

Chestnut View Care Home Limited

Chestnut View

Inspection report

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Chellaston
Derby
Derbyshire
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Tel: 01332704511

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 November 2017 and was unannounced. At our previous inspection during 25 and 26 October 2016 the provider was meeting the regulations we checked. However the provider was required to make improvements in some areas and received an overall rating of requires improvement. This was because we identified areas of unsafe, ineffective and unresponsive care. This was because the service was not consistently well led. At this inspection improvements had not been made and two breaches in regulations were made. This is the second consecutive time the service has been rated Requires Improvement.

Chestnut View 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.

Chestnut View accommodates 18 people, who may be living with dementia in one adapted building. The home is over two floors, there is an extension which also includes bedrooms and a communal and dining area. The main part of the home has a dining area and two communal lounges. There is a stair lift. There were 10 people living at the service at the time of our inspection. Chestnut View is situated in a residential area in the Chellaston area of Derby.

There was no registered manager in post. 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.'

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible.

People who were supported with their medicines were not always protected against the risks associated with poor medicines management as their medicines were not always stored safely.

The provider's arrangements for staff recruitment were not thorough and did not ensure suitable people were employed.

People's care records showed risk assessments were completed. However these were not always kept under review. Risk assessments were not always completed for all areas of identified risks and were not always updated following a significant incident regarding one person at the service.

People and relatives we spoke with felt people were safe at Chestnut View. Staff had an understanding of potential abuse and their responsibility in keeping people safe.

People were not always supported to maintain their interests. People were also not supported by the provider in accessing the local community, which did not promote integration with the community.

Staff did not have adequate training to support people's individual needs. Staff told us they enjoyed working at the service. However they raised concerns about the changes in management.

The management and the leadership of the service was not as effective as it needed to be. There have been a number of changes in management since the service registered, which had resulted in a lack of consistency and vision to drive improvement.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required.

People we spoke with all told us that staff were friendly and caring. Our observation showed staff treated people kindly and in a way which respected people's privacy and dignity.

People were not always supported to maintain their interests. People were also not supported by the provider in accessing the local community, which did not promote integration with the community.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint.

We found that the provider's quality assurance systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements. The provider was not aware of the changes in current legislation to support the communication needs of people with a disability or sensory loss.

We found 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 this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were not always stored safely, as we identified discrepancy in the stock balance. Risk assessments were not always in place to protect people from harm. Current staffing levels did not ensure that there were enough staff to support people. Infection control procedures were not effective. People were safeguarded from avoidable harm because staff knew what action to take if they suspected abuse was occurring. People did not always have the current equipment to keep them and staff safe. The environment was not maintained to an adequate standard.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider was not following the principles of the Mental Capacity Act 2005 so that decisions were made in people's best interests. Staff had not received training to provide them with the knowledge and skills to meet the needs of people living with dementia. People were supported to eat and drink enough to maintain their health and had access to health care services as required.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by staff who were kind and caring. Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Good ●

Is the service responsive?

The service was not consistently responsive.

Care plans were personalised containing information on people's preferences. People were not always supported to participate in individualised activities. The provider was not

Requires Improvement ●

aware of the Accessible Information Standard which did not provide assurance people were supported with their communication needs. The provider's complaints policy and procedure was accessible to people and their representatives. People could be assured they would receive appropriate end of life care.

Is the service well-led?

The service was not well led.

Following the last inspection lack of improvements have been made by the provider. There was no registered manager in post. Staff raised concerns about the changes in management, causing instability and issues around consistency. Quality monitoring systems were not effective in identifying shortfalls in the safety or quality of the service. The provider had not kept up to date with current legislations. Staff told us that the staff team worked well together and felt supported by the interim and deputy manager. People told us they were happy with the service they received.

Requires Improvement 

Chestnut View

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 21 November 2017 and was unannounced. The inspection was carried out by two inspectors 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.

The inspection was informed by the information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We also spoke with five people using the service and one visitor. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the interim manager, the deputy manager, two care staff and domestic staff.

We reviewed records which included two people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.



Our findings

During our previous inspection during October 2016 we found that the provider had not ensured that people received their medicines safely.

At this inspection we found the management of medicines did not always provide assurance that people's medicines were stored safely. The stock balance of people's medicines was not always correct. For example we saw that one person had four missing tablets. And for another prescribed medication there were two tablets over.

We found that protocols were not always in place for medicines administered as and when required [medicine which is to be taken as and when required] such as pain relief. For one person there was no guidance for staff as to when a person needed their medicine. For another person their protocol did not provide details as to why they needed their pain relief. This information would ensure people are given their medicines when they need them and in way that is both safe and consistent.

We observed the senior staff member administering medicines to people that required support. The staff member stayed with people until they had taken their medicines. We checked the medication administration records (MARs) and saw that records had been correctly completed.

People told us they felt safe at Chestnut View. One person told us, "It's reasonably safe. I've got a good lock on my door now and keep the door locked at night. There's always staff here at night. Any problems there are staff around to sort them out." A relative said, "[Person's name] is safe and if they need anything they're [staff] always there."

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Two staff members said, "I would report it to the manager." They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Staff told us they received training for this and had access to the provider's policies and procedures for further guidance.

Two people felt there were not always enough staff available to support them. One person said, "Well, the staff do have a lot to do, they do work hard. I think they could do with some more help. Another person said, "At the weekends sometimes it's negligible as there are not enough staff."

Some staff we spoke with told us staffing numbers were not always adequate to meet people's needs. They told us that this affected how often they could provide activities and one to one support to people. There was no activities co-ordinator and activities were undertaken by staff, as well carrying out care related tasks. In the morning we saw people sitting around. There were three care staff on duty on the morning and afternoon of our inspection visit. However, the rotas showed us there were four occasions in the mornings in the previous two weeks when only two staff had been on duty. For the afternoon shift, there was only one occasion when three staff were scheduled on the rota. It was unclear from the rota whether additional staff had been allocated to make the numbers up to three staff members on each shift. Our observations showed that there were a number of times at lunch the dining room was left unattended by staff. This did not provide assurance that there were always sufficient numbers of staff on duty to support people safely, whilst meeting their individual needs.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Staffing.

Recruitment procedures were not robust. The provider was not ensuring the staff they employed were suitable to work with people using the service. We found there was insufficient recruitment information available for some staff. For example, there was no identity information on two records we looked at and no employment history on one record. In one record, the application form was received after the person had commenced their employment and in another on the date they commenced their employment. We did not see any audits undertaken by the provider that had identified these issues. We also found that one staff member had a Disclosure and Barring Service (DBS) check which was dated 23 days after they had commenced their employment with the provider. The DBS is a national agency that keeps records of criminal convictions.

People's care records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care. Risk assessments covered health and safety areas applicable to individual needs. For example, one person had a risk assessment for pressure ulcer prevention, and risk of falls. However, we found the guidance was generic rather than individualised, for example, equipment used to support people's mobility needs. There was no detail of the equipment to be used. We also saw the assessments were not reviewed regularly or updated. For example, one person's nutritional assessment had not been reviewed for 12 months. For another person we saw that their risk assessment had not been updated following a significant incident, where the person who was not safe to leave the premises unaccompanied had done so, exiting via the front door. For the same person there was no risk assessment in place for smoking. This did not ensure staff had current information on how to support people in a safe way in relation to their individual needs.

A staff member told us that one person was hoisted from their bed, but as they did not have a profiling bed it was not easy to transfer them. We discussed this with the deputy manager who explained to us that they had referred the person for a profiling bed to the local authority. However they were told that the person did not meet the criteria for a profiling bed. This did not provide assurance that people had the right equipment to keep them and staff safe.

Our observation confirmed people were supported safely when care was provided, for example, when moving around the building and eating. We saw staff acted promptly and considerately when offering support and encouragement as required to ensure people were safe whilst maintaining their independence.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other

incident that required the home or areas of the home to be evacuated. This provided assurance that people would receive the appropriate level of support in an emergency to keep them safe.

Staff we spoke with were able to describe infection control procedures and told us they had plenty of personal protective equipment (PPE). One staff member said, "There's always plenty of gloves and aprons." Staff followed suitable procedures to ensure the risk of cross infection was minimised. For example we saw staff wearing aprons and gloves when they assisted people at lunch time. We saw the building was clean and tidy. However, there were areas that were shabby with scratched paintwork and worn furniture. We did not see any system in operation that ensured infection control procedures were effective. For example, there was no check of cleaning undertaken or information to identify when a deep clean was required. This did not provide assurance that the provider had adequate infection control procedures.

In the laundry room we saw that the industrial drier was placed on top of the washing machine. A member of staff told us that they felt this was unsafe, as it was not always easy to remove items from the drier due to the height. The deputy manager confirmed that the drier and washer were secured together on one side. There was exposed pipe work in the laundry room. There was an unpleasant odour in the extension part of the service. A staff member told us that the smell was coming from the shower room in this part of the service. Upon further investigation we saw that the drain in the shower room was not fitted with a cover.



Our findings

At our previous inspection during October 2016 we found that the provider had not completed capacity assessments where it was identified that people lacked capacity. At this inspection we found that improvements were still needed in this area.

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

We found that where it was identified that a person lacked capacity, there were no best interest assessments which were decision specific to the person or the support that they needed to ensure decisions were made in their best interests. Staff told us they had not undertaken any training on the MCA. A staff member said, "Some people need support to make decisions. It's about giving people a choice, such as what they would like to wear." One person said, "They [staff] ask me first if there's anything I want, they couldn't do any better."

We found arrangements for administering medicines covertly were not in accordance with the MCA. This usually involves disguising medication by administering it in food or drink. As a result the individual is unknowingly taking their medicine. We saw no evidence confirming that best interest agreement was in place to give the person their medicines in this way. The person's care plan also contained no details on how their medicine was given.

These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Need for consent.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. At the time of our inspection four people had DoLS authorisations that had been approved by the supervisory body. A further three DoLS application had been made, which

the provider was awaiting a decision. We found that any conditions on authorisations to deprive a person of their liberty were not being met. We identified that one person's DoLS authorisations that had been approved by the supervisory body which was subject to conditions. However we found that management team were not aware of the conditions on this person's DoLS. We also saw that one person's DoLS application had expired August 2017. However there was no information on whether another application had been made. This demonstrated that the provider did not have effective systems in place to ensure they were aware of conditions on DoLS and to review the conditions.

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people, relatives and other professionals. Information about people's histories, preferences, choices, and likes and dislikes was included, to ensure staff were aware of people's preferences. Staff we spoke with understood the needs of people at Chestnut View.

Staff did not always have the necessary skills and knowledge to deliver effective care and support. The management team were unable to locate a training matrix. From training information held on some staff files we saw that there had been no in depth training on caring for people living with dementia, despite this being the primary need of the majority of people at Chestnut View. Staff we spoke with said they had regular training, supervision and support to carry out their duties. One staff member said, "I've done all the essential health and safety training." However, training records we saw did not confirm that all staff had undertaken health and safety training in the last twelve months. For example, one person had only done fire safety training in 2017 and another had no record of any health and safety training. The provider's induction program was not based on the Care Certificate and consisted of a tick box form confirming staff had read policies. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. A staff member said, "The induction was a lot better when I first started, it's not as detailed now."

One staff member told us they were supported through one to one supervisions. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. They said, "For me supervision meetings have been effective, as issues have been dealt with. Such as changes with the rota." However another told us they had not had any supervision recently.

People were encouraged to make decisions about their day to day routines and preferences. For example we saw that some people preferred to spend in their rooms and came into the communal areas when they liked. Two people told us they got up in the morning at the times they wished.

People told us they were supported to make decisions about their meals. One person said, "The food is reasonable and you've got choices. Its wholesome food, all kinds of potatoes, meat and vegetables, fish and chips on a Friday. You can have fruit juice, coffee and tea. We have a variety of foods." Another person stated, "The staff ask what I'd like, no problems that way. There is always a choice if you don't like something." We observed that people were asked their preference at the start of the mealtime and offered an alternative if they did not want the options that were available. A visitor commented, "I've never tasted the food, but it looks good and varied. If [Person's name] asks for something they will get it."

People were supported to access external health professionals when they needed to for the purposes of routine health. For example, in one person's record we saw a doctor had been called when a person had difficulty with water retention. Staff confirmed there was regular contact with a doctor and any health problems were referred to appropriate professionals as required. During the inspection we observed a person suddenly became unwell. Staff acted promptly, they supported the person to their room and called

emergency services. The person was taken to hospital by the paramedics.

We saw there was signage around the ground floor to assist people to locate different areas of the service. We saw that there were two level access shower rooms for easy access. However there was one bath in the home on the first floor which was out of use. This did not provide people with the choice of whether they wanted a shower or a bath.



Our findings

People told us that staff were kind and caring. One person said, "Yes the staff do care about you. They worry about you, they're concerned like if they don't see you they come and check you are alright." A visitor told us "The care is good and the staff are caring. They support [Person's name] with their personal hygiene and don't let them sit in soiled clothing."

Staff were caring in their interactions and spoke politely to people giving them time to answer. One person was supported to do a word search puzzle and another was encouraged to move to music. When one person shouted for assistance, staff responded quickly and assisted the person in a dignified manner checking they were comfortable. Staff communicated with people effectively and used different ways of enhancing that communication, for example, by touch and altering the tone of their voice appropriately.

People were treated with kindness and respect. They told us they were treated with respect and dignity when being supported by staff. One person said, "The staff do respect my privacy and dignity. They are very good." Throughout the inspection, we observed staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. For example, we saw they responded promptly, calmly and sensitively when helping a person to sit comfortably. We observed that a person required assistance with their personal hygiene and became upset about this. A staff member provided reassurance to the person and discreetly supported the person to the shower room. Throughout the inspection staff provided support to a person who appeared agitated, staff were quick to respond and offer comfort. During these interactions staff were able to distract the person, who then became settled.

Staff we spoke with consistently showed they understood the importance of ensuring people's dignity was preserved. They were able to give examples of how they did this, which included closing curtains, approaching people quietly, and covering people when they received personal care. Staff also described how they encouraged people to remain independent. A staff member told us, "Depending on what a person can do for them self safely, I would encourage the person to wash certain parts of their body or encourage them to put on their top or bottoms." People we spoke with confirmed this. One person said, 'The staff know what I can and cannot do and say if you can't handle it we'll help you and they have done.' Our observations at lunch showed that staff encouraged people to carry out some tasks independently such as supporting people to use their cutlery when eating and verbally encouraging people to eat independently.

People confirmed that they had not experienced any restrictions on visiting hours. They told us they were supported to maintain relationships which were important to them. People explained there were no

restrictions on visiting. One person said, "There is no particular visiting time, visitors can come anytime." A visitor we spoke with also confirmed this.

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. There was a document that detailed people's life history. For example, one record had information about the person's work history, family history and likes and dislikes. It also stated how the person liked to be supported; for example regarding personal care, it said, "I am able to wash and dry myself." There were no signatures on the plan's to denote agreement of involvement. But the care plans we looked at showed that people's wishes were taken into account.

The deputy manager told us they would provide people with information about how to access advocacy services if required. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. There was currently one person at the service who was receiving support from an advocate around the management of finances. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.



Our findings

The management at Chestnut View were not aware of the new legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information they could understand. Also for the provider to provide information which was accessible and in a manner that people could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. This did not provide assurance that people's support was delivered in line with current legislation. The interim manager told us that information was currently not provided in any other format other than standard written and recognised they needed to carry out work in this area immediately.

We received mixed feedback from people whether they were supported to take part in activities they enjoyed. One person said, "They do put something on television for us, last night they put something on for us and it was very good, we all watched it." We saw that a person who was at the service for respite care was able to bring their dog with them. However another person said, "I like a bit of art, they [staff] used to do some but don't anymore." We saw there were no tactile objects around the home for people to interact with. In the afternoon a couple of people were involved in playing a group game and were encouraged to take part. Staff told us that there were some external entertainers such as musicians and one person occasionally went shopping. There was no activities co-ordinator, staff told us they had had no training provided specifically for activities for people living with dementia. People were unable to leave the service without supervision. There was little for people to do outside the home. Staff told us they did not have chance to take people out very often and most of people's activities were based within the service. We saw one person enjoyed outdoor activities such as walks but had not had any opportunities to continue with this.

Staff knew people's likes and preferences and we saw these were recorded in people's care plans. However, staff told us they did not always have time to do organised activities and there was no specified staff role for activities at the time of our inspection. One staff member said, "I treat everyone as family." Care records we looked at included information about people's daily routines and information about their hobbies and interest.

One person and a visitor we spoke with told us that they were aware of the complaints procedure and felt that the provider would listen to their concerns. One person said, "I've got nothing to worry about, not at the moment anyway. I would go to the senior carer, she's very good." A visitor said, "I would definitely complain if I thought [person's name] wasn't being looked after properly. I'd be there in a shot. I'd ask to speak to the manager first, and then go above if the complaint was not resolved." However another person told us they

had raised concerns with staff about a matter, but felt it was never addressed. In the past 12 months the service had received two complaints. These had been investigated. Where improvements were needed these were made. For example one concern involved assisting a person with personal care. As a result a planning system was implemented to show accountability and the manager spoke with staff to reduce the risk of a reoccurrence.

At the previous inspection during October 2016, we saw that the complaints information for people did not contain details of the Local Government Ombudsman (LGO). So that complainant's could escalate their concerns if in an event they were dissatisfied with the outcome of any investigation by the provider. At this inspection we found that this had been updated and contained the details of the LGO.

The deputy manager told us they currently did not have anyone at the service receiving end of life care. The deputy manager told us they would involve appropriate health professionals such as a GP to ensure medicines were available to deal with pain management. Also if the person required religious or spiritual support they would contact the relevant places of worship and involve family where possible. A staff member said, "We have all had end of life training. It's about making sure the person is comfortable such as adjusting their pillow and also contacting the GP."



Our findings

At our previous inspection during October 2016 we found that the provider needed to make improvements relating to assessing and monitoring the quality of service provision. At this inspection we found that improvements had not been made.

We saw some quality assurance checks were in place to monitor the service which were not always effective. The audits included medication and care plan audits. However the last care plan audit had taken place October 2016. The issues identified at this inspection visit regarding care records had not been picked up by the provider due to the infrequency of care plan auditing. The lack of maintaining accurate care records placed people at risk of inappropriate or unsafe care. And did not ensure people received consistent care. The medication audit had not identified the discrepancy in the stock balance in medicines which we had found at the inspection visit. We also found that recruitment procedures were not thorough. We saw no infection control audits were taking place.

Prior to our inspection visit we asked the provider to complete and return the Provider Information Return (PIR) with key information about the service, what the service does well and the improvements planned. The PIR was not returned. We were informed that the registered person had some technical issues hence the non-return of the PIR.

Systems were in place to ensure that the maintenance and servicing of equipment had taken place when required. We saw a sample of health and safety records which showed that the servicing of equipment and building were up to date. This included gas servicing and portable appliances testing. However the provider did not have suitable arrangements in place to monitor the safety of the premises and maintaining the environment.

Training information we looked at did not provide assurance that staff had the necessary skills and knowledge to carry out their roles. The provider was unable to locate the training matrix.

Where a significant incident had occurred within the service, the provider had informed us so we could check the required action had been taken. However we found that this incident had not been reported to the local authority safeguarding team for further investigation and monitoring. The provider made a safeguarding referral following discussion with us. This did not provide assurance that significant incidents were reported to the relevant authorities in a timely manner.

We saw that the provider was accepting Disclosure and Barring Service (DBS) checks from perspective staff that were registered with the DBS update service. This allows employers to check a DBS certificate for any perspective staff member, who are registered with the service. We saw no information to ensure that the provider had considered any risks associated with this. The provider's recruitment policy was dated November 2012 and had not been updated to reflect that they accepted DBS update service checks. Staffing levels did not ensure people's individual needs could be met.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Good Governance.

People and their relatives had been asked for their feedback on the service that they received. We saw surveys were given to people and relatives, giving them the opportunity to express their views regarding the care and support they received. We looked at the results of the 2016 satisfaction surveys and saw that people were positive about the care and services provided.

People and a visitor were happy with the service they received. One person told us, "As far as I can tell you the staff look after me well." Another person stated, "I think it's a reasonably managed service, however short staffing leaves it so people cannot be supported properly." A visitor said "I feel that if there's a problem there is always somebody around, more than if [person's name] was at home."

The service had not had a registered manager in post since January 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. It is a condition of the provider's registration that a registered manager is in place. The provider told us that a manager they had recruited a manager into the post who was due to commence employment with them on 27 December 2017. Since the provider's registration during 2014, there had been a number of changes in management. The provider expressed that this had been out of their control. An interim manager was responsible for the day to day management of the service. Two staff members told us that the interim manager had been supportive. However staff felt that these changes caused instability. Staff told us that key issues for them included the lack of consistency in the management of the service and slow response from the provider to address issues such as repairs and decorating. Comments from staff included, "It confuses you, regarding the changes in management," "It unbalances you, having different managers who have different ways of doing things" and "There is so much potential here, but I feel the home is stuck in the same place. Improvements are needed to the décor, as well furnishing including chairs and beds."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home. However the provider's website did not display the rating. This must be done with urgency or CQC may consider taking enforcement action against 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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met: Where a person lacks mental capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met: Current staffing levels did not ensure there were enough staff to support people in accordance with their needs. Regulation 18</p>