

Barchester Healthcare Homes Limited

Middletown Grange

Inspection report

Middletown
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 24 July 2018 and was unannounced.

Middletown Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Middletown Grange accommodates up to 60 people in one adapted building. At the time of the inspection, the home accommodated 56 people across two separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

There was no registered manager in place. 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. The registered manager had left a week before our inspection. The provider had brought in two registered managers from their other homes to share management responsibilities whilst they were recruiting a new manager.

Before the inspection we had received concerns citing staff shortages and poor leadership and management of the home. A week prior to our inspection the registered manager had left. The provider implemented an action plan to ensure people's safety which the management team were working through.

We found the provider had made some improvements in the last week to ensure people's safety. However, they were still working through their action plans and there were still some areas to improve. We found the home did not have enough staff to meet people's needs. The provider had taken action to rehire previously dismissed staff to ensure people were safe. The home continuously recruited staff to ensure people's needs were met. The home had staff vacancies which were covered by regular agency staff. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

Risks to people's well-being were assessed and managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. However, some risk assessments were not always reviewed when people's needs changed.

The environment on the dementia unit was not always clean. We found the unit had malodours both in people's rooms and in communal areas. The management team told us the provider was in the process of refurbishing the whole home and reviewing the cleaning audits.

People had their needs assessed prior to living at Middletown Grange to ensure staff were able to meet people's needs. However, the home had failed to ensure that the needs of people living in the dementia unit could be met as the staffing levels were not appropriately adjusted.

People were not always supported with hydration needs. We saw some people on the dementia unit did not have access to call bells and drinks. Staff provided people with regular refreshments, however, people were not supported to drink them.

The service did not always follow best practice in the end of life care. Low staffing levels impacted on how people received end of life care. People's records were not always up to date.

People knew how to complain and some complaints were dealt with in line with the provider's complaints policy. However, the concerns we had received prior to our inspection showed that some people's concerns had not been addressed to their satisfaction.

The service was not always well-led. Historically, Middletown Grange had not had stable leadership. People, their relatives and staff were not happy with the way the service was run. The shortage of staff we identified had had a negative effect on general staff morale. Staff felt let down by the provider and not listened to.

The provider had a range of quality monitoring arrangements in place to monitor care and plan ongoing improvements. This included audits, surveys and regular health and safety checks. However, the systems in place had not identified some of the shortfalls found at our inspection.

People told us they felt safe living at Middletown Grange. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage people's medicines. People received their medicine as prescribed.

Staff worked effectively with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff support was through regular supervisions (one to one meetings with their line managers) and appraisals to help them meet the needs of the people they cared for.

People living at Middletown Grange were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection.

People told us they were treated with respect and their dignity was maintained. People were supported to maintain their independence. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. The home had established links with the local communities which allowed people to maintain their relationships.

This is the first time the service has been rated Requires Improvement.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were not enough staff to meet people's needs.

Risks to people were assessed and risk management plans were in place to keep people safe. However, these were not always reviewed when people's needs changed.

The dementia unit had malodours.

Staff had a good understanding of safeguarding procedures.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's hydration needs were not always met.

People were supported to have their nutritional needs met.

Staff had the knowledge and skills to meet people's needs.

Staff understood the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to access healthcare support when needed.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Lack of staff meant they were not always able to support people in a caring way.

Staff showed kindness and compassion towards the people they supported and their families.

People were treated with dignity and respect and supported to

maintain their independence.

Staff knew how to maintain confidentiality.

Is the service responsive?

The service was not always responsive.

People were supported with compassion at the end of their life. However, lack of staff meant staff did not always have enough time to spent with people.

People had access to the complaints procedures. However, some concerns had not been addressed to people's satisfaction.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People had access to activities.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

The service was not well run.

People, staff and relatives told us the service was not well run. Staff morale was affected.

There were systems in place to monitor the quality and safety of the service and drive improvement. However, there were no audits to review staffing levels and people's views.

The service worked well in partnership with other external agencies.

Requires Improvement ●

Middletown Grange

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 24 July 2018 and was unannounced. The inspection team consisted of three inspectors and two Experts 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.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. This included the whistleblowing concerns that we had received which prompted this inspection. We reviewed previous inspection reports. We also obtained feedback from commissioners of the service.

We spoke with 22 people and 10 relatives. We looked at seven people's care records and medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. 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 spoke with the senior regional director, the two interim managers, deputy manager and nine staff which included nurses, care staff, domestic staff, catering staff and activities coordinator. We reviewed a range of records relating to the management of the home. These included five staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives. We asked the provider to share with us their action plan which had been implemented following the registered manager's resignation.

Is the service safe?

Our findings

Prior to the inspection, we received six different concerns around staff shortages. From our inspection, we found Middletown Grange did not always have enough staff to meet people's needs. The home had staff vacancies, however, the previous registered manager had not allowed use of agency staff. Some staff had been dismissed by the previous registered manager which had further depleted staffing levels. Staff told us they often worked short staffed, however, this had improved in the last week since the registered manager left. They said, "We are working short staffed. We try to cover the shifts but we are getting tired covering all the time", "We were short staffed before but it's changed since the last manager" and "Dice tool is used to calculate staff needed but does not take into consideration how staff feel and what staff say".

People told us staff did not always have time to interact with them. Comments included; "At times there's plenty of staff but not enough at times. I ring the bell but when they answer is another matter, half an hour sometimes", "There's not enough staff, they're under a lot of pressure and you can guarantee everyone wants them immediately" and "I don't think the number of carers is right, they should have more staff".

The provider had responded when the registered manager left. They had invited the dismissed staff to come back as they deemed them to have been dismissed inappropriately and this had had a positive effect on staffing as well as people's care. People, their relatives and staff told us there had been good improvements in the last week since the registered manager's departure. People told us, "The manager covering now has put in more staff. It's more settled now. The manager has reassured us and is visible" and "They have been proactive and staff are happier and have smiles on their faces. They seem to be on the ball now".

However, during our inspection, we observed people on the dementia unit spent significant periods of time with no stimulation and no staff in attendance. We spent time observing people's experience in the communal areas such as the corridor, the lounge and the dining room. We saw that staff had little time to spend speaking with people. Staff were observed to be rushed and task focused and did not work at a pace that suited the needs of people isolated in their rooms.

Staffing numbers were not enough for the number of people who required two staff members to support them with their personal care including hoists transfers. Staff confirmed that there were 32 people in the dementia wing and 18 of them required the assistance of two members of staff. There were five health care assistants, one nurse and one care practitioner during the day shift. We observed that the service failed to meet the needs of all the people as there were too few carers to provide them effectively with support.

We looked at staff rotas and found planned staffing levels were not consistently maintained. On the day of the inspection, on the dementia unit they were one member of staff short and they had not managed to find any agency staff cover.

These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the management team sent us an updated action plan which included a review of staffing levels on the dementia unit to ensure people's needs were met. This had been actioned the day after our inspection.

During our tour of the home we noticed the environment in which people were provided with care on the dementia unit was not clean. In some people's rooms, we could smell strong odours resulting from the rooms being insufficiently cleaned. One person's relative told us, "It is depressing the way the upstairs smells. There are filthy chairs in the dining room. Why are they treated differently only because they have dementia?". We spoke to the senior regional director about our findings and they told us a plan was already in place to refurbish the whole unit. The home's action plan indicated a robust cleaning schedule had been put in place which included carpet shampooing and treatment.

Risks to people's well-being were assessed and managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. For example, one person had been assessed as at high risk of developing pressure sores. The person had pressure relieving equipment in place and a risk management plan which guided staff on how to manage that risk. Records showed staff followed the guidance and the person did not have any pressure damage. However, risk assessments were not always reviewed when people's needs changed. For example, one person had been in hospital, their needs had changed and they were nursed in bed. The person's moving and handling assessment and pressure risk assessment had not been reviewed. This meant the person's current risks were not managed.

The provider had a procedure for recording accidents and incidents. The policy stated accidents or incidents relating to people were to be documented, investigated and actions followed through to reduce the risk of further incidents occurring. Staff knew how to report accidents and incidents. However, we had received concerns that staff had been told by the previous registered manager to downgrade incidents and therefore not reflect the actual events. We found some incidents reported in the last month had not yet been investigated.

People told us they felt safe living at Middletown Grange. People's comments included; "It is a nice place, I feel safe here and I have been to so many other places that are not so good", "I don't use the buzzer but I feel safe and I know it is there if I need it" and "I feel safe with my Zimmer". One person's relative told us, "It is such a blessing to me to know that he is safe and I can leave in peace".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said, "If I witnessed any abuse, I would report this to the management. If they would not listen, I would go further".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

People received their medicines as prescribed and the home had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage

medicines safely. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. People understood the reason and purpose of the medicines they were given.

The home had learned from mistakes. Staff told us and records of staff meeting minutes showed shortfalls were discussed with the aim of learning from them. For example, the recent changes in management had resulted in reviewing the way the provider engaged with staff and improved staff involvement.

Is the service effective?

Our findings

Records confirmed and people told us their needs were assessed before they came to live at Middletown Grange. This allowed gathering of the necessary information that formed the base of care planning process and ensure the home was appropriate to meet people's needs and expectations. However, the home had failed to ensure that the complex needs of people living in the dementia unit could be met as the staffing levels were not appropriately adjusted.

During the inspection, we found that on the dementia unit, some people did not have access to call bells and had no access to water in their rooms. We saw one member of staff provided people with regular refreshments, however, people were not supported to drink them. We observed that staff did not ensure people had drinks within their reach and were not regularly encouraged to drink. In some rooms the fluid level in the water jugs remained unchanged for several hours. Tea, biscuits and snacks were brought to people. However, many jugs of water and cups were untouched, largely because people needed support with drinking which was not possible due to the low staffing levels. We informed the manager or staff and they reassured us they would put in checks to ensure people were given adequate fluids.

These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's dietary needs and preferences were documented and known by the chef and staff. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Records showed people's weight were maintained.

People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included; "The food and drink here is excellent", "Yes I am happy on the whole, the food is very good" and "The food and drink here are excellent, I even have a glass of wine sometimes".

During the inspection we observed the midday meal experience on both floors. This was an enjoyable, social event where most people attended. There was conversation and chattering throughout. A three-course meal was served hot from the kitchen and looked 'home cooked' and appetising. People were offered a choice of drinks throughout their meal and, where required received appropriate support. People were encouraged to eat and extra portions were available. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience where ever they chose to eat their meal.

People received effective care from staff who were knowledgeable and skilled in their practice. Records showed and staff told us they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively.

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. This included training for their role and shadowing an experienced member of staff. One member of staff told us, "The induction was good, all the team helped me with it. I was shadowing for three days and had five days of training. I was ok with this as I have already worked in care".

Records showed and staff told us they received the provider's mandatory training before they started working at Middletown Grange. They were also supported to attend refresher sessions regularly. Mandatory training included; manual handling, safeguarding, equality and diversity, fire safety and information governance.

Staff told us they felt supported and had regular supervisions (one to one meeting) with their line manager. Supervisions were carried out regularly and enabled staff to discuss any training needs or concerns they had. One member of staff said, "Had a supervision with a nurse about a month ago". Staff were also supported to develop and reflect on practice through yearly appraisals.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. People's care records showed details of professional visits with information on changes to treatment if required.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The management team and staff ensured that the rights of people who may lack mental capacity to take particular decisions were protected. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests.

Staff told us they understood the MCA. One member of staff said, "Always assume residents have capacity. If this was assessed and they have, let them decide. Everyone is allowed to make unwise decisions and we need to act in the least restrictive manner".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Throughout the inspection we saw and heard staff seeking permission and explaining care to be given. For example, when people were supported with personal care.

Middletown Grange was a purpose-built home. The ground floor of the home had recently been refurbished and decorated to a high standard. People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft

furnishings evidenced people were involved in adapting their rooms. The general outlook of the home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the vast gardens.

However, the dementia unit environment did not always meet the needs of people living with dementia and needed updating. One member of staff commented, "The dementia unit is not good for people. We need to bring [person] downstairs to calm her down". We spoke to the senior regional director who told us plans were already in place to refurbish the unit.

Is the service caring?

Our findings

Although staff were caring on an individual level, the lack of staff meant they were not always able to support people in a caring way. For example, we saw staff responded to call bells in a timely manner. However, they told people to wait because they were in the middle of attending to other people. The provider did not enable staff to provide caring support due to the lack of staff.

Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people.

People and their relatives told us staff were caring, compassionate and kind. However, changes in staff and staffing levels were affecting care. People's comments included; "Nothing wrong with the staff, very good staff here", "Staff are kind and caring. I've had lovely carers but when they get different ones in, some I like, some I don't and they don't know me" and "On the whole, staff are very pleasant and happy to help you". People's relatives said, "They need more staff, from what we've seen, the staff here are kind" and "Staff are very nice but there is poor skill mix".

Regardless of the low staffing levels, the staff we spoke with were very dedicated to their roles. People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. One member of staff said, "I always knock and ask if I can go in".

Staff spoke with us about promoting people's independence. One member of staff said, "I ask people to try and wash themselves and only help when necessary". On the day of the inspection, we saw staff encouraged people to move around the building and grounds as independently as possible. Records showed people's independence was promoted. People told us they were supported to be independent.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. We saw people who could not communicate verbally were relaxed around staff. This was visible through their body language, people smiled and their faces lit up when staff came in or met people in the corridor.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. One member of staff told us, "We don't share information unnecessarily". We saw people's records were kept in locked offices only accessible to staff. The interim managers were aware of the implementation of the General Data Protection Regulation (GDPR). From May 2018, GDPR is the primary law regulating how companies protect information

The provider's equality and diversity policy was available in the home. This stated the provider's

commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Records showed staff had received training in equality and diversity. One member of staff commented, "We treat people with respect despite their age, religion or culture".

Is the service responsive?

Our findings

People's assessed needs had been integrated into care plans which guided staff in how to meet those needs. People's care records contained detailed information about their health and social care needs. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people chose how they wanted to spend their day and where. However, some of the care plans were difficult to follow resulting in conflicting information. For example, one person's dietary need form stated, 'regular diet'. However, when we spoke to the person they were on a soft diet. Another person had a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. However, they had an entry from a GP which stated, 'Person is for full active resuscitation'. This meant staff did not have the right information to look after these people. We found some people's records were not always up to date. For example, activity records were not always completed.

These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not always follow best practice in the end of life care. People had advanced care plans, however, there was no evidence those care plans had been discussed with people, their relatives or advocates. Whilst this is not a legally binding document, it provides evidence that a person has thought about their end of life as well as insights into what their wishes or decisions might be. One person's end of life care plan stated, 'Care home to decide' to the questions that were supposed to be directed to the person to obtain their views and decisions regarding their treatment at the care home and in hospital. This document was signed by the person's son who did not have legal authority to make that decision. We fed this back to the management team.

It was clear staff shortage impacted on how staff delivered end of life care. One member of staff told us, "There isn't really enough time to spend with people. We checked one person and then left her to go to someone else and she died. When you are short that's when you feel it, if there is no one by their side when they die". Another member of staff said, "We don't have time to help people during end of life. All staff could do was pop their head round the door every so often when a woman was dying".

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People told us they knew who to complain to if they had any concerns. One person said, "I'd feel okay to make complaint". A person's relative told us, "Any complaints that I have had have been listened to and responded to". There were many compliments and positive feedback received about staff and the care people had received. However, the concerns we had received prior to our inspection showed that some people's concerns had not been addressed to their satisfaction. Concerns had been repeatedly raised about low staffing levels as well as poor leadership and we still identified the same concerns.

People had varied accessibility to activities. Activities included puzzles, flower arranging, watching DVD's, listening to music, relaxation time and reading newspapers. However, people who stayed in their rooms lacked any social interaction. One-to-one activities were impossible to be provided to so many people who

stayed in their rooms with low staffing levels. Staff told us, "It is difficult to organise one to one activities with all 56 residents" and "We cannot find time to do any one to one activities. It's just not possible".

The provider employed a part time activities co-ordinator to meet the needs of people who were able to participate in group activities. On the day of the inspection we did not see any form of activities in the morning. In the afternoon we observed a music session and two people playing dominos. Some residents enjoyed music played from a CD player. The activities co-ordinator was visible, however, she had to perform some of the carer's duties and was not able to focus on organising activities due to the low staffing levels. For example, she walked into the lounge holding a doll for doll therapy but was unable to use it and had to support someone with care.

People told us they enjoyed the activities. People's comments included; "We went shopping, it was lovely, we did enjoy it, I walked a bit", "They go to the garden centre a lot but the trouble is they go to all the places I've been to 100 times. There are organized outings, I made some enquiries, they have no money of course and often just go out for just a coffee but it does take a lot of organizing" and "We had a big singalong upstairs, everyone enjoyed it".

People's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Staff shared information about any changes to care needs, planned appointments and generally how people had spent their day.

Is the service well-led?

Our findings

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to the inspection we received concerns around poor leadership and management. On the day of the inspection we found, the registered manager had left in the last week. The home was being led by two managers from the provider's other homes. There was a deputy manager who had just been put in post.

The service was not always well run. We asked people if the service was well led and they told us, "The management used to be a manager and a deputy manager but then the manageress seemed to become a director and wasn't seen so much" and "We are not sure what is going on, no one tells us but I think the manager just left and lots of staff have been leaving too".

People's relatives were equally not happy with the way the service was run. They commented, "I don't know who the manager is. I don't think there is any management here at weekends" and "Manager was not a good leader, she let the home down. There was no staff direction".

On the day of the inspection we asked staff if the service was well led and they told us, "The last manager spoke about open door policy but she never listened to us", "Manager had a blame culture and bullied us. Staff morale has been very poor" and "We didn't feel comfortable going to the manager, didn't feel supported".

It was clear staff felt they were not listened to at provider level. Staff comments included, "There was a big change, they brought in this manager. We were crying for help. Everything went down with her", "The expectations are unrealistic from the company—very, very, very unrealistic. Five carers is not enough. We go home crying with stress. So many people need assistance. It's from the above, they employed her (Last manager) and promoted her" and "Sadly, the service was business orientated for too long. They were only cutting agency use and cutting our staffing levels".

Although the provider had responded and put in an action plan when the registered manager left, it was clear there had not been any oversight of how the service had been managed. The previous registered manager had been in post for more than six months. People, relatives and staff had raised concerns about the way the service was run for the past three months but this had not been reviewed at a provider level.

The provider's health and safety records were not always up to date. The service took appropriate action to reduce potential risks relating to Legionella disease. However, there were gaps in fire emergency checks.

The provider's quality assurance systems were not always effective. Care plan and health and safety audits had not identified the concerns we found. On the day of the inspection, we could not find any audits

completed around staffing levels and people's experiences and views.

These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were appreciative of the positive changes the provider had put in place in the previous week. Staff told us, "Since manager was sacked management have been here, opening care plans, clinical specialists and the divisional director even doing the ironing", "We believe we can help recover this. The directors have said they were wrong, they come here now and they are saying sorry so we are giving them a chance" and "A lot of changes in a week and very helpful so we can spend time with people".

The management team coordinated regular team meetings and records showed that these were used to discuss changes in people's care and support needs, operational practice and other important information.

People and their relatives appreciated the effective communication they had with the home. One person's relative told us, "They have a good relationship with a GP here and if [Person] falls the home always ring me up and explain the situation and ask us whether we want him to be taken to hospital or not".

People and their relatives were invited to develop the service being delivered. Records showed regular meetings for people and relatives were held where they could share their views on issues such as food, activities or any other views they wanted to discuss.

There were systems in place for the provider to gather the views of people, relatives and staff about the quality of the service such as quality assurance surveys. The management team told us the responses were analysed by the provider and an action plan developed as a result.

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The management team was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered managers and the provider to act in an open way when people came to harm.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no registered manager in place. People's records were not always up to date. The provider's quality assurance systems were not always effective. Regulation 17 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There was not enough staff to meet people's needs. Some people's hydration needs were not met due to low staffing levels. Regulation 18 (1)