Care Quality Commission

Bondcare St Andrews Limited

Acre Green Nursing Home

Inspection report

Acre Close, Middleton, Leeds, LS10 4HT
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Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Overall summary

The inspection was unannounced and took place over two days on 18 and 23 February 2015.

At the last inspection in September 2014 we found the provider was breaching four regulations. The breaches related to; care and welfare of people who used the service, meeting nutritional needs, cleanliness and infection control and assessing and monitoring the quality of the service provision. At this inspection we found the provider had made improvements in some areas but they were still in breach of three of the four regulations. We also found other areas of concern.

Acre Green is a purpose built home providing care for up to 50 people requiring personal and nursing care, some of whom may be living with dementia. All bedrooms are single occupancy with en suite toilet facilities. The home is arranged over two floors and both floors provide communal lounge and dining areas.

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

Staffing levels were not adequate to keep people safe and to allow them choice over their daily routine; we saw people's preferences were not met. People were not given their medicines in a safe way. Appropriate hygiene

Summary of findings

standards were not maintained and this put people at risk of acquiring infections. Staff were recruited safely. Risk assessments were in place and the service had detailed personal evacuation plans for all the people who lived at the home.

Staff did not have effective support through appraisals, supervision and training to ensure they could effectively meet people's needs. The service was not applying the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) effectively. The registered manager had not applied for a DoLS for someone who was under constant supervision. The registered manager and care staff could not tell us about the MCA and how to apply this to ensure people's rights were protected. People told us they enjoyed the food and had been involved in changing the menus to accommodate their choices. However, we found people who needed more support to eat had to wait longer than those who were more independent. People were referred to health professionals as needed, and the home had good links with a local GP who visited every week to review people.

People looked well cared for and we observed good relationships and interaction between staff and people who lived at the home. People and their relatives spoke positively about the staff who looked after them. We were concerned about how people with pressure area care were looked after and we were unable to get a clear understanding from the registered manager about the support provided to people at the end of their lives.

People had their needs assessed before they moved into the home. Care plans were easy to follow and contained detailed information about how to meet people's needs. Detailed risk assessments were also in place. However, people and their relatives told us they were not involved in reviewing their care plans. We were also told about difficulties people, their relatives and visiting professionals had communicating with some of the nursing staff. Activities were not individual to people's likes and hobbies and people who were more dependent had less access to meaningful activity than people who were more independent. People knew how to make complaints and the provider was investigating two formal complaints at the time of our inspection.

The provider's systems to monitor and assess the quality of service provision were not effective. They had not identified any of the issues we found during our inspection. The provider asked people to comment on the quality of care through surveys but results were not analysed or acted upon. People gave us mixed feedback about the support provided by the registered manager. Communication was not effective and we did not see evidence of regular meetings between the manager and staff, or people who used the service and their relatives.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has since been replaced with the Health and Social CAre Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Inadequate 

The service was not safe.

Appropriate standards of cleanliness and hygiene were not maintained. This meant people were not protected from the risk of infection.

The service did not have sufficient staff to keep people healthy, safe and well. Staff recruitment policies ensured staff were suitable to work with vulnerable people.

Medicines were not safely administered in line with prescribing instructions and the medication round took a long time which meant people had to wait to get the medication they required.

Staff had a good understanding of abuse and knew how to report concerns.

Detailed risk assessments were in place to manage risk and prevent avoidable harm.

Is the service effective?

Inadequate 

The service was not effective in meeting people's needs.

The registered manager and care staff did not demonstrate an understanding of how to apply the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Staff were not being consistently well supported. We did not see up to date training, some of the supervisions were not personalised and some staff had not received an appraisal in 2014.

People told us the meals had improved and they enjoyed them. People who needed support to eat their meal had to wait longer than those who were independent.

People were referred to health professionals when needed and the service had good links with the local GP.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

We saw examples of staff treating people with kindness and compassion. Staff were aware of the importance of making sure people were cared for with dignity and were given privacy.

It was difficult to establish how the home supported people who were at the end of their life. We found some concerns with pressure care management.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

Summary of findings

We saw people had their needs assessed before they moved into the home.

Care plans were easy to follow and had detailed assessments of need and guidance for staff about how to meet the person's needs.

People who lived at the home and their families told us they were not involved in reviewing care plans.

We found there were communication issues with the nursing staff.

Activities were not accessible for all of the people who lived in the home. They were not based on people's individual likes and preferences.

Is the service well-led?

Inadequate

The service was not well led.

The provider had not taken the required action to improve the service following the last inspection.

We found audits took place but were not effective in identifying areas where improvements were required.

We saw discrepancies between understanding of situations between the staff and the registered manager.

We received mixed feedback about the approach of the registered manager.

Acre Green 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 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 18 and 23 February 2015, both days were unannounced. On the first day of the inspection the team consisted of two inspectors, a specialist advisor with experience in infection control and an expert by experience in working with older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, the inspection team consisted of two inspectors and a specialist advisor who was a nurse.

The service was registered for 50 people and at the time of our inspection 48 people were living at the home.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent us. We contacted the local authority and the local health authority. We were aware of some safeguarding concerns which were being investigated by the local authority.

We spoke with 10 people living at Acre Green, and four relatives, a further two relatives contacted us after the inspection. We looked at four people's care plans and medication records for six people.

We spoke with the registered manager, regional manager, clinical nurse lead and two nurses. We also spoke with two domestic assistants and six members of the care team. We looked at four staff files and looked at records and policies about how the home is managed.

During the inspection we spoke with two visiting health care professionals, these were a GP and a specialist nurse from the local hospice.

Inadequate

Is the service safe?

Our findings

People gave us mixed feedback about how safe they felt. Staff levels were mentioned frequently. Through our observations, talking with staff and people who used the service we found there was not enough staff to meet the needs of the people who lived at the home.

Eight people who lived at the home told us they did not think there were enough staff available.

One person said, "They make you feel as comfortable as they can," but went onto add, "Sometimes there are only two carers for 20 odd people down here, it makes me feel I shouldn't ring the buzzer. I need two people to move me, I'm aware it makes them short of staff." A relative told us they did not think there was enough staff, and said, "Sometimes it takes a long time to see to my [relative] and they're left wet."

On the first day of our inspection, we arrived at 7:30am and saw seven people were up and dressed in the downstairs lounge, one person was asleep in the chair. One of the people up told us they had been up since about 6:30am, they told us they were not given a choice about the time they got up and would prefer to stay in bed until 8am, they had not been given a drink. They told us the buzzers go off repeatedly overnight and are not responded to, the person said, "I have a catheter so it is not a problem for me." We observed people had their first drink of the day at 7:45am.

On the second day of the inspection we saw one person was still in bed at 10:35am, they told us they were desperate to get up and had been waiting for staff to come and help them. They told us this happened on a regular basis and they were fed up. The person lived downstairs and needed two care staff to help them get up and dressed. We spoke with the senior care staff member who told us six people who lived downstairs needed two care staff to assist them; and they confirmed they were responsible for the medication round. This left two members of staff to assist people who required support; six people needed two care staff. We concluded this meant people had to wait to get up because there were not enough staff to help them.

We observed lunch upstairs and saw out of the 13 people eating at the dining table only three sat on a dining chair, everyone who was a wheelchair user remained in their wheelchair throughout lunch, we did not see anything in people's care plans to suggest this was people's preference.

We noticed lunch took a long time. People who were able to eat independently at the table were served first, we then saw staff taking trays to people who were able to eat independently in their rooms and people who needed assistance to eat in their bedrooms were served last.

We spoke with six members of staff and three of them told us they needed more staff to look after people. One person explained all the people on the upstairs unit needed help from two care staff for their care needs, they said, "The home needs more staff, especially on this floor because of dependency levels." Two members of staff we spoke with told us the home used a lot of agency staff which meant they did not know the people they were looking after, one member of staff told us, "You're looking after residents and looking after the agency staff," they felt this had an impact on their ability to look after people as they needed to spend time supporting the agency staff members.

We spoke with the registered manager and the regional manager who told us the home had enough staff to meet the needs of the people living there. We asked how they assessed this and were told they had a new electronic system, which they had started to use that month. The regional manager explained this tool calculated staffing levels based on the needs of the people who used the service. However, the tool was not operational on the day of our inspection. The regional manager told us this was a technical issue and agreed to send us a copy, which we received after the inspection. Prior to this the service did not use a formal system for calculating staffing levels but observed practice.

We concluded the provider had not taken appropriate steps to ensure they had sufficient staff to meet people's needs. This is a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing.

On both days of the inspection we observed the medication rounds took a long time, on day two the medication round on the nursing unit took over three and a half hours, this meant people were not getting their medication at the correct times. One person spoke to us at 11am and said, "The nurse comes with my tablets, though she hasn't been yet this morning." This was for their morning medication. A relative told us, "I don't know what

Inadequate

Is the service safe?

my wife's medication is now. I had to go and ask for some paracetamol, you'd think she would have it four hourly with her complaint. After half an hour the nurse came back with two tablets."

We looked at medication, which was prescribed in the original boxes and the associated records for four people who lived on the nursing unit, and two people who lived on the residential unit. We found a number of discrepancies between the recorded amounts taken on the medication administration record (MAR) and the quantity of medication left in the boxes. This meant we could not be certain people had been given their medication as prescribed.

One person was prescribed metoclopramide as a PRN medication, this means medication to be taken as required; we found three tablets had been taken out of the box. However, there was no MAR chart in place. We asked the nurse on duty whether they recorded PRN medication separately but we were not given a response. Therefore, it was unclear whether this medication had been administered correctly, as we could not find a record of it.

We found warfarin medication in a box which had 'emergency supply' recorded on the label, dated 25 January 2015. The box had contained three tablets and two were missing, there was no record of this medication on the MAR chart. When we looked at the other two boxes containing warfarin we were unable to consolidate the amount left, with the number recorded as administered on the MAR chart. The nurse on duty could not account for this.

We looked at the controlled drugs medication and found it was stored correctly, and when administered was signed by two members of staff. However, when we checked the oramorph it looked like there was less in the bottle than the recorded amount in the controlled drugs book. We asked about the system for measuring liquid medication and were told by the nurse on duty they do not have a suitable measuring tool. We asked how they would know the quantity of the medication which was left and were told, 'we estimate'. The nurse agreed the quantity in the bottle and the quantity recorded in the book did not match.

We spoke to the registered manager and regional manager about what we had found in relation to medications and we were told this would be looked into.

We concluded the service did not have safe systems in place for the recording and administering of medication. It is important this information is recorded to ensure people are given their medicines safely and consistently at all times. This is a breach of Regulation 13 (Management of Medicine); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (f) and (g) of the Health and Social CAre Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

At the last inspection we found the provider was breaching the regulation which related to cleanliness and infection control. During this inspection we were still concerned about the cleanliness and systems in place to reduce the risk of infections spreading. On arrival we noted an offensive odour; this persisted throughout both days in different parts of the home and varied in strength.

We saw a copy of an infection control audit which took place by the registered manager in January 2015. The audit scored the home as 99% compliant. However, we had a number of concerns and did not think this had been an effective audit.

In the upstairs clinical room there was no sink, we established this had been removed about three weeks beforehand, this was because the home was replacing the sink as a recommendation of the last inspection and on advice from the lead infection control nurse, from Leeds Community Healthcare NHS Trust. The registered manager told us medication pots were not re used however, we observed staff washing them out in the staff room to reuse.

A communal bathroom was used to store soiled linen; there was a very strong malodour in this room. The bathroom had a sign on the door which said, 'Free'. The soiled linen was in an open laundry bag. We were told by the domestic staff they emptied this at regular intervals throughout the day; 10am, 12pm and 2:30pm. However, we checked at 10:05am, 11:30am, 12:45pm and found the bag had not moved. We saw the bag being moved at 2:.10pm. We spoke to the registered manager about this, she told us the bathroom is not used by people and we saw on the second day of our inspection a keypad had been fitted and the door was locked, in addition to this a lid had been provided to ensure the soiled laundry was stored more hygienically.

Inadequate

Is the service safe?

We saw communal bathrooms were not clean; we found grab rails which had dirt on them, toilets and sinks were stained. We found two communal toilets with broken toilet seats.

We looked in people's bedrooms, in one room we found someone's wheelchair was dirty and the grab rails in their bathroom were not clean. In one bedroom we noted a strong malodour, the flooring was wet as it had just been cleaned but the odour persisted. When we checked we found the bed sheets were stained and had not been changed and the bed frame had stains on it. We looked in another bedroom and found the bumper on the bed rails had worn through, the person's wheelchair had food stains on it and again the grab rails in their bathroom were not clean.

We noted areas throughout the home where paint was flaking from the walls and ceiling. The carpets had stained areas next to the walls. The linen cupboard contained clean and dirty sheets meaning there was a risk of cross contamination.

The laundry room only had one door which meant making a clear dirty to clean process difficult to achieve. In the kitchen we saw dirty mop heads next to a food storage area, and ant boxes on shelves. In the sluice rooms we saw stained sinks and bins over flowing.

We noted cleaning staff were on duty in the morning but finished their shift at 2:30pm, this meant care staff would need to attend to any areas which needed cleaning in addition to looking after people who lived at the home.

These issues put people who used the service, staff and other people at significant risk of acquiring or transferring infections. This was a continued breach of Regulation 12 (Cleanliness and Infection Control) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment. You can see the action we have told the provider to take at the end of this report. We also shared our findings with the local infection and prevention control team, from Leeds Community Healthcare NHS Trust.

We looked at the staff files of four people who worked at the service. We saw records of the checks made before staff were employed. The registered manager obtained two written references and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that holds information about criminal records. This ensured only suitable people were employed by the service, which should help to protect people against the risks of unsuitable staff. We saw records of work permits for staff who required them.

There were a number of safeguarding investigations underway, these were being investigated by the local authority, and CQC were monitoring the progress of them. Staff we spoke with knew what constituted abuse and the types of abuse. They were able to tell us who they would report their concerns to and were aware of the safeguarding policy the home had. Staff were aware of the whistleblowing policy and gave us examples of who they could contact if they did not think their concerns were being addressed by the registered manager.

We saw risk assessments were in place for people who needed support with mobility, for people with bed rails, risk weight loss and dehydration. These were accessible within the person's care plan, and had been reviewed on a regular basis. We saw one person was independently taking their own medication and there was a detailed risk assessment in place for this which had been reviewed each month.

People had personal emergency evacuation plans to ensure staff were aware of the level of support people living at the service required should the building need to be evacuated in an emergency. Fire safety checks had been carried out on a regular basis. We checked the window restrictors that were in place and found no concerns.

Inadequate

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people using services, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We found staff and the registered manager did not understand what they needed to do to comply with the MCA and DoLS.

We spoke to the registered manager about her understanding of this legislation and she told us she had attended a training course on the principles of the Act, but told us the course did not teach you how to assess a person's ability to make a decision. So we asked who completed mental capacity assessments within the home, and the registered manager told us that if someone needed an assessment of their ability to make a decision, then the home would not make this assessment but would refer the person to the GP.

We looked at four care plans and found one person had a mental capacity assessment in place, this was a detailed assessment and completed in line with the legislation. A best interest decision had been recorded which had taken account the views of the person and those involved in their care.

During the inspection we saw one person had a sensor on their chair which buzzed to alert staff as soon as the person stood up; this meant they were under constant supervision from staff. This had been put in place to protect the person from harming themselves or others. We looked at their care plan and saw a detailed risk assessment was in place, the person's family and community mental health nurse had been involved in implementing this. However, we did not see a mental capacity assessment or best interest decision had been recorded. We asked a member of care staff whether this person was able to consent to the sensor, she said they could not and told us, "[Person's name] asks staff what the noise is and seems to appreciate the explanation but quickly forgets." We checked with the registered manager who confirmed the person was unable to consent to the monitoring system. This could be considered to be an unauthorised Deprivation of Liberty Safeguard. We suggested this to the registered manager, who had not considered this, and advised her to contact the local authority to discuss the matter, she agreed to do this.

At the time of our inspection nobody who lived at the home had an authorised DoLS in place. The registered manager told us she had submitted an application for a DoLS for one person who lived at the home; we established this person had the mental capacity to make their own decisions, meaning DoLS would not apply. The registered manager confirmed the person could make their own decisions, and went onto say she had applied at the request of the person's social worker.

We spoke to the registered manager about her understanding of DoLS, and she told us she had attended some training, however, she was not aware of a court ruling which has resulted in a need to consider DoLS when someone is subject to constant supervision.

Staff told us they had attended MCA training but demonstrated limited understanding of this. They also told us they had attended DoLS training, however were unable to explain to us what this meant and one member of staff said DoLS was about, "Making sure people are safe and if you have been told more than once you can go to safeguarding." We looked at the training matrix which showed 10 staff were overdue training on the Mental Capacity Act, and one nurse had last attended the training in 2012.

This is a breach of Regulation 18 (Consent to Care and Treatment) 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 need for consent. You can see the action we have told the provider to take at the end of this report.

We asked the registered manager what she does to ensure the training staff received was effective, she told us a lot of the training was completed on-line and as some staff were not able to use a computer without support, she had arranged for a trainer to come in once a week to support staff. However, this had not started when we inspected. We could not see any formal mechanism for monitoring the

Is the service effective?

effectiveness of the training, there were no competency checks which would help the registered manager know whether staff had understood and could implement the training.

The registered manager provided us with a copy of the training matrix, but went on to tell us this was not up to date; the copy we were given was dated 23 February 2015, we saw three members of the care team were overdue moving and handling training and 18 members of the care team, including nursing staff, were overdue their pressure ulcer prevention training.

The registered manager told us there were seven members of staff who had not had an appraisal in 2014; she told us she was to complete these as soon as possible. We spoke with six staff and all of them had received their annual appraisal, one person told us it was an opportunity to look at their development needs and felt it was a good mechanism for two way feedback.

We looked at four staff files and saw supervision took place on a regular basis. One member of staff told us this usually happened every month, but went on to say this was not always a discussion, sometimes they were given a piece of paper to sign. This meant it was not addressing any individual support needs the member of staff may have. However, two other members of staff told us they felt supervision was helpful and they discussed how they were getting on, any development and training needs, one member of staff said it was a way to give and receive feedback from the manager.

This is a breach of Regulation 23 (Supporting Staff) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing. You can see the action we have told the provider to take at the end of this report.

At the last inspection we found the provider was breaching the regulation that related to meeting nutritional needs. After the inspection the provider sent an action plan and told us they had made improvements and put appropriate arrangements in place. At this inspection we found the provider had made improvements and were no longer breaching this regulation.

We observed lunch on both floors during the inspection. We saw the tables were set nicely with clean linen, condiments and a small artificial flower arrangement. People had two choices for the main meal and desert. The menu of the day was on the table and people told us they had made their choices that morning. People told us they enjoyed the food, one person said, “The food is 100% better than when I came here 12 months ago.” Another person told us, “I’ve eaten more since I’ve been here. Today the roast lamb was well cooked.” We saw there had been a ‘residents committee meeting’ where people who lived there had contributed to changes in the menu plan. There was a note to say this would be reviewed at the next meeting.

We saw people who needed adapted cutlery, plate guards and alternatives to glasses had access to these to help them to be as independent as possible. Where people needed support to eat this was done in a calm way and at the person’s pace.

The registered manager checked all of the meals with the menu chart and people had special diets as required. We noted people had their weights recorded in their care plans and had nutritional risk assessments in place, where people had lost weight we saw they had been referred to the GP.

Overall, people told us they enjoyed the food and also said they had access to drinks and snacks throughout the day. We did notice there was little interaction between staff and people who used the service over lunch, also both dining rooms were quiet, there was very little talking and there was no background music. This appeared to be a missed opportunity for people to have a more interactive and enjoyable experience.

People told us other healthcare professionals visited the home when they were requested. We looked at people’s care plans and these contained information about visits from healthcare professionals, for example GPs, district nurses and chiropody. We saw the home had a good working relationship with a GP who visited every Wednesday afternoon to review people. One person told us, “If I go to hospital one of the carers goes with me.”

Requires Improvement

Is the service caring?

Our findings

At the last inspection we found the provider was breaching the regulation that related to the care and welfare of people who lived at the home. This was because people were not having their care needs met; some people looked unkempt and were not wearing appropriate footwear. After the inspection the provider sent an action plan and told us they had made improvements and put appropriate arrangements in place. At this inspection we found people looked well cared for, but we found the provider was still breaching the regulation that related care and welfare of people who used the service; this was because there was a lack of understanding about end of life care and we found issues with pressure care management.

During this inspection we saw people looked well cared for and were clean and tidy in their appearance. We saw people were relaxed and at ease in the company of staff who cared for them, there appeared to be positive relationships between people who used the service and the care staff.

People who used the service spoke positively about the staff that looked after them, people told us, "The staff are lovely people," and, "I find the staff cheerful and helpful." A relative told us, "I feel there are no problems with the care of my [relative]."

We observed staff respected people's privacy and observed staff knocked on people's bedroom doors before they entered. Staff talked with us about the importance of making sure people's dignity and privacy was respected.

We were told by the registered manager a number of people were receiving end of life care. However, we were unable to clarify the registered managers definition of end of life care, as one of the people the registered manager told us about had been on 'end of life care' for two years.

We did not see people who the home considered to be on end of life care received care which was any different to the other people who had nursing care; the registered manager confirmed this to be the case.

We were told by the registered manager that one person had been admitted in an emergency and they had not completed a pre admission assessment. The person arrived on a Friday evening and over the weekend it became apparent they could not meet the person's needs. We asked the palliative care nurse involved to make a safeguarding referral due to the concerns she had about the care the person received. She agreed to do this. CQC will be monitoring the outcome of this.

We reviewed the records of three people who had pressure sores. We saw one person was noted to have a grade two pressure sore, and there was a note to say this needed 'dressing', however, we were unable to see a care plan which provided specific treatment the person needed. Another person had an ungraded sore on their left heel, we saw there was a care plan in place, and the person was nursed on appropriate pressure relieving equipment, but the care plan did not appear to have been actioned for nine days.

This is a breach of Regulation 9 (Care and welfare of people who use the service); 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 person centred care. You can see what action we have told the provider to take at the back of this report.

We noted there was information displayed in the home to help keep people informed. Information was contained about advocacy services, details for Age UK, dates of resident's committee meetings and the dates of visits by the local authority contracts officer.

Requires Improvement

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home; this ensured the home was able to meet the needs of people they were planning to admit. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

We found care plans were easy to navigate and contained different sections related to people's care needs and how these should be met. Care plans contained information about people's backgrounds, life experiences and their likes and dislikes. These were personalised this should help care staff get to know people and understand what is important to them.

We saw care plans were reviewed each month. However, people and their relatives told us they were not involved in reviews of their care plans. One relative told us, "I had to give some background information when my [relative] came in but I've had no involvement since." Another said to us, "I don't know what you mean by a care plan."

We had difficulty in communicating with some of the nurses who were on duty during our inspection, and found it difficult to get a consistent response to our questions. A visiting health professional told us, "There is a high turnover of nurses often from overseas with poor communication." We also heard about difficulties with communication from relatives, one said, "You can't understand all the nurses. They don't seem to understand what you are saying." Another relative told us, "Half the nurses, I can't understand what they are saying when they ring me up. One nurse pretended she didn't understand when I asked her something. I think she didn't want to get involved."

People were not consistently involved in the development and ongoing review of their care plans. This is a breach of Regulation 17 (Respecting and Involving people who use the service); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 dignity and respect. You can see what action we have told the provider to take at the back of this report.

The home employed an activities co-ordinator who told us the care staff led group activities, and she spent one to one time with people. In addition to this she went around the home each morning to take people's lunch orders, deliver newspapers and respond to buzzers and helped with care tasks. We were unsure how effective the one to one activity could be with all the other tasks required of the activities co-ordinator.

On first day of our inspection we saw the activities co-ordinator took one person out shopping to a local market. The person told us they really enjoyed this. We observed a member of staff running a bingo session in the downstairs lounge, only two people were playing and they were at the opposite end of a long lounge to the staff member, the member of staff was sat next to the television and it meant she had to shout the numbers out across the room whilst other people were trying to watch the television. We noted there were no prizes.

We did not see any evidence of people who lived in the home being involved in designing the activity programme. One person said, "There's not enough for men to do here. I would like to go out but there's no transport. I have to use my own money." Another told us, "I won't be treated like a child. Throwing a ball or a ring over a cone is not my cup of tea. I'd rather make my own amusement."

We saw very little activity for people who had the highest physical care needs and were nursed in bed, on the second day of the inspection the communal activity was a coffee morning, held in the main lounge downstairs. We did not see anyone from the nursing unit attend this. A member of staff told us there was not enough activity for people, as there was only one person employed to spend one to one time with people and they had other tasks to do as well.

There was an activity board in the communal areas which listed the available activities for that month, in addition to planned activities within the home there were details about a visit planned by the donkey sanctuary , someone coming to sell ladies clothes and something called 'furry friends'. During our inspection we noted the activities available were limited.

Activities were not linked to people's individual interests, people who were more dependent had less chance to engage in meaningful activity. This is a breach of Regulation 17 (Respecting and Involving people who use the service); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to

Requires Improvement

Is the service responsive?

Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 dignity and respect. You can see what action we have told the provider to take at the end of this report.

The provider had a complaints policy in place and made us aware of one complaint they were currently investigating. During the investigation we were made aware of another complaint, this had been made by a family member of a resident who used to live at the service and involved a safeguarding allegation. We were told by the regional manager they would refer this to the local authority safeguarding team and would start an internal investigation. CQC will be monitoring the outcome of this.

Inadequate

Is the service well-led?

Our findings

At the last inspection we found the provider was breaching four regulations. The regulations related to care and welfare of people who used services, meeting nutritional needs, cleanliness and infection control and assessing and monitoring the quality of service provision.

After the last inspection we met with the provider to discuss our inspection findings and made them aware we were concerned about Acre Green Nursing Home. The provider had an action plan and assured us they had made improvements to their service. In January 2015 they confirmed the action plan had been completed as planned and they believed the service was compliant with the regulations.

At this inspection we found the provider had made improvements in some areas but they were still in breach of three of the four regulations. We also found they were breaching four other regulations; medications, consent to care and treatment, staffing and supporting staff.

We felt there was a culture of reduced opportunity based on a person's dependency levels. People who were less independent because of their physical or mental health needs received less opportunity to have choice and control; people who were more able had access to more opportunities. For example, they received their lunch first and engaged in meaningful activity like going shopping.

We saw the provider had undertaken an annual customer satisfaction survey in August 2014; however, when we asked the registered manager for the results of this she told us they had not been collated and she was waiting for this to be done by her administrator. This meant people's views had not been acted upon and there was no system to show positive feedback had been celebrated or how people's suggestions for improvements had been addressed.

The last relatives meeting was booked to take place in June 2014, no relatives attended, it was recorded this would be re-arranged for the end of July 2014, but we could see no record of this taking place. However, we saw 'residents and relatives meetings' were booked in for every quarter in 2015 and the dates were advertised on the communal noticeboard meaning it was accessible for people.

We saw a copy of the minutes from the last residents committee meeting, there was no date on this but the minutes were detailed and recorded discussions about changes to the menu, each person contributed two menu choices. It was recorded the next meeting would look at activities.

Staff told us important information about changes in the home were not always communicated. Some staff we spoke with were aware of a planned refurbishment programme, we spoke to the regional manager who told us they had implemented some of the plan; some people's bedroom flooring had been changed, and we saw some new arm chairs were available in the communal lounges. The other work which involved a full redecoration and refurbishment plan was awaiting budget approval; therefore, the regional manager was unable to tell us when this work would be completed.

We saw the last staff meeting had taken place in October 2014 but only four members of staff had attended, the registered manager told us they should take place every quarter and confirmed there had not been one since October 2014. She told us she had meetings with the nursing staff and senior carers, the last minutes we saw were from May 2014. The registered manager said she was sure there had been another one since then but was unable to show us the minutes or any other record. She said there had been a heads of departments meeting last month and the minutes were with the administrator to type up.

The registered manager told us she had recently introduced over night spot checks and told us she had completed one in January 2015, and found no concerns. We asked the registered manager for a copy of this but she was unable to provide it.

We received mixed feedback from staff about how well supported they felt by the registered manager. One person said the manager worked hard and knew how to run the service but said, "I don't always feel able to talk to the manager, talks to you like a child." Another told us, "Sometimes I can contribute but sometimes it's the manager's way or no way." However, one member of staff said, "If you get on with your job everything is fine," and went on to tell us the manager had supported them to consider further education. Staff told us the registered manager was often out and about around the home but one person who lived at the service told us, "If you want to see the manager she says, 'I'll see you in a minute, I'll just do this', she seems to be backing off."

Inadequate

Is the service well-led?

We noted a difference between the registered managers understanding of a situation and what staff understood. One example was, the cleaning staff told us four people had infections which needed staff to wear aprons and gloves before going into their bedrooms, and they told us the picture on the door signified this. The registered manager told us no one in the home had a current infection, which required barrier nursing, and the pictures of flowers were in place to make sure staff knew to observe these people for any signs of infection due to increased risk. We concluded communication was not effective.

The provider had a number of audits in place but we did not find these to be effective. We saw the infection control audit had taken place in January 2015 and recorded compliance as 99%. This was at odds with the volume and range of issues we found in relation to cleanliness and infection control. We saw a medication audit had taken place on the nursing unit in January 2015; medication counts scored 100% again this was in contrast to the issues we found in relation to medication. The second stage of the audit looked at medication management and was 96 % compliant, an action plan had been identified but there was no record of who would be responsible for ensuring the actions took place, or any timescales for when this should be completed. This had been signed off by the registered manager.

On the second day of the inspection we heard the buzzer ringing repeatedly; it was unclear whether this was people requesting assistance or access in and out of the building. The main entrance was secure and people had to press a buzzer to come in and out of the home. We spoke with the registered manager about this and she advised the home did not have a system where they could identify whether it was the door or a request for help; they had no system to check response times to call bells. We thought people sitting in the main lounge, which was directly opposite the door, would find the noise irritating. The regional manager told us they were looking to upgrade to a system that would allow them to do this.

The regional manager completed a monthly compliance visit; we did not see any of the issues we found during the inspection had been picked up during the compliance visit.

We concluded there was not an effective operation of systems to identify, assess and manage risk and to monitor the quality of service provision. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. You can see the action we have told the provider to take at the end of this report.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People did not receive adequate care to ensure their needs were met. This is a breach of Regulation 9 (Care and Welfare of people who use the service); 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines We concluded people were not given their medication in a safe way. The records were not accurate and the provider did not have safe systems in place to measure medication. This is regulation 13 management of medicines of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in safe care and treatment.

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 We concluded the provider did not routinely involve people and their relatives in reviews of care plans or in design of activities. Activities were limited. This is regulation 17 of the Health and Social Care ACt 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment We concluded the provider was not assessing people's ability to make their own decisions. When people were unable to give consent to decisions we did not see records of Best Interest decisions. We saw DoLS were not correctly administered. This is 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 Acttivities) Regulations 2014 need for consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing We concluded the provider did not have enough qualified, skilled or suitably experienced staff to meet people's needs. This is regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff We concluded staff were not supported to have effective training, supervision and some staff had not had an appraisal. This is regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision, which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance. The registered person did not have effective systems in place to monitor the quality of the service delivery.

The enforcement action we took:
We have served the provider and registered manager with a warning notice. The date for compliance is 27 April 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and Infection Control, which corresponds to Regulation 12 (2) (h) safe care and treatment. The service was not clean and hygienic this placed people who used the service and others at risk of acquiring and transferring infections.

The enforcement action we took:
We have served the provider and the registered manager with a warning notice. The date for compliance is 27 April 2015.