

Solehawk Limited

Craigielea Nursing Home

Inspection report

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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

This inspection took place over three days, 17, 18 and 24 March 2015. The first day of the inspection was unannounced. We last inspected Craigielea Nursing Home in October 2014. At that inspection we found the service was meeting the regulations we inspected.

Craigielea Nursing Home provides accommodation, nursing and personal care for up to 64 older people, including people living with dementia. At the time of the inspection there were 48 people living at the service.

The service had a registered manager who had been in post since November 1999. 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.

Out of 26 Medicines administration records viewed a number of recording errors were identified in four records, however we observed people's medicines were administered and stored appropriately.

Summary of findings

The provider's policies and procedures were out of date. This meant current information and guidance was unavailable for staff to refer to and what was expected of them when providing care for people and ensuring their safety and wellbeing.

Staff recruitment practices at the home did not always ensure that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults, placing service users at risk of harm. Satisfactory reference checks and confirmation of applicant's identity had not been conducted and information on application for employment forms were incomplete.

The service did not always protect people against the risk of unclean, insecure and properly maintained premises and equipment. Infection control was not appropriately managed and this presented a risk of infection to service users, staff and visitors.

We viewed safeguarding adults and whistleblowing policies at the service. We found they were not current and were last reviewed and updated in January 2013. Some staff had not received, or were overdue safeguarding adults instruction. Not all staff we spoke with were able to tell us what procedures or who they would contact outside of their organisation if they needed to report a safeguarding incident externally. Staff were able to tell us what constituted abuse and the procedures they would follow internally if they witnessed abuse. Each member of staff we spoke with told us they were confident management would deal with any reports they made effectively.

People using the service told us they were well cared for and felt safe with the staff who provided their care and support. One person told us, "Oh yes (I feel safe); this is ideal for me... I am much safer here than at home." Another person commented, "Yes (I feel safe); the people we have got (staff) are exceptional."

The service was not effective. We found there were gaps in the provision of training for all staff which meant people were at risk of unsafe working practice from staff who did not have the skills and knowledge to consistently meet their need. Almost 50% of the staff who provide care for people living with dementia at the home had not received training in how to provide good dementia care.

We found that regular supervision sessions were being conducted, though some staff were overdue an annual appraisal. All new staff received appropriate induction training and were supported in their professional development. However, no specialist care related training was undertaken by staff regarding specific conditions some of the people they cared for may have.

People were not always supported to make sure they had enough to eat and drink. People and their relatives were complimentary about the variety and quality of their meals and told us they enjoyed the food prepared at the home and had a choice about what they ate.

We found that there was limited understanding of Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) which meant the code of practice was not applied consistently or appropriately so some people were at risk of their human rights to make particular decisions was being denied to them.

People were supported to keep up to date with regular healthcare appointments and we were told where referrals were needed for external professionals to support people, this was done in a timely manner.

The service was not consistently caring. We saw occasions where people had been left unsupervised without interaction and contact with staff. A specific observation confirmed that some people did not receive supervision or interaction with staff.

Meetings for people using the home and their relatives were held. Advocacy information was accessible to people and their relatives. However, no surveys or questionnaires, in order to seek and act on feedback from people and their relatives in order to evaluate and improve the service were currently undertaken by the service.

We observed staff acting in a professional and friendly manner, treating people with dignity and respect. However, occasionally some staff appeared task driven and orientated, and as such, appeared to ignore people and did not take the time to listen to them. People were sat in the dining areas for long periods before they were served their meals.

Summary of findings

We observed some good caring relationships between staff and people living in the home. Staff were seen checking on a regular basis if people needed support. Staff were seen acting in a professional and friendly manner, treating people with dignity and respect.

Care plans were not regularly reviewed and evaluated. They did not contain up to date information on people's needs and risks associated to their care.

There was a lack of planned activities, stimulation and involvement of people in meaningful activities. The service did not currently employ an activities coordinator. This meant people who were nursed in bed, or preferred to remain in their bedrooms were at risk of social isolation.

An effective complaints process was in place. People and their relatives told us they felt able to raise any issues or concerns. Records confirmed complaints made were investigated and appropriate action was taken.

The service had a registered manager. We received positive feedback from people, their relatives and staff about the registered manager and how the service was managed and run. Staff told us they enjoyed a good relationship with the registered manager. One care

assistant told us, "Any issues I have' I will go and see the manager." Another care assistant said, "I feel happy about going to see Deborah (registered manager) if I need to." One relative told us, "It's a nice home, it has a lovely feel to it," Another relative told us a meeting had been arranged recently by the registered manager for relatives to explain the on-going building work and explaining the anticipated time for it to be completed.

Quality monitoring systems currently being used did not always ensure the service was operating safely and effectively.

Current quality assurance audits undertaken were irregular and ineffective. Monthly medicines audits conducted repeatedly identified discrepancies and shortfalls in the service's management of medicines, yet no remedial action was taken. Monthly care plan audits conducted were not regularly undertaken and were ineffective.

The provider was not considering best practice in relation to meeting the needs of people using the service.

During our inspection we identified a breach in seven regulations. 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?

The service was not safe. People's medicines were administered and stored appropriately however we noted minor recording errors on some medicine administration records.

Not all of the staff we spoke with were aware of their personal responsibility to report incidents of abuse, or potential abuse. Staff told us they would report any concerns to the registered manager. However, they were unable to tell us about any external organisations they could report concerns to.

Staff recruitment practices at the home did not always ensure that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults, placing service users at risk of harm.

The service did not always protect people against the risk of unclean, insecure and properly maintained premises and equipment. Infection control was not appropriately managed and this placed service users, staff and visitors at risk of catching an infection.

People using the service told us they were well cared for and felt safe with the staff who provided their care and support.

Inadequate



Is the service effective?

The service was not effective. We found there were gaps in the provision of training for all staff which meant people were at risk of unsafe working practice from staff who did not have the skills and knowledge to consistently meet their need.

We found that regular supervision sessions were being conducted. However, some staff were overdue an annual appraisal. All new staff received appropriate induction training and were supported in their professional development. However, no specialist care related training was undertaken by staff regarding specific conditions some of the people they cared for may have.

We saw at meal times where people had been left unsupervised without interaction and contact with staff. A specific observation at meal time confirmed that some people did not receive supervision or interaction with staff.

People were not always supported to make sure they had enough to eat and drink. People and their relatives were complimentary about the variety and quality of their meals and told us they enjoyed the food at the home and they had a choice about what they ate.

Inadequate



Summary of findings

We found that there was limited understanding of Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) which meant the code of practice was not applied consistently or appropriately so some people were at risk of their human rights to make particular decisions was being denied to them.

People were supported to keep up to date with regular healthcare appointments and we were told where referrals were needed for external professionals to support people, this was done in a timely manner.

Is the service caring?

We observed staff acting in a professional and friendly manner, treating people with dignity and respect. However, some staff appeared task driven and orientated, ignored people and did not listen to them. People were sat in dining area for long periods before they were served their meals.

We observed some good caring relationships between staff and people living in the home. People and their relatives spoke positively about the care and support people received.

Meetings for people using the home and their relatives were held. Advocacy information was accessible to people and their relatives. However, no surveys or questionnaires, in order to seek and act on feedback from people and their relatives in order to evaluate and improve the service were currently undertaken by the service.

Requires improvement



Is the service responsive?

The service was not responsive to people's needs. Care plans were not regularly reviewed and evaluated. They did not contain up to date information on people's needs and risks associated to their care.

There was a lack of planned activities, stimulation and involvement of people in meaningful activities. The service did not currently employ an activities coordinator. This meant people who were nursed in bed, or preferred to remain in their bedrooms were at risk of social isolation.

An effective complaints process was in place. People and their relatives told us they felt able to raise any issues or concerns. Records confirmed complaints made were investigated and appropriate action was taken.

Requires improvement



Is the service well-led?

The service was not always well-led. Quality monitoring systems currently being used did not always ensure the service was operating safely and effectively.

Current quality assurance audits undertaken were irregular and ineffective. Monthly medicines audits conducted repeatedly identified discrepancies and shortfalls in the service's management of medicines, yet no remedial action was taken. Monthly care plan audits conducted were not regularly undertaken and were ineffective.

Inadequate



Summary of findings

The provider was not considering best practice in relation to meeting the needs of people using the service.

The service had a registered manager. A relative told us a meeting had been arranged for relatives to explain the on-going building work at the home. Staff told us they attended staff meetings and they were able to 'speak up'. Staff told us the registered manager and deputy were approachable if they had any issues. One care assistant said, "I am confident the manager would listen to me and act upon any issues I may have."

Craigielea 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 over three days, 17, 18 and 24 March 2015. The first day of the inspection was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local

authority commissioners for the service and did not receive any information of concern. During the inspection, we contacted a local authority Mental Capacity Act 2005/ Deprivation of Liberty Safeguards lead.

We spoke with five people who used the service to obtain their views on the care and support they received. We also spoke with nine relatives who were visiting the home on the day of our inspection. We also spoke with the registered manager, the provider's Operations Manager, two nurses, one senior care assistant, seven care assistants and the provider's maintenance / handyman.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at a range of records. These included care records for nine people who used the service, 26 people's medicines records and five records of staff employed at the home, duty rotas, accident and incident records, policies and procedures and complaints records. We also looked at minutes of staff and relative meetings, premises and equipment servicing records and a range of other quality audits and management records.

Is the service safe?

Our findings

At the time of our inspection, the provider was undertaking a large scale renovation and refurbishment to the home. This had commenced in January 2015 and was anticipated to be completed in nine to 12 months. Initial building work had commenced on the residential unit and meant some people had to be moved temporarily to other unfamiliar areas of the home, in order to facilitate the work to be carried out.

We found that people who use the service, staff and visitors were not always protected against the risks of unsafe or unsuitable premises and equipment. This was because the premises and equipment at the home and used by the provider was not always clean, secure and properly maintained.

We were shown a Health and Safety audit document which was dated 14 October 2014. This had been conducted by the provider's nurse manager. The audit identified the requirement for window restrictors to be fitted to 15 areas / rooms, as they had windows that could be opened further than a maximum of 10cm. Window restrictors protect vulnerable people who have access to windows large enough to allow them to fall out and be harmed and to prevent such falls. On the third day of our inspection we saw nine windows still required the fitting of window restrictors. These included two people's rooms which were currently occupied and where windows were accessible. The registered manager confirmed that action would be taken straight away to ensure people were safe.

We saw servicing certificates for three medi-baths currently in use at the home had expired in March 2014. At the time of the inspection, the service was unable to provide evidence of current servicing and certification. We also found one ground floor bath had part of the protective enamel covering missing. This exposed the bare metal and the bath panel was cracked and damaged. A first floor bath also had part of the protective enamel covering missing, which exposed the bare metal.

We examined electrical appliances throughout the home and found where there was a requirement for them to be subject of Portable Appliance Testing (PAT); we noted that testing dates had been inaccurately recorded, individual identification numbers were not issued and certificates were not available. We also examined the PAT testing

machine used in the home and found the annual calibration date had expired and had been due on 10 October 2014. This meant electrical appliances and equipment in the home were not able to be monitored, along with the status of the equipment to ensure it was safe to use, in addition we could not guarantee testing was accurate due to the expiry on the machines calibration.

The service had a current Legionella assessment and certificate and we saw evidence of in-house water temperature checks being conducted. This involved the maintenance / handyman conducting water and Legionella checks averaging four rooms a month. However, we found there was no formal system in place to ensure individual rooms would be checked on a regular basis and rooms were selected for testing at random. We noted over a 12 month period, room checks were being conducted, however all rooms had not been checked during that period. We concluded whilst there was evidence of some Legionella checks being conducted, the current system of checks did not cover every room.

Whilst the current building work was being conducted on the residential unit of the home, we saw a number of lights in the nursing unit were not working. Effective lighting is important to the health and safety of everyone using the workplace and in order to prevent accidents and identify potential hazards. We also noted when the emergency lighting was activated in the residential unit; a number of emergency lights failed to illuminate and one emergency light had its cover missing.

During our inspection of the premises we noted that the majority of communal toilets, staff room, kitchen and toilets, bathrooms, the ground floor lounge, two dining rooms and the hair salon were not clean, or adequately maintained. For example, we saw one communal toilet had a full ceiling tile missing and electrical wiring was exposed. In a gentleman's toilet there was cracked ceramic tiles and the extractor fan was not able to be switched off. In a staff toilet we noted the cistern lid was cracked and in the ground floor lounge the window blinds were damaged.

We saw cupboards in a staff kitchen were dirty and stained with spilled liquid and food debris. We also noted cups, saucers and beakers were stored in these cupboards and observed staff using these to serve people drinks.

We saw two ground floor dining areas were unclean. For example, we saw the inside one dining room cupboard

Is the service safe?

there were stains built up with liquid and food debris. A refuse bin in the room did not have a lid. The bin was full and refuse was exposed. The other dining room cupboard was also stained with liquid and food debris.

We discussed our overall findings in relation to premises with the registered manager, who acknowledged the identified failings and gave assurances that she would endeavour to rectify them as soon as practicable.

We found that the registered person had not protected people against the risk of unclean, insecure and properly maintained premises and equipment. We also found that infection control was not appropriately managed and this placed service users, staff and visitors at risk of catching an infection. This was in breach of regulations 15 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the home's Business Continuity Plan (contingency plans in case of a fire, flood, loss of utilities, or other emergency) was last updated September 2012. We noted the Business Continuity Plan was inaccurate and contained contact details of persons no longer involved or employed by the service and inaccurate contact details of utility companies and other services who should be contacted in the event of an emergency. The registered manager told us the Business Continuity Plan was currently under review by the new provider and the home was awaiting its publication. This meant staff did not have accurate and up to date contact details in the event of an emergency.

We examined the personal emergency evacuation plans (PEEPs) files for both the residential and nursing units at the home. PEEPs give information and describe how people should be evacuated out of the building in the event of an emergency. We saw both files contained inaccurate indexes and inaccurate contents. On the second day of the inspection the registered manager told us, and records confirmed both the residential and nursing unit's files had been amended, updated and were now accurate.

Staff recruitment practices at the home did not always ensure that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults, placing service users at risk of harm. We examined five recruitment records for staff who had recently been employed at the home. We found that

inadequate checks had been completed. For example, three recruitment records did not include satisfactory references. We also noted one care assistant had commenced working at the service for over four months before a second reference had been received. Another two recruitment records did not contain proof of identity, one did not contain a photograph, or copy passport/identification document and three records had incomplete information on the application for employment forms. However, we did note that security checks had been made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable people.

We found that the registered person had not protected people against the risk of unsuitable staff being employed. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how medicines were handled and found that the arrangements were not always safe. We saw current medicines policies at the home were last reviewed and updated May 2010, September 2012 and January 2013. This meant current policies, and guidance were not available for staff to refer to and what was expected of them when handling medicines. We looked at how medicines were monitored and checked by the registered manager to make sure they were being handled properly and that systems were safe. We saw that monthly audits had been conducted for the previous six months before our inspection and had identified the discrepancies we found during this inspection. We found each audit had identified repeated and almost identical medicines errors, relating to stock discrepancies and body maps not being signed, or updated. Whilst we noted no remedial action had been taken, the registered manager told us, and records confirmed, medicines handling concerns had been raised with a RGN and had been documented in their supervision records.

We viewed 26 people's medication administration records (MARs) who received nursing care. We saw the MAR charts were neat and tidy, contained no loose pagers and there was a current photograph for each person, to prevent errors and ensure medicines were not being given to the

Is the service safe?

wrong person. We observed a nurse conducting a medicines round and saw it was conducted professionally and medicines were administered and stored safely. One person told us, “There are no problems with my medication.” Another person said, “I have been informed about my medication.”

When required (PRN) medication protocols were in place and all prescribing appeared to be within advised limits and in accordance with National Institute for Health and Care Excellence (NICE) Guidelines were appropriate and as expected for people’s conditions. However, we found a number of omissions in four MAR charts. For example, missing signatures of the person administering the medicines, omissions and inaccurate documentation. This meant we could not be sure if people were having their medicines administered correctly.

The registered manager told us, and records confirmed, the service was in regular contact with the local authority safeguarding adults team. We saw that 10 referrals for advice had been made in the last 12 months. However, we noted the records for each contact; the investigation and advice or outcome given was recorded on a complaints record form used by the service and not a dedicated safeguarding referral form. We spoke with five staff members and not all were clear about safeguarding procedures. Some staff told us they would report any concerns to their manager. However, not all staff were able to tell us about the local authority safeguarding adults team, their contact details, or where they could access safeguarding information and contact details within the home. Some staff also told us they were unsure what happened following a report of safeguarding abuse.

People using the service told us they were well cared for and felt safe with the staff who provided their care and support. One person told us, “Oh yes (I feel safe); this is ideal for me... I am much safer here than at home.” Another person commented, “Yes (I feel safe); the people we have got (staff) are exceptional.” Relatives we spoke with were happy with the care, treatment and support their relative received at the home. One relative told us, “I think it’s safe enough.” Another relative said, “Oh yes (it is safe). The staff are nice; it takes a lot of getting used to but they are all very nice.”

We also noted the service had a whistleblowing policy. This meant staff could report any risks or concerns about practice in confidence with the provider. However, we

noted this was not up to date and was last reviewed in January 2013. We saw whistleblowing was included in a recently introduced employee handbook. However this information was brief, limited and did not contain contact details of who staff could report any risks or concerns to.

Following a recent concern we had received, we looked at staffing levels at the home in detail.

We discussed with the registered manager how the numbers of staff needed was planned and if a dependency tool was used to determine the staffing levels needed at the home. The registered manager told us no formal dependency tool was used to determine the numbers of staff required.

We looked at staffing rotas for the current and previous weeks. We saw staffing levels reflected what we were told by the registered manager. Where there were gaps we saw agency staff had been employed to help ensure safe levels of staffing were maintained.

We received mixed opinions from people, their relatives and staff about staffing levels at the home. One person told us, “They could probably do with more staff; but having said that the ratio is generally 8:1. Yes in one sense they do come quickly if there are two people on this floor... It is not consistent though, as it depends on if they are busy; but they are a good crew – the only thing is the turnover.” Another person commented, “They could do with more (staff) generally. They seem to be always busy; running about trying to do everything together – it’s busy if there are a couple of emergencies.” One relative told us, “They have increased their staff recently which is an advantage.” Other relative’s comments included, “Yes I would say so (enough staff on duty); there’s always someone around,” “In one of the relatives meetings the manager spoke about recruitment; sometimes they have staff from an agency,” and, “There was quite a turnover of staff at one point; but it seems to have been sorted out.”

We saw accident and incidents audits were completed on a monthly basis. This ensured that in the case of an accident or incident appropriate action had been taken, including any referrals for external professional support. We saw that as part of the monthly audit each accident and incident form was reviewed by the registered manager. We saw each accident or incident was documented, together with an overview of all accidents and incidents that month.

Is the service safe?

Other equipment and systems were also subject to checks by independent companies or assessors. For example, records showed passenger lift servicing, gas and electrical checks, fire safety systems servicing and checks were carried out at appropriate intervals. We noted that these were up to date and were completed regularly.

Records examined confirmed nurses employed at the home were currently registered with the Nursing and Midwifery Council.

The registered manager told us, and records confirmed that the provider operated an out of hours contact facility where staff were able to contact a duty manager for advice and in the case of emergencies.

Is the service effective?

Our findings

The registered manager told us that at the time of our inspection, 58 staff were employed by the service. We noted the training matrix requested and examined was inaccurate, contained the names and training records for 87 staff and documented names of some staff who were no longer employed at the home.

The registered manager told us all staff were required to undertake mandatory training in a number of areas which was to be refreshed every three years; with the exception of manual handling which was refreshed annually. These areas included fire safety, fire drills, food hygiene, Control of Substances Hazardous to Health (COSHH), health and safety, safeguarding adults, infection control, safe handling of medication (role appropriate) and emergency first aid.

The registered manager told us and available records confirmed, there were gaps in the provision of mandatory and safe working practice training. For example, three staff were overdue or had not undertaken fire safety training; eight staff were overdue or had not undertaken fire drill training; 10 staff were overdue or had not undertaken food hygiene training (including two kitchen assistants); 12 staff were overdue or had not undertaken moving and handling training; 11 staff were overdue or had not undertaken COSHH training; 11 staff were overdue or had not undertaken health and safety training; 14 staff were overdue or had not undertaken safeguarding adults training; 15 staff were overdue or had not undertaken infection control training (including two kitchen assistants); seven staff were overdue or had not undertaken emergency first aid training and three staff were overdue or had not undertaken safe handling of medication training (three out of seven staff who administer medicines).

We saw that other than mandatory training which should be undertaken by staff, no specialist care related training had been undertaken by staff regarding specific conditions the people they cared for may have. For example, Parkinson's Disease, tissue viability, end of life and palliative care.

We spoke with the operations manager and the registered manager regarding MCA training. The registered manager told us MCA training was not currently undertaken by staff at the home. She told us, and records confirmed, she had recently received MCA training and was the only member of

staff currently trained in MCA. One nurse employed at the home had previously received MCA training. However, this had been in January 2012 and had now lapsed. This meant due to the recent high turnover and recruitment of staff, 50% of staff recently employed at the home had not received any MCA training. We concluded the provider was not operating currently under the MCA as assessments were not in place for people who did not have capacity and all staff did not have the relevant knowledge and skills to support people. The operations manager told us the provider would look at MCA and training as an organisation and a matter of urgency.

We asked the registered manager the number of staff currently employed at the home who had received current dementia training. The registered manager told us 27 staff of the staff employed at the home had not received any dementia training. This meant almost 50% of the staff who provide care for people living with dementia at the home had not received training in how to provide good dementia care.

Following an examination of the complaints file held at the home, we noted six of the complaints received and recorded within the last 12 months, had been made in relation to poor staff attitude and lack of communication skills. The registered manager told us she believed some staff had undertaken equality and diversity training, however, no records or evidence was available at the time of the inspection. The registered manager also told us 51 staff were to be enrolled on a Dignity and Safeguarding Course (distance learning in the workplace) at the end of April 2015 to address the issues highlighted in the complaints. She also told us the majority of the staff subject of the complaints no longer worked at the home. One relative commented, "I have approached a couple (of staff) and thought 'I don't know whether they are right for the job.' I have observed sometimes the way they speak to the patients they are a little impatient; the odd one or two," and, "It needs improvement; it's their attitude. They don't understand that the residents don't know - it's the interaction; it's just the way the odd one or two are."

We examined eight staff personnel files and found four staff members were overdue an annual appraisals. Appraisals provide a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. We noted one staff member last had an appraisal in 2009, two in 2010 and another in 2011.

Is the service effective?

This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

We saw the current policy in place regarding the use of bed rails. The policy stated if there is a need for the continuing use of bed rails the person should be continually monitored. We found no evidence of the use of bed rails being monitored. The policy also stated a signature allowing the use of bed rails must be obtained from the manager, resident or family. We found no evidence of an authorising signature or consultation with the person or family member; or evidence of a best interest decision and it was unclear if the person lacked capacity in this person's care records.

The registered manager told us she was aware of the legal changes widening the scope of DoLS and she had attended enhanced MCA and DoLS champion training in May 2014. We noted during our observations that a number of people were not able to leave the home independently, or where equipment intended to restrict freedom of movement was in use. For example, the use of bed rails was not consistently applied. We found no evidence that since the change in legislation people had been assessed in line with DoLS to properly establish whether they were being deprived of their liberty. The registered manager told us, and records confirmed two DoLS applications / authorisations had been made to the local authority within the last 12 months. During the course of our inspection, we spoke with a local authority Mental Capacity Act 2005/ Deprivation of Liberty Safeguards lead. They told us and confirmed they had received two DoLS applications from the service, but had minimal contact with the home and

their specialist advice had never been sought. We spoke with the registered manager about DoLS and the manager confirmed they did not have an overall analysis of people in the home where a DoLS would be the correct decision.

We found a limited understanding, knowledge and confidence in relation to MCA and best interest decisions. We saw an inadequate number of people had MCA assessments in place. We found MCA assessments were not being completed and best interest decisions were not being conducted. For example, we examined the care records for one person who currently had bed rails in place. We found no evidence of consent, or MCA assessments, or DoLS application. On the second day of our visit the registered manager told us this person's MCA assessments had been conducted and completed by the nurse on duty. As the registered manager was the only member of staff currently MCA trained, this meant the MCA assessments had been completed by a nurse who had not received MCA training, or whose MCA training had lapsed.

We saw one person's care records contained a DNACPR form which documented the involvement of a family member, but did not contain evidence that this person lacked capacity. Another person with a diagnosis of dementia did not have a comprehensive MCA assessment conducted and documented, nor was there any documentation relating to Best Interest Decisions or consideration of a DoLS (Deprivation of Liberty) in the care records.

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

On the third day of our inspection the registered manager told us she had contacted the local authority MCA/DoLS Safeguards team and had arranged a meeting at the home in order to seek advice and guidance and a local authority representative was to also visit the home in the near future.

We saw evidence that IMCAs had been previously been consulted in relation to two people. If someone does not have capacity to make a decision then an Independent Mental Capacity Advocate (IMCA) should be consulted. An

Is the service effective?

IMCA are independent people who represent and support the person in relation to key decisions. This is particularly important if, for example, there are no family members to support a person with big decisions.

The registered manager told us all new staff received appropriate induction training. This included a period of shadowing an experienced and established colleague before working unaccompanied. The registered manager told us that all staff were required to complete their initial induction workbooks within 12 weeks of the commencement of their employment. Staff suitability to perform their role was reviewed regularly, during a six month probationary, which was regularly reviewed and a supervision session conducted after three months. Following a successful completion of their probation, staff were enrolled on a level two or three diploma and embarked on gaining adult health and social care qualifications. All staff we spoke with told us their induction training and mentoring had been comprehensive and enjoyable.

During our inspection staff told us, and records confirmed one to one meetings, known as supervisions, were regularly conducted. Supervision sessions are used, amongst other methods to check staff progress and provide guidance. Staff files and records we examined showed that regular supervisions were being carried out.

During the course of the inspection we saw people were offered choices and asked for their permission. For example, during mid-morning and lunch people were offered a choice of drinks, including tea, coffee and fruit juice from concentrate and saw staff were pleasant, giving people time to consider their choice. However, we spent time observing the lunch time experience on the first two days of the visit and both occasions saw people were left unaccompanied whilst sat at the dining table for long periods of time with staff only returning to the dining room periodically to monitor people. At no point during the two observations did a member of staff sit with people, or offer any assistance or encouragement to eat or drink. We were concerned staff were unable to provide adequate support and assistance for some very frail people living at the home to eat and drink.

During this inspection we used the Short Observational Framework for Inspection (SOFI). This is an exercise to observe the interactions between people and staff where people are may be unable to tell us their experiences of the

care and support they receive. On the first day of our visit we asked one person how long they had been sat waiting at the dining table waiting to be served their lunch. One person told us, "I don't know, but it's been a long time." Due to the length of time people had been sat ready at the dining tables before being served their meals during the first day of the inspection, we conducted a more detailed observation on the second day of our visit. The observation commenced at 12.15pm and three people were sat waiting at the dining tables and by 12.29pm, eight people were sat at the tables. At 12.41pm one person commented, "Can't they bring our meals any faster?" At 12.43pm three people's meals were served. At 12.45pm the first of the original three people who were sat at the dining table at 12.15pm was served their lunch. The second person was served their lunch at 12.47pm and the third person at 12.49pm. This meant the first three people sat at the dining table had waited 30, 32 and 34 minutes before their food was served. People told us this was an everyday occurrence.

In addition, we were concerned that vulnerable people were being left unsupervised for long periods of time and only two members of staff visited the dining area intermittently before lunch was served and only periodically whilst people were eating and drinking. We also observed one four minute period where seven people were eating and drinking. There were no staff members present until one staff member entered the dining room without acknowledging anyone present and asked, "Is everyone OK?," before immediately leaving the dining room without listening to any response.

We discussed our current concerns with the operations manager and registered manager and the fact that identical issues regarding the length of time people were sat in dining area before they were served their meals, had been highlighted at a previous inspection in April 2014. The registered manager told us two weeks after our inspection, building work was to commence which would reduce the number of dining rooms in the home from six to four and this would mean staff were not spread out and required to serve in as many dining areas. Both the operations manager and registered manager told us they would look at the deployment of staff at meal times to address these issues.

People and their relatives we spoke with were complimentary about the variety and quality of the meals at the home. One person told us, "It's marvellous (the food);

Is the service effective?

very good and the right size. You get a good choice – it is first class.” Other people’s comments included, “Yes it’s good, especially the chocolate cakes. There is a choice given the day before,” and, “Well there is always something agreeable; it’s pretty good.” A relative told us, “She has a soft diet so they don’t go through the choice; they know what she likes.” Throughout our two lunch time observations, we could hear people’s comments to staff about how much they had enjoyed their meals and included, “This sago pudding is lovely,” “I’m finished, but I thoroughly enjoyed what I had though,” and, “The meal was very very nice.”

People were supported to keep up to date with regular healthcare appointments, such as dentists, GPs and podiatrists. Care plans reviewed showed the involvement of other health professionals such as dietitians, psychiatrists or District Nurse. A nurse told us a G.P. from a local practice visited the home every Wednesday, accompanied by a specialist nurse for the elderly to review people. One person told us, “Oh yes; the doctor is in once per week every week and the nurse comes in for my ears. If I go to hospital appointment I go with a carer.” One relative told us, “He’s developed a bad back, but the GP is coming tomorrow. This has been arranged timely and promptly.” Other relative’s comments included, “If we think that there

is anything wrong, then the nurse will get the doctor. I think he comes in once or twice a week anyway,” “The GP comes in regularly; I think for standard checks and there is a chiropodist,” and, “They (staff) always keep me advised

Individual assessments were in place for identified needs, including falls and nutrition. We noted one person’s care plan showed evidence of a referral having been made to the speech and language team (SALT). We also saw information and advice was documented following the visit from SALT. Additionally, we saw evidence of types of food that should be avoided, together with options of a softer diet being included in the persons care plan.

At the time of our visit we saw the residential unit was undergoing an extensive renovation and refurbishment programme in order to improve the design and facilities at the home. The registered manager told us there was a planned programme of building work and similar improvements were to be made to the nursing unit on completion of the work in the residential unit. However, due to the refurbishment programme, storage space in the home was limited and it was noted that many of the stairwells were used to store wheelchairs, mattresses, hoists and walking frames were left in stairwells, corridors and other communal areas which could present a hazard.

Is the service caring?

Our findings

Some people, due to their health care conditions, were unable to tell us about their experiences living in the home. However, people we did speak with and their relatives spoke positively about the care and support people received. One person told us, “Yes, every day they are caring.” Another person commented, “They are very caring.” One relative said, “I’m satisfied that she is getting good care,” and, “They are very caring all the time.” Another relative told us, “Yes, they seem dead caring... I am quite happy with the care.”

We observed some good caring relationships between staff and people living in the home. Staff were seen checking on a regular basis if people needed support. Staff were observed providing care for a person who was unwell and another person was helped to change position to enable them to eat a meal by themselves.

Throughout the inspection staff were observed acting in a professional and friendly manner, treating people with dignity and respect. We saw staff knocked on people’s doors before entering their rooms and staff ensured any personal care was discussed discretely with people and carried out in private. Another example included staff discreetly repositioning one person’s clothing to maintain their dignity without drawing unnecessary attention to the incident. Other examples observed during our inspection was where people who had fallen asleep were gently roused in a sensitive manner by care staff, to tell them it was nearly lunch time. One person who became concerned that they had missed a visit from a relative was calmed and comforted and a good explanation of why the relative was visiting later that afternoon was provided. We also saw one person who had become anxious and distressed was comforted and reassured and asked if they would like to retire to their bedroom. One relative commented, “They are always respectful and dignified.” Another relative commented, “They do respect her choices; things like putting the light on etcetera.” However, one person told us, “One fully qualified nurse does not have the necessary compassion and cannot talk to you; she brings in the meds (medicines) and goes.”

We saw some staff interacted with people well and had developed a good friendly relationship. For example, some staff chatted with people, listened to what they had to say and showed a sincere interest. For example, one person

showed obvious delight and beamed at being told how lovely her hair looked following her earlier visit to the hairdresser. In contrast, some staff seemed task driven and orientated, ignored people and did not listened to them. For example, one person asked a member of staff if they could have condiments to compliment the meal they had been served. 27 minutes later this person had finished both courses of meals and no condiments had been provided, or any explanation given. Another person who had finished their meal and wished to leave the dining area asked a staff member to pass their walking stick which was positioned within view nearby, but out of reach in order that it did not present a hazard. The staff member told the person making the request, “Just a minute while I clear these dishes.” Then after clearing the dishes told this person, “Just a minute, I’ll just serve (person) with her desert.” The member of staff served the desert to the person and a desert to another person, before handing the walking stick to the person who requested over three minutes later.

Our expert by experience also observed that two people in a ground floor lounge sitting watching television had been unsupervised for a long period of time, with no staff presence or interaction observed.

We saw people’s rooms were personalised. We saw they reflected people’s individual taste and were personalised with items from their previous homes. For example, reminders of important thing in their lives and personal photographs taken throughout their lives and of family. One relative told us, “Yes it’s a lovely room; generally it’s nice.”

We asked the registered manager what surveys or questionnaires were currently used by the service, in order to seek and act on feedback from people and their relatives in order to evaluate and improve the service. The registered manager told us residents and relative’s surveys or questionnaires were not currently undertaken and no surveys had been conducted since the new provider had taken over in February 2014. She was unable to confirm when any form of survey or feedback from people or their relatives had ever been sought. She did show us a draft resident’s survey and also draft relatives, friends, visitors and professional person’s survey (titled ‘Partner’s in Care Survey’) had recently been formulated and she intended to circulate these in April 2015.

In the reception area of the home we saw information and contact details on advocacy services for older people and

Is the service caring?

people living with dementia were on display on a notice board. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives and have their voice heard on issues that are important to them. We saw very detailed advocacy information and contact details were listed within the provider's advocacy policy 'Residents' Rights'. We also noted this information was not included in the provider's service user's guide or their statement of purpose. We discussed this with the registered manager during our visit, who told us this would be included in both documents in the near future. The registered manager told us, and records confirmed, two people were using an advocacy service at the time of the inspection.

The majority of people and relatives we spoke with told us meetings for people using the home and relatives were regularly held. One relative told us, "We had a meeting – it was to give information about the refurbishment and the changes that they are doing. We got a letter regarding the work and the date that it would be finished... They said they would call meetings every so often to advise of progress. There were about 16 (relatives) present." Other relative's comments included, "They have had meetings; but my brother-in-law attends them. The last meeting was about the changes and refurbishment," "In one of the relative's meetings the manager spoke about recruitment; sometimes they have staff from an agency," and, "We had one meeting when the voluntary company merged with the new organisation." However, two relatives told us they had not attended a meeting were unaware that they were held.

Is the service responsive?

Our findings

Some people living at the home were able to tell us about their experiences. One person told us, “They go out of their way to be nice and friendly.” Another person said, “They always come and see whether I want anything and they always get it for me.” A relative told us, “She never has to ask for anything... They would keep coming into her room to make sure she is alright.” Other relative’s comments included, “Yes, the staff are tremendous,” and, “I’ll give them that; they know what he needs now and they do it before he asks.”

With the exception of one relative, all of the people and relatives we spoke with told us they were aware of the complaints procedure and how to make a complaint. One person told us, “Oh yes (I know how to make a complaint), I have an official booklet which sets out everything appertaining to my stay here.” A relative told us, “Oh definitely... when she first came in we had quite a bit of upheaval about money but it got sorted out.” Other relative’s comments included, “I would tell one of the nurses,” and, “There have been only small things and they have been rectified – very minor things.” One relative told us they were unaware of how to make a complaint and had received no information.

We saw the service had a complaints policy and procedure. This detailed the process that should be followed in the event of a complaint and indicated that complaints received should be documented, investigated and responded to within a set timescale.

We examined the complaints file for the service and saw 24 complaints had been received within the previous 12 months. We saw evidence the complaints had been had been recorded, investigated and resolved, where possible to the satisfaction of the complainant. However, it was unclear whether any confirmation that a response had been given to the complainant, or whether they had been satisfied with the investigation and outcome was not always recorded. We discussed this with the registered manager, who informed us she would document future complaint responses and whether the complainant had been satisfied with the action taken. We noted two ‘Thank You’ cards had been received the previous month from families of people living at the home.

We examined five sets of nursing care records in detail, from pre-admission to present day. The records were stored correctly and were generally in good order. We found a number of records had a set of care plans that reflected the current needs of the resident. However in two sets of records one person who had been admitted in early March had a rudimentary care plan in place within 72 hours of admission and covered areas such as PEEP (personal emergency evacuation plan), falls risk assessment, nutrition assessment and a weight check. However, in the nine days since initial assessment on admission, the care plans had not been further developed, or added to as would be expected for someone with complex nursing needs.

We observed one person being fed whilst they were in a sling. We checked this person’s care plan and did not find any evidence that this was in the best interest of the person. The care plan did not contain evidence of specialist input or advice, or whether it was in this person’s interests and safe to be fed whilst in a sling. We discussed this with the registered manager who told us she was unaware this person was fed in a sling.

We examined a further three care records for people. We saw two care records were overdue reviews and the care plans did not reflect each person’s current care needs. For example, one person was identified as a high risk of falls. We noted this was last reviewed in June 2014. We saw this person was now using a wheelchair. Care staff told us this person now used the wheelchair for all their mobility needs and had done so for the last six months. This person’s care records did not document this and this was not reflected in this person’s care plan. This person’s care records also indicated they were prone to urinary tract infections (UTI’s). We saw this person was considered at high risk of UTI’s and the last review had been conducted in June 2014. This person’s care records did not reflect this person’s changing needs and changes to care needs had not been reflected in this person’s care plan.

Another person’s care records documented that the person was at risk of pressure damage to their skin. The last recorded review and assessment of this person’s needs was conducted on 17 December 2013. This person’s care records did not reflect this person’s changing needs and changes to care needs had not been reflected in this person’s care plan.

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We also noted evidence of poor document recording in another person's care plan. We saw some documentation within the care plan was either not signed by the person, relative or next of kin, not signed by the person making the entry, or not signed and dated by the person making the entry. For example, agreement and consent forms, personal property lists, falls and physical assessments and medication forms.

There was evidence of Waterlow pressure area assessments and the use of body maps within the records to help inform care planning. For those people predominately nursed in bed, turn charts were in evidence and recorded as completed as planned, however the photocopied sheet was not easily read.

We were concerned about the lack of planned activities, stimulation and the lack of involvement of people in meaningful activities. The registered manager told us the home did not currently have a permanent member of staff who organised activities for people living there. She told us no activities coordinator had permanently been in post for between the last two or three years. She did tell us an activities coordinator had been temporarily recruited during 2014, but had only been in post for three or four

months before leaving to take up a similar post nearer to where they lived. The registered manager told us the post was currently advertised and interviews conducted, but the post remained vacant. We saw that there were a limited number of activities on offer, but not always on display or advertised.

We noted that apart from the planned activity of a singer booked for the first day of our inspection, there did not appear to be any spontaneous, or other planned activities, or interventions taking place. This meant people who were nursed in bed, or preferred to remain in their bedrooms were at risk of social isolation. One relative told us, "I think the service is good; the only issue is an activity person – I think that there was one when he first came in." Another relative said, "(People need) more activities; more interaction in terms of keeping people fit and active." Other relatives comments included, "They have people coming in; there's not a great deal. There is no activities person, but I think they are trying to get a suitable person," and, "Like this (indicating in the small ground floor lounge area) two people in the room are left on their own with a lack of interaction."

Is the service well-led?

Our findings

During this inspection we found that the systems in place to regularly assess and monitor the quality of services provided were ineffective, and not undertaken on a regular basis. Although some systems were in place, they did not effectively assess and monitor quality, nor did they identify, assess and manage risks relating to the health, welfare and safety of users.

During the course of the inspection we viewed the provider's policies and procedures within the home. We noted all the policies and procedures were out of date and saw the majority were last reviewed and updated in January 2013. Some policies were last reviewed and updated September 2012 and May 2010 and were from the previous organisation that operated the home. The current owners of the home had become the registered provider with CQC in February 2014. The registered manager told us all policies and procedures were currently under review and the home was waiting for the arrival of updated and current guidance. This meant current policies, procedures, information and guidance were unavailable for staff to refer to and what was expected of them when providing care for people and ensuring their safety and wellbeing.

We saw fire safety policies at the home were last reviewed and updated in January 2013. We noted night time fire drills were not being conducted and fire safety audits were not regularly conducted. Records examined showed the registered manager had last conducted a fire safety audit on 3 November 2014. However, the previous fire safety audits had been conducted in September 2011 and May 2010. We noted an independent fire risk assessment had been conducted in June 2014.

We viewed a management review report dated 6 October 2014. This had been undertaken by the provider's Operations Manager, who was new in post at that time. This identified a number of areas for improvement, the action required, who was responsible for the action and a date for completion of the action. For example, the audit documented weekly fire drills were to be completed, PEEPs documentation required an index and the introduction of an area for a date and signature to be introduced and the monitoring of bed rails in use at the home to be established. During the inspection found night time fire

drills, PEEP documentation and the monitoring of the use of bed rails had not been conducted. We found these actions were not tracked and the audit not checked to confirm the areas identified had been rectified.

We viewed the monthly infection control audit for the kitchen area which was completed by the catering manager. We noted a kitchen dishwasher which had been reported as unserviceable and in need of repair on three occasions in January, February and March 2015 was still awaiting repair at the time of the inspection. We spoke to the catering manager who confirmed that the dishwasher had not been repaired. The catering manager told us, "No it's still off; we're waiting for parts – a detergent pump. It's been off since January; we need two dishwashers really but we're having to manage with one."

We asked the registered manager what infection control audits were currently undertaken at the home. The registered manager told us with the exception of a monthly infection control of the kitchen area, no other infection control audits were carried out. The registered manager showed us a draft infection control for all areas of the home, policies and procedures, medicines room and storage, specimen handling, staff infection control training, Personal Protective Equipment, decontamination, waste management and other equipment. She told us she intended to commence using the new infection control audit some time in the near future. The registered manager told us she believed an infection control audit had been undertaken at the home sometime during 2014. However, she was unable to provide records or evidence of the audit during the inspection.

A cleaning schedule examined showed evidence of cleaning in the home being completed on a daily basis, which staff initialled upon completion. We saw this covered all lounges, toilets, dining areas both floors, the staff room and the hair salon. However, we noted this schedule had been initialled by the registered manager as having being audited and was dated 6 November 2014. We concluded the current cleaning schedules and auditing at the home were ineffective and did not identify the uncleanliness of the premises and equipment found during our inspection.

The registered manager told us care plan file audits were undertaken monthly by the registered manager. She also told us a sample of between three and five care plans would be audited each month. However, we saw the last care plan audit was conducted on 7 November 2014. We

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noted that only nine care plans had been audited in the last six months period to our visit. Eight care plans had been audited by the registered manager and one by the operations manager. We also noted the most recent audit by the operations manager had not been signed or dated and evidence of issues identified had been addressed was not readily available. The audit identified missing documentation, the index did not reflect the care plan, it did not reflect the advice given by the Nutrition and Dietetic Service, the communication evaluation did not reflect the planned care and the hygiene and dressing information recorded was inadequate. We also found these actions had not been tracked and the audit not checked to confirm the areas identified had been rectified.

Overall we concluded the current quality assurance and audits undertaken at the home were infrequent and ineffective in identifying risks and shortfalls in the service provision identified during our inspection. No measures were undertaken in relation to identifying multiple breaches of regulations identified during our inspection. For example, staff recruitment, support and training, infection control, health and safety, DoLS, MCA and the requirement for consent.

This was a breach of regulation 10 of the 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.

The service had a registered manager and she had been in post since November 1999. The registered manager told us of the pride she had in managing the service and spoke enthusiastically about her role in ensuring the care and welfare of the people who used the service. People, relatives and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends, or concerns.

We discussed what checks the registered manager conducted and completed to ensure people were receiving appropriate care and support. We were told, and records confirmed wound audits were conducted weekly, kitchen

infection control audits were undertaken monthly and the registered manager was required to complete a monthly report for the operations manager. This included accidents and incidents at the home, complaints and compliments received and the current use of bed rails in the home. Staffing vacancies, sickness, training and new staff and resignations were completed and reported to the operations manager weekly.

We saw records were kept of equipment testing and these included fire alarms and most firefighting equipment and emergency lighting. Other equipment and systems were also subject to checks by independent companies or assessors. For example, records showed hoists, passenger lift servicing, gas and electrical checks, fire safety systems servicing and checks were carried out at appropriate intervals. We noted that these were up to date, accurate and were completed regularly.

The registered manager told us staff surveys were not currently undertaken. The registered manager showed us a draft 'Craigielea Staff Survey' which she told us would be sent to staff in April 2015, to gain feedback on important issues and identify where improvement could be made for staff working conditions. In addition, the registered manager told us newsletters and posters to provide feedback and information to people, relatives and staff were not currently produced.

We spoke with staff who told us staff meetings were held, but were not held on a regular basis. They occurred intermittently and were not always minuted or formally documented. Staff did tell us they felt confident when they did attend staff meetings, they were listened to and able to discuss important matters.

The registered manager told us the service did not have links to, or currently work with other organisations, to develop their knowledge, share good practice and ensure the service was up to date with national best practice standards. For example, memberships with the Alzheimer's Society or Dementia Friends, in order to improve and develop the service provided. The registered manager told us she and the deputy manager were 'Dementia Champions' for the home. Dementia Friends Champions are individuals who are committed to improving understanding and awareness of people living with dementia.

Is the service well-led?

Staff we spoke with were unable to describe the values and culture of the organisation. Staff we spoke with told us they were disappointed that none of the new provider's senior management team had visited the home and introduced themselves to staff.

All care staff we spoke with told us they felt well supported by the registered manager and they were confident they could approach her at any time and discuss any issues they may have.

People we spoke with and their relatives all told us there was a good and friendly atmosphere at the home. One

person told us, "It's an extremely friendly place." Another person said, "It's good; they always have a banter." One relative told us, "I am only here in the morning and I am impressed with what I see." Another relative said, "I don't know how they are so happy and 99% of the time they are cheerful and have a bit of banter with the residents and amongst themselves." People and their relatives also told us they thought the home was well managed. Relative's comments included, "Outstanding," "Good," and, "Good to outstanding."

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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 Need for consent</p> <p>The registered person did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1), (2), (4).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>People who use services and others were not protected against the risks of unsafe care and treatment.</p> <p>Regulation 12 (1), (2)(a)(b)(d)(g)(h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.</p> <p>The registered person did not have suitable systems and processes established to effectively prevent abuse of service users.</p> <p>Regulation 13 (2), (5), (7)(b).</p>

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

The registered person did not operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity, is of good character and has the qualifications, skills and experience which are necessary for the work to be performed by them.

Regulation 19 (1) (a)(b).

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

The registered person had not protected people and others against the risk of unclean, insecure and properly maintained premises and equipment.

Regulation 15 (1)(a)(b)(e), (2).

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

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Regulation 17 (2)(a).

The enforcement action we took:

A warning notice was issued.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.

People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard.

Regulation 18 (1), (2)(a)(b).

The enforcement action we took:

A warning notice was issued.