Care Quality Commission

Bay House Limited

Bay 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

Overall summary

We inspected Bay House Nursing Home Nursing Home on the 29 December 2014 and 05 January 2015.

Bay House Nursing Home Nursing Home is registered to provide care to people with nursing needs, such as Parkinson's, diabetes, and heart failure, some of whom were also living with dementia. The service can provide care and support for up to 36 people. There were 32 people living at the service during our inspection.

A manager was in post. They were not the registered manager, but were undergoing registration with our registration team. 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. The home has been without a registered manager for five months.

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 compromised in a number of areas. Care plans and risk assessments did not all reflect

Summary of findings

people's assessed level of care needs and therefore for some people was not person specific or holistic. There were people in the home that did not have care plans or risk assessments and therefore staff could not give a consistent level of care delivery.

Peoples care documentation did not reflect people's individual preferences and wishes. We saw little documented about their preferences for how they wanted their care delivered. People told us that they had not been involved in care decisions or at managing aspects of their care themselves to maintain their independence.

People were happy with the food provided. The dining experience was a social and enjoyable experience for many people. People were always supported to eat and drink enough to meet their needs.

People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from a registered nurse.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate.

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 with vulnerable adults.

Feedback had been 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. Incidents and accidents were recorded.

Staff told us the home was mostly well managed and there were good communication systems in place between all levels of staff. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns.

We found a number of breaches including continuing 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?

Bay House Nursing Home was not consistently safe. People were put at risk because some pressure care equipment was not maintained properly or set at the correct settings.

People's risk assessments that supported staff to deliver safe care were not always up to date or in place.

People told us they were happy living in the home and they felt safe. Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse. Staff recruitment practices were safe.

The provider had appropriate arrangements in place for the safe management of medicines.

Requires Improvement

Is the service effective?

Bay House Nursing Home was not consistently effective. Some people had not been assessed and there was a lack of care plans to ensure that people received effective consistent care.

Mental capacity assessments were undertaken for people if required and their freedom was not unduly restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

Requires Improvement

Is the service caring?

Bay House Nursing Home was not consistently was caring. People's independence and personal wishes were not always considered and followed. People had not always been involved in care decisions and the formation of a plan of care.

People felt well cared for and were treated with dignity and respect by kind and friendly staff.

Care records were stored safely and people's information kept confidentially.

Requires Improvement

Is the service responsive?

Bay House Nursing Home was not consistently responsive to people's needs. Care plans did not always show the most up-to-date information on people's needs, preferences and risks to their care.

Requires Improvement

Summary of findings

Activities were available for people to participate in as groups or individually to meet their social and welfare needs.

Comments and compliments were monitored and complaints acted upon in a timely manner.

Is the service well-led?

Bay House Nursing Home was not consistently well led. People were put at risk because some systems for monitoring quality were not effective.

Systems were in place to ensure accidents and incidents were reported and acted upon.

The home had a vision and values statement, staff were clear on the home's direction. Staff told us that they felt supported by the management and worked as a team.

People had an awareness of who the manager was and would not hesitate to approach them for advice or raise a concern.

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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 29 December 2014 and 05 December 2015 and was unannounced. The inspection team consisted of an inspector and an Expert by Experience, who had experience of older peoples care services and dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the Quality Monitoring Team (social services placement team) 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 also contacted the local authority to obtain their views about the care provided in the home.

During the inspection, we spoke with 18 people who lived at the home, four relatives, the manager, provider, two registered nurses, five care staff and the maintenance person. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms, the lounge and the conservatory.

We also spent a further day following the inspection visit talking to health professionals. This included community dieticians, speech and language therapists and tissue viability nurses. We spoke with two healthcare professionals from a local GP surgery, and a GP.

We reviewed records which included quality assurance audits, staff training schedules and policies and procedures. We looked at ten care plans and the risk assessments included within the care plans, along with other relevant documentation to support our findings.

We also reviewed the care pathways of people living at Bay House Nursing Home Nursing Home. We looked at the care delivery on the day of inspection and obtained the people's views of the care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

Some people we spent time with told us they felt safe living at the home Their comments included, “Very safe dear, there’s always someone about.” “It’s okay here,” I’m looked after,” and “It has been a bit difficult, lots of new staff who don’t know me that well yet, but I feel safe.” Although people told us they felt safe, we found examples of care practice which were not safe.

Three of the nine care plans had personal health and safety risk assessments completed. However six people did not have risk assessments completed to inform the care plan and care delivery. One person admitted in November 2014 had a pressure sore, they had been seen by a tissue viability nurse (TVN) but there was no tissue viability risk assessment completed or body map. There was no care plan to guide staff in caring for the pressure sore. Another person had a percutaneous endoscopic gastrostomy (PEG) feeding tube (A PEG is inserted in to the stomach for people who cannot swallow food or drink). However there was no nutritional assessment in place and no care plan for the staff to follow to meet the guidance set by the dietician, wound care or regular mouth care for this person. The lack of risk assessments to inform consistent care delivery placed people at risk from inappropriate care.

Due to frail skin condition and immobility, some people required the use of air mattresses. These are intended to reduce the risk of skin damage and development of pressure sores. Air mattresses have specific pressure settings maintained by a pump. The setting is based on people’s weight and position. We found that air mattress setting were not accurate. Incorrect settings of air mattresses have the potential to cause skin damage.

We also found out of date risk assessments for three people. The risk assessments had not been updated since July 2014 despite their needs having changed considerably. For example, one person had developed breathing difficulties and coughing. The care plan stated no problems with breathing. There was however evidence of staff monitoring the person’s oxygen levels initially recorded at 93%, but no rationale for what staff should do if the levels were less than the recommended 98% -100%. Oxygen levels are taken by a finger machine and alerts staff that the person was oxygen deprived and need urgent intervention such as oxygen therapy thus preventing heart failure and confusion. This lack of guidance could compromise the well-being and safety of the person. This was not reflected in the risk assessments or documentation. Staff spoken with not aware if this persons breathing difficulties and were therefore not monitoring them. We could not be assured that people’s safety was being promoted and protected.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008.

The provider had appropriate arrangements in place for the safe management of medicines. There were records of medicines received, disposed of, and administered. Trained nurses administered all medicines which were stored safely in line with current guidance. Staff checked stock levels for medicines on weekly basis and signed to say checked and correct.

People’s medicine administration records (MAR) showed people had received medicines they were prescribed. We observed the administration of the morning and lunchtime medicines and saw that staff administered medicines safely. Nurses who administered medicines carried out the necessary checks before giving them and ensured that the person took the medicines before signing the MAR chart. The nurse ensured medication was swallowed before signing the MAR chart and ensured the trolley was locked when left unattended.

The manager had been identified that the morning medicines had been taking up to three hours which had impacted on the timings of mid-day medications. A second nurse for the day shift was due to start work the following week. This was confirmed by the rotas seen for January 2015. In the meantime the manager, who was also a registered nurse (RN), was dispensing medicines to the ground floor people. This had ensured medicines were dispensed in a timely manner.

There were a number of policies to ensure staff had guidance about how to respect people’s rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One staff member told us that they had learnt that people were vulnerable to financial abuse which they had not considered before and were now very aware of what to

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Is the service safe?

look out for to protect people, such as documenting presents and gifts. Safeguarding policies and procedures were in place and were up to date and appropriate. We found safeguarding referrals were made to the local authority when required. Feedback from the local authority told us that the provider and manager worked with them and were open to suggestions that improved people's safety at Bay House Nursing Home.

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. One person had become unsteady and had had a series of falls, so staff had put in a mat that alerted staff the person was up and at risk. This had decreased the risk of falls.

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 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, we saw that staffing levels were sufficient on the days of the inspections to meet people's needs. Call bells were responded to quickly. The manager told us, "We have enough staff at the moment. Myself and the clinical lead assess the dependencies of the residents to determine staffing requirements." We were told that staffing had been an issue which they had identified and that the provider was in the process of recruiting registered nurses, further care staff and senior care staff. The manager added that absences due to sickness and annual leave were covered by existing members of staff. Feedback from people said they felt the service had enough staff. The provider told us that they were in the process of recruiting for a deputy manager/clinical lead and an activities co-ordinator. Temporary staffing arrangements were currently in place for these roles and that ensured peoples safety and well-being. The management team had responded to the current vacancies and recent safeguarding concerns about staffing and we confirmed during our inspection that staffing levels were appropriate at this time to meet people's needs.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out a criminal records check. We checked three staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications. Nurses employed by Bay House Nursing Home and bank nurses all had registration with the nursing midwifery council (NMC) which was up to date.

Requires Improvement

Is the service effective?

Our findings

People spoke positively about the home. Comments included, "I'm looked after properly," and "The carers are very good and efficient." Visitors said that they thought the care was good and their family members were looked after. One comment received, "Very good I'd say."

People told us they were supported to maintain good health and received on-going healthcare support. People also commented they regularly saw the GP, chiropodist and optician when needed. Another person said "I have seen a dietician whilst here and they have looked at my illness and given tips to the staff." Visiting relatives felt staff were effective in responding to people's changing needs. One visiting relative told us, "Mum has had an eye infection that was picked up really quickly. She's also had a medication assessment and seen the GP." Staff recognised that people's health needs could change rapidly and for people living with dementia, they may not be able to communicate if they felt unwell. One staff member told us, "We monitor for signs, changes in behaviour and facial expressions which may indicate something is wrong." However, we found Bay House Nursing Home did not consistently provide care that was effective.

The provider had policies and procedures that stated on admission people are to be assessed and a care plan to meet the identified needs should be produced to enable staff to receive effective and appropriate care. We found that this had not happened for people recently admitted. Six care plans we looked at had no risk assessments or care plans to guide staff in meeting people's health, social and well-being needs. This meant that people were at risk at not receiving effective care as there were no base line assessments to monitor their needs against and identify deterioration. For example skin condition and mobility needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were working within the principles of the Mental Capacity Act 2005 (MCA). Staff informed us that the majority of people would be unable to consent to care and treatment, and had had a mental capacity assessment completed. We found evidence of mental capacity assessments having taken place. Consent to care and treatment had been routinely documented in people's care plans, and mental capacity assessments recorded the steps taken to reach a decision about a person's capacity.

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. Staff told us that they always asked people for their agreement to care and for those that could not verbalise their agreement they had learnt to read people's body language and facial expressions. For example we learnt that one person would turn away from staff if they wanted to be left alone, whilst another would shake their head. Staff said they would leave them and approach them again later.

The provider and interim manager knew how to make an application for consideration to deprive a person of their liberty. We found individual assessments for people living at Bay House Nursing Home on how their freedom may be restricted and least restrictive practice could be implemented. The manager and staff were aware of what was seen to be restrictive such as bed rails, positioning of people in chairs with a table in front of them and of people sitting in wheelchairs with feet on foot rests thus preventing them from moving.

Lunchtime was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. People ate at their own pace and were not rushed to finish their meal. Some people stayed at the tables and talked with others, enjoying the company and conversation.

The menu was displayed for people in the dining room and showed the options available that day. People also told us the staff asked them what they wanted to choose each day. Everybody we asked was aware of the menu choices available. The staff knew individual likes and preferences and offered alternatives. People were complimentary about the meals served. One person told us, "I eat my meals in my room and the meal is good. It is always well presented and we have plenty of choice. I can have drinks throughout the day and there is water in my room". Another person said, "They know I am a diabetic and offer me the same food as everybody else, except puddings of course

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Is the service effective?

because I can't have sweet things, I usually have fruit." We saw people were offered drinks and snacks throughout the day. People told us they could have a drink at any time and staff always made them a drink on request. We were also told that fresh fruit was always available if they fancied it, "I only have to ask and I get oranges or apples."

Staff received on-going support and professional development. Supervision schedules and staff confirmed they now received regular supervision and appreciated the opportunity to discuss their concerns. Nursing staff also confirmed they had received clinical training and support. The manager produced a supervision programme which confirmed that supervision sessions had been introduced and planned. Staff were enthusiastic about having the opportunity to discuss their career development, and taking ownership for making career decisions, such as further qualifications and one staff member told us that they hoped to gain a nursing qualification.

We looked at the induction and training schedule for staff. Staff had received essential training, such as fire safety and first aid awareness. All staff members had received training that was specific to the needs of people living at Bay House Nursing Home Nursing Home. The staff confirmed that they had received essential training. We saw from individual staff records that training had been given on topics such as infection control, dementia awareness, health and safety and prevention of falls. This empowered staff to talk the subject area with other care staff and embed the learning into practice. One staff member told us, "The training is really informative and helpful." We were able to observe staff using what they had learnt put in to practice, such as safe moving and handling and infection control practices using gloves and aprons appropriately. We also saw that people who lived with dementia were treated with an awareness and patience. Staff took time to reassure them and orientate them when they were anxious. Staff had ensured that clocks and dates in the home were correct so this did not confuse or disorientate people.

Requires Improvement

Is the service caring?

Our findings

People and their relatives spoke positively about the kindness and caring approach of the staff. They told us they were happy with the care and support provided at Bay House Nursing Home. People felt they were supported with kindness and compassion. Whilst everyone we spoke with thought they were well cared for and treated with dignity, not everyone felt their independence was respected and promoted or that they were involved in decisions about care and future plans.

Not everyone living in Bay House Nursing Home felt they were consulted with or encouraged to make decisions about their care. They also told us they had not always felt listened to. One person told us that they felt that their independence had been taken away when they came to stay at Bay House Nursing Home. They felt that staff had not fully respected their need to maintain control over certain parts of their life, such as their medicines. This person told us they had been ill but still wanted to be able to make their own decisions. Following discussion with the manager, on our second day of inspection this person told us they now look after their own medicines and was settling in well and happier. Another person told us their medication had been changed whilst in hospital and was now on a totally different regime which had been very confusing for them. They said they hadn't been told why or been offered the opportunity to manage the changes themselves.

We received negative feedback on people's preferences being followed or changes wanted by people being considered and acted on. One person said, "I was experiencing some dizziness and in the past it's been managed by a tablet from my GP, but when I requested it, I was not listened to or believed, in fact I was made to feel a nuisance." This was discussed with senior staff during our inspection who apologised to the person and informed the GP. This medication was then available for this person. Another person said, "I have had to ask more than once to get a change to my medicine to help my pain, this makes me irritable and less inclined to move about."

Peoples care documentation did not reflect people's individual preferences and wishes. We saw little documented about their preferences for how they wanted their care delivered. One person said, "I need to staff to help me in the mornings, but I often have to wait until it's convenient by staff. I know that I'm not the only person that needs help but I would like to be washed and dressed earlier, otherwise the morning has gone." Another person said, "I fit in when staff are free." People were not always involved and consulted about life choices, care delivery and opportunities for independence.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. One person told us staff were, "Very caring."

People said they had their privacy and dignity respected. A relative told us, "The staff ensure my husband is well looked after. He needs a lot of reassurance and support, they explain everything they are doing and ask if it is ok." Another visitor said, "They look after my wife very well and ensure I eat a good meal when I visit her, very kind and caring." One person told us, "I cannot shower alone, but they ensure I have privacy and dignity as long as I am safe." The provider told us, "Staff have an understanding of privacy, dignity and human rights, we are ensuring that the induction covers all these before they start working alone." A staff member said, "Everyone is an individual and has a right to be treated as such." Staff clearly understood the importance of privacy and dignity, particularly in relation to supporting people with their personal care. This was confirmed by people who told us that when staff were providing personal care, doors were closed and curtains drawn. One person told us, "I am a bit doddery now but staff walk with me to make sure I don't fall. They give me a wash in my room and a shower once or twice a week." Staff told us that, in accordance with their individual care plans, people not able to express their choices verbally were offered visual prompts, such as two items of clothes to choose from. People who were living with dementia were reassured when becoming anxious and staff ensured that their questions were answered calmly. We observed staff listening intently to people who had speech problems and one staff member provided pictures to prevent the person becoming frustrated.

Care records were stored securely in a lockable filing cabinet. Staff had a good understanding of privacy and confidentiality and had received training. Staff supported

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Is the service caring?

people in doing what they wished, such as sitting in the lounges or going to their room. There was a friendly, safe and relaxed environment, where people were happy and engaged in their own individual interests, as well as feeling supported when needed.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The manager told us, “There are no restrictions on visitors.”

We saw that positive caring relationships had developed between people and staff. Observation during the day showed that staff were very kind and caring in their relationships with the people they supported. When staff were around people there was a calm and supportive atmosphere. We observed staff crouching down to the level of people in chairs and wheelchairs to speak with them as they sensitively explained what was happening next.

Staff were aware of the equality and diversity policy and demonstrated some understanding of equality and diversity issues. They said they had completed training related to this and confirmed that people’s wishes in respect of their religious and cultural needs were respected. One member of staff told us “People can go to a church of their choice or attend services held in the home.”

Requires Improvement

Is the service responsive?

Our findings

People told us they felt the standard of care provided met their individual needs. One person said, "I sure everything is going the right way, I know they keep an eye on me." Another person said "They know what I need I'm sure." However we found that the lack of care planning for some people did not allow staff to recognise people's changing needs and respond to them in a timely manner.

The lack of care plans and risk assessments meant staff could not provide responsive care and identify new risks to a person's health and well-being. For example one person's details of wound care treatment and the status of their wound had not been documented. This meant staff would not be able to respond to the wounds condition or ask for expert advice from the tissue viability nurse if there was deterioration in the wounds condition. For another person on continuous bed rest, there was no information on what staff should do for preventing pressure damage or how to manage pressure damage. We also found a lack of nutritional and oral care plans for people who were not able to eat and were nil by mouth.

People were weighed monthly as the nutritional risk assessment recommended, however the weight loss was not being responded to by staff. There was a separate book being used to record weights but the previous weights were not considered by staff. We saw examples of significant weight loss for two people that staff had missed. Therefore the weight loss had not been followed up by staff and not included in people's care plan with a plan of action for staff to follow to ensure people ate and drank enough.

We were told that care plans were reviewed monthly or when people's needs had changed. However this was not found as we saw some care plans had not been updated since July 2014. We were told that they were changing the care plan system to a more comprehensive format. The changeover of the documentation had impacted on some people's regular review. Important changes to people's care plans following the deterioration of a person's health, such as nutrition and moving and handling had not been updated or reflect the changes required to manage the deterioration. People were not always being involved in the reviews of care or in the development of a changed care plan. One person told us, "I don't believe I am asked but I have a meeting soon I think." Another person felt it was the staff that decided on care changes.

Three of the nine care plans we looked at gave information about the person's family history, their preferences, relationships, family and key medical information. The information however was not all up to date. For example, one person had had family bereavements and these details had not been updated. Staff told us they felt the care plans were detailed enough so that they could provide good quality care and know the person as an individual. However when we reviewed the care files and spoke with people, we noted that not all contained specific details to provide person specific care. This meant staff were not knowledgeable of people's individual needs. There was a lack of peoples preferences recorded about lifestyle choices and opportunities. For example what time they preferred to get up or go to bed or where/how they preferred to spend their time. There was little recorded about how people felt about having to give up their independence and move in to Bay House Nursing Home and how staff could respond to the changes they were experiencing. For example managing their grief and encouraging them to be involved in the decisions that affected them. We saw that people were frustrated at losing their independence and felt that the staff didn't understand them.

One person said, "I was experiencing some dizziness and in the past it's been managed by a tablet from my GP, but when I requested it, I was not listened to or believed." Another said, "I have had to ask more than once to get a change to my medicine to help my pain." We were also told by one person that they felt 'changes to my health have not been addressed and my mobility is getting worse.'

These issues were a breach of Regulation 9 of the Health and Social Care Act.

A service user / relatives' satisfaction survey had been completed early 2014, and results of people's feedback had been used to make changes and improve the service. The provider and manager were very open and transparent about some of the problems that had occurred in the home over the past eight months, this included senior staff changes. This had impacted on the amount of resident /family surveys and meetings. Meetings had been held regularly for people at which they could discuss things that mattered to them and people said they felt listened to. We

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Is the service responsive?

were aware there had been a reduction in frequency but meetings had been scheduled for this month. We looked at minutes from 2013-2014 and saw that meetings had been regular and meaningful.

We were told there had been regular involvement in activities. The service was currently recruiting a new activity co-ordinator. There had been a gap between the previous activity co-ordinator leaving and a new one starting, but care staff had filled in to provide activities. One person told us, "I read the paper, I have company and I have lots of visitors in the week. I'm actually quite content." Another person said, "I think it will be better when the weather improves, as I would then be able to go out again." Another said, "We play games like scrabble but not everyone can join in." We saw some lovely pictures of activities held last year and saw that people had visits from singing groups, trips to the local town and exercises to music. People told us that there was always something to do and look forward to.

Staff told us they spent time with people whenever possible especially if they remained in their bedroom because of their physical frailty. A relative told us, "My wife is unable to join in activities or leave her bed, but staff come and spend time with her." Another person said, "I like to be left to my own devices and this is respected. I join a few new friends for coffee and we chat and play cards. The day passes quite quickly nowadays. I am not bored or lonely." The home also encouraged people to maintain relationships with their friends and families. Another person told us, "My friend comes in to see me and joins me for lunch, It's nice to be able to do that." The home also provided people with daily newspapers. This was well received and helped people to remain in contact with current affairs. For people who lived with dementia there was reminiscence and themed quiz events to stimulate their memories. For people whose physical health was frail there were exercise and motivation sessions that people told us they enjoyed. One person said, "Age has made me stiff."

Records showed comments, compliments and complaints were monitored and acted upon. Documentation showed that complaints had been handled and responded to appropriately and any changes and learning recorded, for example, a complaint about the time of morning medicines being administered, a second RN had been recruited so as to ensure medicines were administered in a timely manner. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management, they are all very kind and approachable." The manager said, "People are given information about how to complain. It's important that you reassure people, so that they comfortable about saying things. We see it as a positive, not a negative."

Requires Improvement

Is the service well-led?

Our findings

People told us that the new manager was 'good', 'approachable and 'supportive.' Visitors were pleased that the manager was back and found her "Very good, knowledgeable and kind."

Whilst the management team undertook quality monitoring audits including those for medication practices, people's care documentation, we noted that some audits had not been regularly completed and had not identified the issues we found with risk assessments and care plans. Within the care plans, we found out of date information, unreviewed care plans and for some people no current risk assessments or plans of care. There was also a lack of guidance for managing weight loss and the promotion of maintaining skin integrity. For example regular position changing. The provider therefore did not have effective systems in place to regularly assess and monitor the quality of care delivery and documentation.

This was a breach of Regulation 10 of the Health and Social Care Act 2008.

From discussion with the provider and manager, it was acknowledged by the management team that communication and leadership within the home had been difficult over the past year. There had been a change of managers and staff that had impacted the service. The new management team had been in place for approximately five months, and new staff members were in post and recruitment was on-going. The new manager is a RN and had submitted her application for registered manager. The provider and manager were committed to improving the service. People had an awareness of who the manager was and spoke of her with respect and affection. One person said, "Good person, very gentle and quietly spoken."

We discussed the culture and ethos of the service with the manager and staff. They told us, "We want to make people feel that they have ownership of their care. It's going to be up to them what they do. Just because you are in a home, it's not the end of their life." In respect to staff, the manager added, "We want the home to grow and give excellence. We have had a hard year, with ups and many downs, a lot of staff changes that affected care delivery. But we are going forward now. "We were shown examples of how senior staff, both trained and support staff, were being given opportunities to develop professionally and improve practice within the home. Care staff were encouraged and supported to study for the new diploma in health and social care, and one RN told us of extra courses they could attend to update their skills.

There were good systems of communication, and staff knew and understood what was expected of them. Staff told us that they felt that communication between all staff had improved and colleagues were supporting each other. They felt that the team work and support had enhanced the care delivery and everyone was happier. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Team meetings were held at which staff could discuss aspects of people's care and support, and work as a team to resolve any difficulties or changes. For example, induction of new staff and shadowing.

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate preventative measures could be put in place when needed, such as alert mats for those at risk of falls. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager's 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 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 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services 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. **Regulation 9 (1) (b) (i) (ii)**

Regulated activity	Regulation
	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of service users and others. **Regulation 10 (1) (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 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The registered person had not enabled service users to make or participate in decisions relating to their care or treatment. **Regulation 17 (1) (b)**