HC-One Limited

Kingsthorpe View Care Home

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

In October 2013, our inspection found that the care home provider had breached regulations relating to consent to care and treatment, care and welfare of people who use services, cleanliness and infection control, how the quality of the service was monitored and records. Following the inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We saw that improvements had been made in the areas of cleanliness

Summary of findings

and infection control and records. Issues remained regarding consent to care and treatment, the care and welfare of people who use services and how the quality of the service was monitored.

Kingsthorpe View Care Home is a care home providing accommodation and nursing care for up to 50 adults. There were 39 people living there when we visited. The care home provides a service for people with physical nursing needs and for people living with dementia. A registered manager was in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm, however, we saw some examples of people being put at risk of avoidable harm. Suitable arrangements for staff to respond appropriately to people with behaviours which might challenge the service were not always in place or being followed. The Mental Capacity Act 2005 was not being adhered to. However, staff were recruited through safe recruitment practices and infection control procedures were being followed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

The registered manager told us there was no one currently living in the home who was being deprived of their liberty. They explained that they had contacted the local authority for advice following recent legal judgments regarding DoLS and had been advised to complete documentation for all people living in the home. They were in the process of completing the documentation. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the DoLS.

Not all staff were receiving supervision, appraisal and appropriate training as required. Records and observations showed that people who used the service were not always protected from the risks of inadequate nutrition and dehydration. We saw that limited adaptations had been made to the design of the home to support people with dementia. However, the home did involve outside professionals in people's care as appropriate and people told us that staff knew what they were doing.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them.

The service did not always respond appropriately to people's needs and we asked the registered manager to make a safeguarding referral regarding the care being provided to one person. People told us they were not happy with the level of activities offered in the home. However, people who used the service told us they had no complaints and knew who to complain to if they needed to.

There were systems in place to monitor and improve the quality of the service provided, however, these were not always effective and people who used the service and their relatives were not regularly involved to drive improvement. However, staff told us they would be confident raising any concerns with the management and that the registered manager would take action. People told us that the registered manager was approachable and had taken action to improve the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People who used the service were not fully protected against avoidable harm as risks around the home were not always managed.

Guidance for staff on managing people's challenging behaviour was not always in place or followed. The Mental Capacity Act 2005 was not fully adhered to.

Staff knew how to recognise and respond to abuse correctly. There were sufficient staff to meet people's needs and the service was following legal requirements regarding the deprivation of liberty safeguards. People were recruited using safe recruitment practices and infection control procedures were being followed.

Is the service effective?

Requires Improvement

The service was not always effective as staff did not all receive adequate supervision, appraisal and training.

People were not always protected from the risks of inadequate nutrition and dehydration. We asked the registered manager to make a safeguarding referral regarding the care being provided to one person who used the service as we were concerned about how the service was managing their fluid intake.

Limited adaptations had been made to the design of the home to support people with dementia.

People told us that staff appeared competent and other health and social care professionals were involved in people's care.

Is the service caring?

Good

The service was caring. Staff showed people who used the service kindness and compassion and treated them with respect.

Is the service responsive?

Inadequate

The service was not consistently responsive to people's needs. Appropriate people were not involved in a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decision. People had access to limited activities and care plans to respond to people's needs were not always detailed enough.

We asked the registered manager to make a safeguarding referral regarding the care being provided to one person who used the service as we were concerned about how the service was managing their pressure care.

People knew how to make a complaint and felt that their choices were respected.

Summary of findings

Is the service well-led?

The service was not consistently well-led as people who used the service and their family and friends were not regularly involved in the service to drive improvement. It was not always clear what actions were taking place in response to issues identified by audits.

The registered manager was considered to be approachable and had made improvements to the service. Staff were confident challenging and reporting poor practice and felt this would be taken seriously.

The provider and the registered manager carried out a range of audits which had led to some improvements but more work was required as these audits had not identified all the shortcomings found during this inspection.

Requires Improvement

Kingsthorpe View Care Home

Detailed findings

Background to this inspection

We visited Kingsthorpe View Care Home on 10 and 11 July 2014. The inspection team consisted of a lead inspector, a specialist nursing 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.

Before our inspection we reviewed all the information we held about the home. This information included notifications and the provider information return (PIR). A notification is information about important events which the provider is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the commissioners of the service to obtain their views on the service and how it was currently being run.

During our inspection, we spoke with eight people who used the service and nine relatives and friends. We spoke with four staff, two health and social care professionals, looked at the care records of nine people, observed care and reviewed management records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We saw examples of risk assessments and guidance in place for people regarding behaviours that challenge the service and there were also risk assessments and guidance for people regarding the risk of falls. We saw that these were mostly followed in practice; however, we did observe a person who used the service displaying behaviours that may challenge the service. Staff did not respond to this person in line with the guidance that was written within their care plan. This meant staff did not always respond appropriately to incidents when they arose. We also saw that another care plan had no detailed guidance for staff on how to respond to a person's challenging behaviour. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw examples where people were not protected from the risk of avoidable harm. We observed that one person was struggling to stand up using the support of their walking frame. We saw that staff eventually helped by lifting the person up from under their arms. This was not safe practice and put the person at risk of injury. We also observed staff using an electric hoist to transfer a person into their chair. During the transfer the hoist lost power and staff had to manually lower the machine to lower the person into the chair. The person was calling out in distress while staff lowered the machine. This was not safe practice and put these people at risk of harm. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that one person's call buzzer was not plugged in when they were in bed. This meant that they were unable to call for assistance if they needed to and we observed that the person was thirsty and unable to call for a drink. We asked staff to bring the person a drink and the person drank two glasses of juice. We also saw that a ladder had been left in front of a fire extinguisher which would cause delay if the fire extinguisher needed to be used in the event of a fire. A sluice room had been left open which had toilet and floor cleanings solutions stored on open shelves. We also saw that a bath had been left half full of water in one of the communal bathrooms. We asked staff about this. A staff member told us they had prepared the bath earlier for a person who used the service who then refused to have a bath. The staff member told us they had kept the bath half full so they could top it up later. Some people who used the service walked around the home unsupervised and as a result, these practices put people who used the service at risk of avoidable harm. These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening to protect people living in the home from the risk of abuse. Staff told us they had received recent training in safeguarding vulnerable adults and records confirmed this. Staff told us that people were safe and they had no concerns regarding other staff and how they interacted with people who used the service. Staff were able to tell us how they would respond to allegations or incidents of abuse. We saw that the safeguarding policy and procedure contained contact details for the local authority and was easily accessible for staff. We saw that safeguarding concerns had been responded to appropriately.

The people we spoke with told us they felt safe in the home. One person said, "Yes, I feel safe and free from harm." Another person said, "Yes, I feel safe and I can talk to the staff any time. I've not been discriminated against." They all told us they would speak to staff or the registered manager if they felt worried about anything. Relatives of people who used the service told us that they felt their relative was safe in the home.

When we inspected the home in October 2013 to follow up on concerns about how people consented to care from our previous inspection we found that there were still some concerns. At this inspection, staff were able to explain how they took decisions in line with the Mental Capacity Act (MCA) 2005. This is an Act introduced to protect people who lack capacity to make certain decisions because of illness or disability. Staff had a good understanding of the MCA and described how they supported people to make decisions. We saw assessments of capacity and best interests' documentation were in place for people who lacked capacity; however, one person did not have the documentation completed for the use of bedrails. This meant that there was a risk that their rights were not being protected. Relatives told us that they were consulted with if their relative lacked capacity. A relative said, "[Relative] can't make any choices. I tell the staff what she likes and dislikes."

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately.

Requires Improvement

Is the service safe?

These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no one currently living in the home who was being deprived of their liberty. They explained that they had contacted the local authority for advice following recent legal judgments and had been advised to complete DoLS documentation for all people living in the home. They were in the process of completing the documentation.

We saw there were plans in place for emergency situations such as an outbreak of fire. Staff understood their role in relation to these plans and had been trained to deal with them.

We looked at whether staffing levels were safe. People we spoke with raised no concerns regarding staffing levels. One person said, "I think there are enough staff. There are always carers around." A relative said, "There are more than enough staff." Staff told us they could do with an additional staff member in the mornings when it was busy. They told us that people were not at risk as a result of current staffing levels.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. We looked at completed timesheets and confirmed that identified staffing levels were being met. The registered manager told us that staffing levels were based on dependency levels and there was a dependency assessment in every person's care record. They told us that any changes in dependency were considered to decide whether staffing levels needed to be increased.

We checked to see whether people were recruited using safe recruitment practices. We looked at three recruitment files for staff recently employed by the service. The files contained all relevant information and the service had carried out all appropriate checks before a staff member started work. This showed that the service had effective recruitment practices in place to make sure that their staff were of good character.

When we inspected the home in October 2013 to follow up on concerns about the cleanliness and hygiene of the home from our previous inspection we found that there were still some concerns. At this inspection, we checked whether safe infection control practices were being followed and noted that improvements had been introduced since the last inspection. The people we spoke with told us that the home was clean. One person said, "The home is quite clean, very good. My bedroom is very good." A visitor said, "[My relative's] bedroom is clean and tidy and around the home too." We observed staff using hand sanitizer before serving food. They also wore aprons at meal times and when attending to people.

We carried out a tour of the premises to check whether infection control procedures were being followed. We visited all communal areas and some bedrooms. In one bathroom both bathing chairs required cleaning on their undersides as they were stained. Some bathroom cupboards had deteriorated and required replacing to ensure that they could be effectively cleaned. All other areas were clean.

The registered manager had carried out a detailed infection control audit had taken place and had identified some minor concerns. We looked at the provider's records of training which showed that infection control training was one of the provider's identified mandatory training courses. Management confirmed that the records were accurate and that all staff were up to date with infection control training or had been booked onto a training course. We were unable to check these figures with staff members' training folders as staff currently held their own training folders at home. We spoke with staff who were able to explain their infection control responsibilities. This provided assurance that the service's infection control training was effective.

Requires Improvement

Is the service effective?

Our findings

We looked at whether staff were supported to have the knowledge and skills they needed to carry out their roles and responsibilities. Staff told us that they had received an induction and supervision. However, they told us they had not received an appraisal. The registered manager told us that 10 of 54 staff had received up to date supervision and 5 of 54 staff had received an appraisal. This meant that not all staff were receiving appropriate supervision and appraisal to support them to carry out their roles and responsibilities effectively. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the service's overview of training. An average of all of the provider's identified mandatory training courses showed that the majority of staff had been provided with training. Some courses had lower levels of staff who were 'current'. These were Emergency procedures, Infection control, Safeguarding and Safer People handling. Almost all non-current staff were recorded as being booked onto a course. This meant that the service was not supporting all staff with all appropriate training. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We checked to see whether people were protected from the risks of inadequate nutrition and dehydration. Most people we spoke with told us there was enough to eat and drink. However, one person said, "I don't get much to drink." We saw that the person's mouth and lips looked very dry. We asked if they would like a drink and they said, "Yes Please. Can I have a nice cold drink?" The person then drank two full glasses of orange juice within a few minutes which demonstrated that they must have been thirsty. We looked at this person's fluid intake charts and we saw that their fluid intake was very low on some days and it was not clear whether the person had been offered drinks regularly by staff. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the registered manager to make a safeguarding referral for this person. The registered manager confirmed that they had done this when we returned the next day and we observed that the person had been offered and had drunk regular drinks since the previous day.

People who used the service made mixed comments regarding the quality of food and most people told us they did not have sufficient choices at mealtime. One person said, "The food is very good. There aren't many choices though." Another person said, "The food is all soft. It's not very nice. I don't get a choice." One relative said, "Food is fine. [My relative] eats well. They do get a choice."

Staff were aware of people's nutritional needs and told us of one person who followed a vegetarian diet. We looked at the person's completed food charts which confirmed that they were receiving vegetarian food. This meant that the service provided appropriate food for this person's diverse needs.

We observed lunchtime in two dining rooms.

In the first dining room, we saw that there were plenty of drinks available and staff helped people to eat their meals and aids were also provided to support people's independence. However, not everyone was given a choice of meals. We heard care staff tell the kitchen staff what food to serve to people without the person indicating their preference.

In the second dining room, we saw that all people who used the service had drinks and these were replaced as needed. However, the room was dark and unhomely. There were no condiments on tables and none were offered by staff. There were no attempts to provide an atmosphere conducive to an enjoyable mealtime experience and staff did not encourage people to be independent where appropriate. We saw one person's meal was left in front of them with no words or acknowledgement by staff. The person stared into space for most of the time and staff did not encourage them to eat. The meal was removed to be saved for later without the person having eaten. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw from the care plans of two people that they had specific needs around their nutrition due to a risk of weight loss. Staff had put in place a risk assessment, together with a detailed care plan and were monitoring one person's food intake. However, the other person's risk assessment had not been reviewed for five months and had been recorded as at 'low risk'. This person had lost weight the previous month and using the guidance with the record we assessed that they would have been scored as 'medium

Requires Improvement

Is the service effective?

risk' which had it been applied would have prompted action from staff. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that the service kept a central record of people's weights with an indication if they had gained or lost weight. We saw that these weights were not always accurate. Records for one person were incorrect in that it had been recorded that they had gained 13kg in one month. The registered manager told us that action had now been taken to ensure that all weights were now accurately measured and could be relied upon to identify risks to people.

We checked to see whether people were supported to have access to healthcare services. The people we spoke with told us that they received care from a number of professionals. One person said, "I see the doctor now and again, when I need to see him." Another person said, "The nurse comes to see me." A relative said, "They are very good. He had swollen feet and we told the staff. They got the GP out straight away. He's a lot better now."

We saw that other health and social care professionals were involved in people's care as appropriate. We saw examples of people visiting the dentist and opticians and the GP visited on the first day of our inspection. We saw examples of the involvement of social workers, dieticians, a speech and language therapist and the dementia outreach team. This showed that the service involved other professionals where appropriate to meet people's needs.

We looked at whether people's needs were met and enhanced by the design and decoration of the home. We saw that limited adaptations had been made to the design of the home to support people with dementia. One relative said, "When [their relative] was upstairs [they] were always restless. I think [they] couldn't get out. It's so enclosed up there." We spoke with a healthcare professional who also commented that the upstairs environment felt small with not a lot of room for people to walk if they wanted to. We saw that signage to support people to orientate themselves was limited. The registered manager told us of their plans to make another lounge area downstairs and to explore the possibility of an upstairs balcony area to better meet people's needs.

Good

Is the service caring?

Our findings

We observed interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness and compassion.

People told us that staff treated them with kindness. One person said, "[Staff] are kind to me. They speak to me nicely." Another person said, "Yes, they are very good. They are very kind to us." A relative said, "The carers are kind. They are very caring."

Carers were caring and talked to people with respect. People were appropriately dressed and looked presentable. We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people's likes and dislikes. Care records we looked at were detailed regarding people's preferences and life histories.

On admission to the home the provider took into account and explored people's individual needs and preferences such as their cultural and religious requirements. For example where one person's religious requirements had been identified, they had been supported to meet these needs. This meant that people's diverse needs were being assessed and respected.

We asked people whether they were involved in their care planning and were able to express their views about their care. People told us that staff listened to them and acted on what they said. One person said, "[Staff] do listen to me and do what I like to do." However, most people were not aware of their care plans. One person said, "I haven't seen my care plan. I have input in my care. The social worker came and reviewed my care but it was long time ago." Most relatives told us that they were involved in their relative's care planning. One relative said, "We have input in [their relative's] care. We had a review with the social worker, physiotherapist and the manager."

We asked people whether staff treated them with dignity and respected their privacy. They all told us that staff did. One person said, "Yes, they do treat us with dignity and respect. They will listen to us if we have a problem and they will try to sort things out. We have our privacy." Another person said, "They treat us with respect and dignity. They do close the doors when helping me in my room." People told us that their relatives and friends could visit when they wanted to. A relative said, "The carers are very good and respectful."

We spoke with two staff about how they respected people's privacy and dignity. Both members of staff had a clear understanding of the role they played in making sure this was respected. During our visit we observed people's privacy being respected. For example, we observed staff knocked on people's bedroom doors and bathrooms before entering. We also observed staff reacted quickly to preserve a person's dignity when they were distressed.

Inadequate

Is the service responsive?

Our findings

We checked to see whether people were supported to be actively involved in making decisions about their care. We looked at people's care records and saw that in some records there was involvement in care plans but this was not in all cases. We were concerned to see a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form was in place for one person where the reason given for the DNACPR decision was that resuscitation was, 'Unlikely to be successful due to dementia/stroke.' The form did not indicate that the decision had been discussed with the person and the reasons why it had not been. The person had no family and an Independent Mental Capacity Advocate (IMCA) had not been appointed to represent the person's views on this issue. The role of the IMCA is to provide independent safeguards for people who lack capacity to make important decisions at the time such decisions need to be made and who have nobody else (other than paid staff) to support them, represent them or to be consulted in the process of working out their best interests. We informed the registered manager and asked them to address this issue immediately. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, people were not happy with the level of activities available in the home. One person said, "I walk around the place. There's nothing to do." Another person said, "There's not much to do. We sit here all day. No, I haven't been outside." One relative said, "There are some activities sometimes." Another relative said, "Whilst we've been here, we haven't seen any activities. Most people are wandering or sat down in the lounge." This showed that the service was not responsive to people's needs and did not fully support them to participate in activities that were meaningful to them.

On the ground floor, activities were provided by an external visitor and the home's activities coordinator. We observed people smiling and participating in activities. However, on the first day of our inspection we did not observe any non-care related activity taking place on the first floor. Most people were wandering around or sat down in the lounge. The activity co-ordinator was on duty but nothing was organised for people on the upper floor. A carer was always present in the lounge but people were not being supported with their individual hobbies and interests. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We checked whether people received care that was responsive to their needs. We saw that the care plan and risk assessments were not fully completed or updated for one person. These documents included the general risk assessment, choking risk assessment and admission assessment. We saw that the specific skin pressure risk assessment had not been reviewed for three months and had not been fully completed when the original risk assessment had been carried out. The skin pressure risk assessment had identified that the person was at 'high risk', however if the assessment had been reviewed in line with guidance available and scored correctly the person would have been identified as at 'very high risk' as they had developed a pressure ulcer in June 2014.

The care records stated that the tissue viability nurse was contacted in June 2014. The tissue viability nurse had advised that the person should sit out of bed for only two hours at a time and a pressure cushion should be put in place. This cushion was not available on the day of our inspection. The registered manager told us they would chase it up. The person was documented as sitting out for over four hours on a number of occasions in the last two weeks contrary to professional advice that had been received. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The care records stated that the person should be repositioned four hourly during the night and two hourly during the day. Positional change records did not evidence that this care was taking place. We saw that a wound care plan had been put in place which stated that a dressing should be changed every 2-3 days. Care records did not evidence that this was taking place consistently. We asked the registered manager to make a safeguarding referral for this person. The registered manager confirmed that they had done this when we returned the next day, however, we observed that staff working the previous night had noted that the person had had their positional changes but had not noted the position they had been moved to. We raised this with the registered manager. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Inadequate

Is the service responsive?

We looked at the records of another person who was risk of skin damage. We saw that they had developed a pressure ulcer and a wound care plan was put in place. Dressings had been changed in line with the care plan and the pressure ulcer had healed.

We looked at how people with diabetes were cared for. We saw that one person's blood sugar levels were being regularly monitored and saw that a detailed care plan was in place for one person with type 2 diabetes. However, we saw that another person's diabetes care plan warned staff to look out for a person showing signs of hypoglycaemia and hyperglycaemia but did not give detail on what the signs of these conditions were. We looked at the care records for another person with diabetes. Their care records stated that they were to follow a 'diabetic controlled diet'. There was no further guidance on what this meant. This meant that care records did not provide sufficient detail for staff to meet this person's specific needs around diabetes.

The people we spoke with told us they could make choices about their care and that staff explained what support they were going to provide and checked that people were happy before providing the support. One person said, "Yes, I have a choice as to what I would like to do and the support for my care. I can go to bed when I want and I can get up at whatever time I wish to." Another person said, "They ask me and explain things to me before they do anything." We observed that care staff explained to people what they were going to do and asked for their approval first before providing care.

People told us they didn't have any complaints. Some people told us they would talk to the registered manager. One person said, "I don't have any concerns. I can speak to the manager if I have any complaints. I have no problems." Another person said, "Yes, I've met the manager. I like him. I can talk to him. No, I've no concerns. They are very good and I'm very happy."

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been responded to appropriately. Staff we spoke with knew how to respond to complaints if they arose.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the home in October 2013 to follow up on concerns about how the quality of the service was monitored from our previous inspection we found that there were still some concerns. At this inspection, people told us that they had not completed any questionnaires or attended any meetings to express their views on the service. We saw that a meeting had taken place of people on the residential unit when people had told the registered manager that they did not want their lounge changing and as a result no changes had been made to the lounge in line with their wishes. The registered manager told us that a meeting for people who received nursing care and their relatives was taking place the following week.

Relatives were very positive about the registered manager. One relative said, "I'll speak to the manager if I have any concerns or complaint. He seems very approachable. When [my relative] first arrived, he gave us his telephone number and said that we could call him any time if we have any problems." Another relative said, "If I have any concerns I will speak to the staff or the manager. It's been a lot better since the new manager started. It's cleaner, tidier and new curtains been put up." Another relative said, "The new manager, up to now has been brilliant. His door is always open."

We saw the result of the annual questionnaire completed by people using the service and their relatives in 2013. Responses were positive; the lowest scored response was in respect of a statement, 'I can take part in activities/ hobbies if I want to.' This meant that people who used the service and their relatives were asked their views on the quality of the service provided. However, as noted earlier in the report, despite these comments the provider had not taken action to ensure that people who used the service were supported to participate in activities that were meaningful to them.

We spoke with staff who told us they felt the management team treated them fairly and listened to what they had to say. They told us they would feel confident challenging and reporting poor practice and that they felt this would be taken seriously. We saw that staff meetings had taken place in January and February 2014 and that a range of issues were discussed at these.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were also responded to appropriately and appropriate notifications were made to us where required by law. We saw that the provider monitored levels of incidents, accidents and safeguarding at each service to identify patterns of concerns. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

We saw that regular audits had been completed by the regional manager and other representatives of the provider not directly working at the home. We saw that action plans were in place to address any issues identified in these audits. We saw that the registered manager completed daily checks regarding the environment and we saw audits of care records took place. Issues were identified from these care record audits but it was not always clear what actions had been taken in response. We also identified a number of shortcomings during this inspection which had not been identified by audits carried out by the provider. These shortcomings were in the areas of moving and handling practice, the environment, training and appraisal of staff, nutrition and hydration, involvement in a DNACPR decision, activities, pressure care and care plans. These shortcomings constituted breaches of a number of regulations. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person did not take proper steps to ensure each service user received care that was appropriate and safe.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The registered person did not have suitable arrangements in place for ensuring service users were protected from the risks of inadequate nutrition and dehydration.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **The registered person did not have suitable arrangements in place for ensuring service users were protected against the risks associated with unsafe or unsuitable premises.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **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.**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person did not have suitable arrangements in place to ensure that staff were appropriately trained to deliver safe care and support to people.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not have effective systems in place to monitor the quality of the service delivery.

The enforcement action we took:
We served a warning notice on the provider with a timescale for compliance of 30 September 2014.