve not seen any clinical areas of concern in respect to nursing care. They recognise when people are ill and they refer them”.

# Is the service caring?

## Our findings

People spoke highly of the care they received. A visiting relative told us, “I saw my relative getting a cuddle the other day, they treat them nicely”. Although people spoke positively of the care they received, we observed some care practice which did not promote choice, independence and privacy.

People were not consulted with and encouraged to make decisions about their care. Care records stored in people’s bedrooms gave staff information around people’s basic requirements of care, and daily records provided information for staff to see how people were feeling and what they had eaten. However individual care plans did not provide detailed information for staff on how to deliver people’s care. People had also not been given the opportunity to provide information from their point of view. Much of the information around people’s personal preferences and requirements was out of date and had not been reviewed. This reflected the delivery of care was centred on staff routine rather than individual preference and choice.

Care plans were not stored securely when not in use and were easily accessible through a hatch to the nurse’s office. Other information was kept confidentially and there were policies and procedures to protect people’s confidentiality. However, in the lounge/dining area there was a pile of unsecured documents left unattended for a long period of time. These documents were freely accessible to anybody in the room and contained confidential information, such as records relating to people being given the wrong diet, recording of continence and night checks.

We spent time with people in the lounge/dining area or sitting in people’s bedrooms. We saw people had been

supported to be suitably dressed. Where required, people wore hearing aids, glasses and footwear of their choice. Most people and their relatives told us they were well cared for, and several commented upon the improvements made to the service in the previous few months.

People’s rooms were furnished in line with their personal taste. Personal items such as pictures and ornaments on display. Memory boxes were placed outside people’s rooms, however most of these boxes were empty, or appeared untended. Memory boxes are used to contain personal information that is important to each person, such as family photographs and other visual information of relevance or interest. They promote a homely feel to people’s rooms and are also used to orientate the person to where their room is. Memory boxes are also used by staff to give them an idea of people’s life histories and what is important to them.

Staff told us they had a good understanding of dignity, privacy and confidentiality and had received training relating to this. Whilst there were areas of concern, we did see positive experiences of caring staff. Feedback from relatives and people was that they felt their privacy and dignity was respected. ‘Care in progress’ signs were put up on people’s doors to show that personal care was taking place and that they should not be disturbed. Throughout the inspection we saw staff interacting with people in a kind and compassionate way. When talking to people, staff maintained eye contact and knelt down next to the person. Staff had clearly developed a rapport with people and people responded to staff in a positive way. Staff spoke positively of the home and confirmed they enjoyed their work. Visitors were welcomed throughout our visit. Visiting relatives told us they could visit at any time and they were made to feel welcome.

# Is the service responsive?

## Our findings

People commented they were well looked after by care staff and that the service responded to their needs and listened to them. However, we found Hazelgrove Nursing Home did not consistently provide care that was responsive to people's individuality and changing needs.

There were not appropriate arrangements in place to meet people's social and recreational needs. During the course of the inspection we found there was no opportunity for people to enjoy social activity or stimulation, or be supported to go out. The provider employed an activities co-ordinator who worked two days per week, however they were working as care staff during our inspection due to staff shortages. The consultant told us, "We are looking at day to day management of activities at the moment, not long-term provision. There is no activities provision in place currently".

People spent most of their time sitting in the lounge/dining area, or in their rooms listening to music. From our observations we could see many were not consulted in the type of music played. A Christmas CD was played repeatedly in the lounge/dining area and pop music played in people's rooms. We saw a visitor change the music for their relative when they arrived to one of their own CD's. People were not encouraged to make use of other areas of the home. No one was taken into the home's garden to receive fresh air or have a walk around. The service had a further two comfortable lounges, but these were not routinely used. Apart from the delivery of individual care, we saw little other contact from staff with people who remained in their bedrooms. The activity co-ordinator told us that they carried out individual activities, and the care consultant told us that people got one to one time in their rooms, but this was not observed during our inspection.

Each person had their individual care plan. A care plan is something that describes in an accessible way the services and support being provided. They should be put together and agreed with the person involved through the process of care planning and review. However, there was no evidence people were actively involved in their care planning. Care plans did not reflect the person's current wishes, aspirations or goals, or what aspect of their care delivery was important to them.

Care plans did not reflect the current types of behaviour the individual may have, such as memory loss or communication difficulties. Information was available on how the person wished to receive their care, but this was invariably out of date, with no evidence of review or continued involvement with people or their families. Formal reviews of people's care ensure that any alterations in people's care and support needs can be identified and changes implemented if required. We were told that care plans were reviewed monthly, but we could not see this had consistently taken place, or any confirmation the individual had been involved in their care plan review. Previous reviews that had taken place contained statements such as 'Care plan is active', which does not reflect changes, or show evidence of the review of individual needs.

The National Institute for Health and Clinical Excellence (NICE) guideline CG42 offers best-practice advice on the care of people with dementia and on support for their carers. The guidance states 'Care managers and care coordinators should ensure the coordinated delivery of health and social care services for people with dementia. This should involve: formal reviews of the care plan, at a frequency agreed between professionals involved and the person with dementia and/or carers and recorded in the notes'. Relatives told us that they could not recall discussions taking place about care plans, although one confirmed that they had discussed care planning with a visiting healthcare professional. The consultant informed us the home was in the process of implementing a new system of care planning. We saw the new system was detailed and centred on the individual. However, at the time of our inspection only one care plan had been updated in this way.

Further records we looked at also reflected that the delivery of care was not personalised. For example, we saw a list displayed on the wall in a bathroom showing a weekly bath list. This record detailed on which day people were to be bathed. There was no indication in people's care plans that they had been consulted around bathing, or whether they were able to request bathing at another time.

This was a breach of Regulation 9 of the Health and Social Care Act 2008, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service responsive?

Records showed complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. The procedure for raising and investigating complaints was displayed.

People told us they were listened to and they were able to feedback their views. A relative told us that they had been invited to give feedback about the food at the service and sample the new menu. Other relatives told us they felt able to approach staff and management and that

communication with them had improved recently. A 'service user' satisfaction survey had been completed in July/August 2014, and the results of people's feedback had been used to make changes and improve the service around areas such as laundry and health and safety. A further survey had been sent out in October 2014, but the results had not yet been collated. We saw that residents meetings were held for people at which they could discuss things that mattered to them, and the minutes of these meetings were recorded.

# Is the service well-led?

## Our findings

The home was not well-led. At the last inspection in August 2014, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008. This was because the provider could not demonstrate they had adequate systems in place for gathering, recording and evaluating accurate information about the quality of service provided. Improvements had been made, however although the provider now carried out regular audit and monitoring activity to assess the quality of the service and make improvements, not all recognised improvements had been met or followed.

Although the provider undertook several quality assurance audits designed to ensure a good level of quality was maintained, it was seen that in action plans which highlighted and detailed improvements required, several areas for improvement had not been met. For example, the implementation of the new care planning system for people, also the introduction of a system of care review called 'Resident of the day' and a meaningful activities programme for people had not been instigated within designated timescales. Additionally, some action plans identified at audit had not been followed, for example an action point from the medication audit was to ensure that daily checking of the MAR sheets take place, to ensure accurate recording of administered medicines. In light of the number of omissions in the recording of administered medicines, it was clear these checks had not been taking place.

This is a breach of Regulation 10 of the Health and Social Care Act 2008, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems of communication between staff, and staff told us they knew and understood what was expected of them. We saw that handover meetings in which staff discussed matters relating to the previous shift took place and were recorded. However, a GP who carried out a weekly medical round at the home told us, "We've had a couple of issues around communication with the home. Such as communication between staff and relatives not understanding healthcare decisions that have been made. Also with staff not having the knowledge of people, we'll ask 'when did this cough start' and staff reply that they 'don't know'. I know there have been staff changes, so the

lost continuity, may mean they lose the knowledge of patients". This is an area of concern, in respect to the home having robust and effective systems of communication between all of those who provide care, including other providers, to ensure continuity of care to people.

Staff meetings were held on a monthly basis and we looked at a sample of minutes which confirmed this. These provided staff with a forum to air their views and provided opportunities for staff to contribute to the running of the home. Staff commented that they found these meetings useful and could discuss the service and raise concerns.

At the time of the inspection there was no registered manager in post. There was an interim manager in post. Despite efforts by the provider to recruit, the service had been without a registered manager for over five months.

The current management staffing structure at the home did not provide consistent leadership or direction for staff. The owner told us they were looking to recruit a permanent registered manager, a deputy manager/clinical lead and several registered nurses. Continuity of management was not established. We found on various occasions when the interim manager was not present, such as at weekends, that agency nursing staff were in day to day charge of the home. The consultant told us, "Staff are aware of their accountability to the interim manager and are aware of their responsibilities". However, there was insufficient management cover to supervise care staff and care delivery. This is an area of concern, as there are regular occasions when no senior or permanent staff are present to provide leadership or to oversee the home to ensure that good practice is followed.

We discussed the culture and ethos of the home with the interim manager and consultant. They told us, "Historically there has been negativity in the home and the way it was run. There is a lot of training going on around this and there is 'buy in' from the staff. There is more happiness from the staff and staff will now feedback and stand their ground. We have a no blame culture where staff can feedback concerns". However, staff were unsure of what the vision and ethos was for the home, although indicated that a number of changes had taken place in recent months and new staff had been recruited. Staff did not have a strong understanding of the vision of the home, but did state that on the whole they were happy, that the home was improving and felt they could raise concerns with the owner or interim manager.

## Is the service well-led?

Systems were in place to seek the views of people and relatives. Questionnaires were sent out to families and feedback was obtained from people. Returned questionnaires and feedback were collated and outcomes identified. Residents and relatives meetings were held at which they could discuss things that mattered to them. Feedback and comments from people and relatives stated that they felt improvements had been made in recent months to the way the home was run and the care delivery.

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that they felt the management of the home would support them to do this in line with the provider's policy.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered provider had not taken steps to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe by means of carrying out of an assessment of needs of each service user and the planning and delivery of individual needs.</p> <p>There was a lack of up to date and relevant risk assessments in place that ensured service users were receiving safe appropriate care.</p> <p>No meaningful activities were arranged for people and care plans were not personalised and developed to maintain welfare and wellbeing by taking into account all peoples' needs including: physical, mental, social, personal relationships, emotional and daytime activities.</p> <p>This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines.</p> <p>This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>



This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have suitable arrangements in place to implement and review plans on quality, risk and improvement.

This is a breach of Regulation 10 of the Health and Social Care Act 2008, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.