

Mimosa Healthcare (No 4) Limited (In  
administration)

# Moorlands Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on the 24 and 25 February 2015. The inspection was unannounced. During our last visit we found two breaches of legal requirements in relation to the way people were cared for and the food and nutrition they received. This was a follow up visit to see if the improvements recorded in the provider's action plan had been made.

Moorlands Nursing Home offers nursing care for up to 68 people who may have dementia care needs, a disability or may require end of life care. The home is owned by Mimosa Healthcare (No 4) Limited who are currently in administration.

The home is divided into two separate units. The home is situated in a residential area of the village of Strensall

# Summary of findings

which has local shops and pubs nearby. All accommodation is on the ground floor and both units have access to a small courtyard. The home has a large car parking area.

The home does not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified five breaches in regulations. These included Premises and equipment, Safe care and treatment (in relation to infection control), Staffing, Need for consent and Good governance.

People told us they felt safe living at Moorlands care Home. However some of the records used to monitor risks could be improved upon.

We identified that a number of improvements were required to the premises to ensure they were fit for purpose and suitable for the people accommodated. A programme of redecoration and refurbishment is required throughout the building and senior management have a programme to address this.

Most people we spoke with told us that there were enough staff. Some people said that weekends could be problematic. The senior management team who met with us during our visit confirmed that they were reviewing staffing levels at the home.

Where new staff were employed appropriate recruitment checks were completed.

Medication systems were appropriately managed and people told us they received their medication on time.

Standards of infection control needed to improve. Some areas of the home were dirty and there were ineffective systems in place to monitor the control of infection.

Although staff had not received regular supervision and support at the home, there was a clear plan in place to address this.

Staff were not receiving training which enabled them to provide effective care to people. Training was out of date and there was no clear plan to address this.

Although we found some evidence that mental capacity was considered, it was not clear whether best interest meetings were held or formal applications under Deprivation of Liberty Safeguards (DoLS) were made. Staff had not received training in this area and we were concerned that decisions may be being made on people's behalf without consideration of the Mental Capacity Act 2005 legislation.

People told us that the food had improved since our last visit. A new chef had been employed. Some people felt that further improvements could be made.

People told us their health needs were monitored and that they could see a doctor or other health professional when they needed to.

People told us that they were cared for and we observed people being spoken to with warmth throughout our visit.

People said that they were treated with dignity although two people commented that nurses did not always knock before entering their rooms and we observed this during our visit.

People had their needs assessed and following an assessment a plan of care was developed. Care records were in the process of being reviewed and updated. Some of the monitoring records within care plans were not completed appropriately which meant the information may not be accurate.

People spoke highly of the activities co-ordinator and said that activities were provided throughout the home.

People told us they felt able to raise concerns and complaints and felt confident that these would be acted upon.

The home did not have a registered manager although a new manager had been recently appointed.

Quality monitoring systems required further development so that people were given the opportunity to share their views regarding how the service was managed and so people were supported to make suggestions for improvement.

Some of the records at the service needed to be reviewed and consideration given to best practice guidance and current legislation.

# Summary of findings

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now replaced by

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.

# 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.

A major programme of redecoration and refurbishment was required to the premises to make them safe and fit for purpose.

Standards of cleanliness needed to be improved upon.

Inadequate



### Is the service effective?

The service was not effective.

Staff had not received appropriate training to support them in meeting people's care needs effectively.

Staff were not clear of the principles of the Mental capacity Act and had not received training to enable them to support people who were unable to make decisions for themselves.

Requires improvement



### Is the service caring?

The service was caring

People told us they were cared for and we observed positive interactions between those living and working at the home.

People told us that their dignity was maintained and said staff supported them to be independent.

Good



### Is the service responsive?

The service requires improvement to be responsive.

Care records were not always accurate and there was little to evidence that people had been involved in the development and review of these records.

People knew how to complain and there were systems in place to make sure complaints were effectively managed.

There were a range of activities for people to participate in to meet their social needs.

Requires improvement



### Is the service well-led?

The service requires improvement to be well led.

The home did not have a manager who was registered with the Care Quality Commission.

Systems to monitor quality; seek people's views and bring about improvements required development.

Requires improvement



# Moorlands Care 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.

The inspection took place on the 24 and 25 February 2015 and was unannounced.

The inspection was carried out by two inspectors from the Care Quality Commission 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. Our expert had experience of caring for older people with dementia care needs.

Prior to our inspection we looked at information we hold about the service. This included notifications and the

Provider Information Return (PIR). This 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.

During our inspection we spoke with five people living at the home, five relatives and/or friends and we interviewed five staff. We also spent time with the new manager, the deputy manager and five members of the senior management team who were providing support and oversight at the service.

We looked at three staff recruitment records, three training and supervision records, four people's care records, medication records, policies and procedures, activity records and a number of quality monitoring documents.

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 spoke with the local authority safeguarding team and with commissioners of the service.

# Is the service safe?

## Our findings

We asked people if they felt safe. One person said "If someone hurt me I would tell someone but no-one hurts me." Other comments included: "Lasses are good, they help me when I need it", "I press my buzzer and they come straightaway" and "Yes, I'm not in danger, always somebody around day and night."

We asked visitors if they felt people were safe at the home. Comments included "Yes, I spend a lot of time here and I see how people are dealt with." However, one visitor added that they were concerned as they often saw staff in the dining room, having their lunch, ignoring alarms which were going off, although they added that this hadn't happened when the inspection was taking place.

We looked at the safeguarding file which had recently been set up and saw that two alerts had been made to the local authority for consideration under their safeguarding vulnerable adult's procedures. We looked at the staff training matrix and spoke to staff to ask if they had received safeguarding vulnerable adults training. Although some staff confirmed that this training had been provided previously, they also confirmed that it was not up to date. However, the staff we spoke with were clear of the action to take should they identify any concerns about the way in which people were cared for.

We looked to see how risks were managed. We found that risks were identified within care records. This included risks of falls, manual handling risks and pressure care. However although risks had been identified and relevant care plans put in place, the charts to monitor how these risks were managed (for example, turn charts), were not always up to date which meant that risks may not always have been appropriately managed. We have looked at this in more detail under the well led domain.

We looked at records of incidents and accidents. The new manager was in the process of setting up new systems which meant that there was little evidence of any analysis. Analysis of risks and incidents helps to identify potential causes which in turn may mean that action can be taken to minimise risks to people.

We were told that since our last visit some maintenance to the premises had been completed. This included a new wet room on Jasmine unit, a new bath on Honeysuckle unit and redecoration to some of the bedrooms on both units of the home.

We carried out a tour of the premises. We found that areas which should be kept locked to maintain people's safety, for example sluices, were not always locked. We also found that areas where repairs and maintenance were being carried out were still in use yet they were not fit for purpose. We saw that a bath had been stored in the dining room on Jasmine unit. The maintenance staff told us it had been there since the 13 January. We also saw that the lounge on Jasmine unit was being used to store a large number of incontinence pads on both days of our visit although there was a number of alternative empty rooms available.

We saw ants in a toilet and dining area. We saw lots of walls with cracks in them which needed repair. Lots of the rooms we looked in although empty were being used as storage and they were cluttered and untidy. Some of the bathrooms had exposed pipework. A relative told us that one of

the toilets had been out of order for months. We were also told that some of the rooms did not have hot water and the new manager agreed to get this rectified immediately.

We carried out checks on rooms throughout the home. We found that a number of rooms had been redecorated. However, these had been set up as 'show rooms' and were not rooms which people were accommodated in.

There was little to evidence that the home had considered the environment in terms of people's dementia care needs. Senior management said that coloured doors and appropriate signage had been bought for the home (although these had not been fitted). They told us that research was being considered to make the environment more suitable for people living with a dementia illness. We were shown some pictures to demonstrate some potential changes to the environment. The unit manager also discussed plans to make the environment more stimulating and suitable for people living there.

The dining room on Jasmine unit was used as a staff room. We were told this was because people living at the home chose not to use this area to eat their lunch and that staff did not have suitable facilities. We discussed this with

## Is the service safe?

management as this was not appropriate and needed to be considered as part of the plan for refurbishment. This meant that both the communal dining area and lounge were out of use on Jasmine unit and so people had limited living space for their use.

We looked at the maintenance file. This included checks on portable appliances, hoists and gas safety. We found an electrical wiring certificate dated 23/06/11. It was not clear if all the points raised in this report had been actioned. We asked the provider to let us know if these actions had been completed. Staff also told us that they were unable to use certain electrical appliances at the same time as this caused the power to trip. Senior management representatives told us that a new electrical wiring check was being completed.

We met with the responsible individual who is a nominated person involved in the oversight of the home. They provided us with a detailed action plan which addressed some of the issues we raised. We discussed the need for a programme of redecoration and refurbishment to take place throughout the home.

### **This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.**

We talked to people about the staffing levels at the home. We received mixed views. We asked people if they thought there were enough staff. Comments included "No, especially at weekends, short staffed." They then explained that this meant sometimes having breakfast at 10am followed by lunch at 12.00. They also said that sometimes they waited up to 10 minutes for staff to respond to the call button, and that it seems a long time when "you are gasping for breath."

Another person said "There is (enough staff) for the amount of people here at the moment" adding that it varied if staff were off sick or on holidays, and saying "Sometimes it can take a while to answer a call bell, the longest is about 15 minutes."

We spoke with staff who told us "I think there are enough staff. We are coping ok" and "There is a core staff team but we are still using lots of agency although the same agency staff are used for consistency." They also told us that more nurses were needed on shift and staff said that this had been discussed with management.

We looked at staff rotas. We saw that there were generally six care staff and a nurse on duty on each unit, however there were times when this dropped to four care staff on a unit. We asked the manager if there was a dependency tool in use to work out staffing levels. We were told there wasn't one in use. This meant that there may not have been sufficient numbers of staff on duty to meet people's needs. However senior management had identified this and included it within their action plan.

We looked at three staff recruitment files. We saw for two staff members, relevant checks had been undertaken to ensure that they were suitable to work with vulnerable people, such as references, a Disclosure and Barring Service (DBS) first check, an enhanced DBS check and identification documents. For a third staff member whose file we looked at, we saw that only one reference had been obtained. We spoke with the manager about this who told us it happened before they began managing the home so they could not explain why.

We looked at systems to manage people's medication. We saw that people received their medication as prescribed by their doctor. Any medicines which had been given were recorded on their medication administration records (MAR).

We checked that medication was stored safely. When not in use, trolleys were kept in a locked medication room on each unit and fastened to the wall. Medication was given by the nurse on duty. Controlled drugs (CD's) were stored in appropriate cabinets and medicines that required storage at a low temperature were kept in a medication fridge. We saw that the temperature of the fridge was checked daily and recorded to monitor that medication was stored at the correct temperature, although there were occasions when this had been missed.

We checked the controlled drugs. We saw that the records in the CD book matched the number of medicines in the CD cabinet. We asked two people if they received their medication at the right time and was it always available. Both confirmed that they did and that it was.

We found poor standards of infection control throughout the home. We asked North Yorkshire and York community infection, prevention and control team to visit the home. They found that although some improvements had been

## Is the service safe?

made since their previous visit in October 2014 that further improvements were still required. These linked predominantly to the improvements required in terms of renovation to the premises.

In addition however we noted the following; cleaning schedules were not clear and not easily understood by staff. We saw some examples of areas which were not clean and some rooms which smelt unpleasant. Some of the mattresses that we checked on beds were dirty and stained and there was no checklist in place to audit these.

Equipment including wheelchairs, pressure relieving equipment, slings and hoists were not clean and slings were being shared between people without being cleaned first. This increased the risk to people that used them of acquiring an infection.

Two of the washer/disinfectors in the sluice rooms were out of use. We noted throughout the home that there was inappropriate storage of items which led to a risk of contamination. The treatment room contained dirty equipment, hand wash basins were not of a clinical type/style, sharps bins were not labelled appropriately and did not have the temporary closure activated which posed a risk should they be knocked over. There was no record of suction machines being cleaned and we saw single use items which had not been discarded after use. This meant there was an increased risk of infection to any person that used this equipment.

**This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.**

# Is the service effective?

## Our findings

We asked people if they felt that staff were sufficiently skilled and experienced to provide care and support which enabled them to have a good quality of life. Comments included "A lot of them do those that don't have to learn" and "A lot haven't, as some will wash you properly, some you get a lick and a promise." We also asked people if they had the opportunity to make decisions and choices. One person said "It is up to me what I do" and "If I want to go to the lounge I can." They also said "They (staff) take me out for walks." Another person said, "With foods I have a choice."

We looked at the support, induction, supervision, training and appraisal which staff received. We found that staff had not been receiving appropriate support, however there were plans in place to address this. All staff had a supervision booked and the manager had a plan in place to ensure that all staff received regular supervision and an appraisal each year.

We asked to look at the training matrix. This was not up to date and had recently been implemented by the manager. It did not reflect the training people had previously received. There were no structured plans in place to address the current gaps in people's training although senior management confirmed that they knew training needed to be a priority of the overall improvement of the home.

The manager told us that training was due to be updated on a yearly basis but had not been updated over the last (two, three) year(s). This meant that staff may not have the necessary skills and knowledge to carry out their roles effectively.

We asked the manager about the dementia care model in use at the home, however there was no model currently in use. There was very little evidence that best practice guidance was being followed or that staff had the knowledge, skills and experience to support people effectively.

We spoke with staff who told us "I think staff training is lacking", "Training last year was a struggle. Manual handling is out of date and we need more training on specific conditions." Examples given were schizophrenia and bipolar conditions. Staff also said that they needed training in dementia and managing distressed behaviour.

### **This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

We asked people about consent. We asked relatives if they were involved in decisions about the care of their relative. One said "I am definitely; no one would make any decisions without my agreement." Another person said "No but my brother is."

We were concerned to see an entry in the domestic staff meeting minutes from the new manager which referred to people 'being awkward' if they refused to allow staff in to clean their room. This does not promote people's right to choice and does not reflect a person centred approach.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. The manager told us that no restrictions were in place under the DoLS legislation.

We saw from care records that some information regarding people's capacity was recorded. There was some evidence to demonstrate that reviews of people's mental capacity had been undertaken in relation to DoLS. We saw that best interest information checklists and capacity assessments were completed. However it was not clear whether formal application under DoLS legislation were completed. This is important as failing to do so can mean that people's rights against inappropriate restriction of liberty may not be protected because appropriate measures may not be in place to make the required assessments and applications, in line with MCA and DoLS legislation.

Staff told us they had not received training in this area. One staff member commented "I have not had any training on DoLS or mental capacity and I know that our paperwork is out of date."

We spoke with a relative who said, "They keep her (my relative's) zimmer frame away to stop her standing and walking on her own." This may be a deprivation of liberty and although the relative said this was in the individual's best interest and they were happy with this, the situation had not been formally assessed.

## Is the service effective?

### **This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

We carried out some observations during lunch. We found that some people being supported with their meal were not supported in a person centred way. We observed staff talking between themselves which meant that they were not involving the person they were supporting. We saw that some people received lots of attention from staff and others received little or none. This can impact on people's wellbeing as those receiving little or no support can become very isolated. We shared this feedback with the new manager.

We asked people what they thought of the meals, whether staff knew their dietary likes and dislikes, were they offered a choice, and were drinks available throughout the day and night. One person told us "Sometimes alright, sometimes not, they have changed suppliers and I don't like spicy food, to me rice is for pudding" and "I get as many drinks as I want." Another person said "I don't like the food, the pastry on the pie yesterday was rock hard, mince is always lumpy and I have told the Manager." The home had recently employed a new chef. Generally people felt that food had improved.

We asked people about their dietary needs and if these were met. People told us the following: "I eat everything

that's decent" and "I eat all foods." Relatives said "My relative has moved to a soft diet now" and "My relative eats all foods." We were told that finger foods were available which is particularly important for people with a dementia. However although we saw people being given snacks, we did not observe snacks which people could help themselves to.

People told us their health needs were met. We asked people what happened if they didn't feel well or if they wanted to make a health appointment. We received the following comments. "They contact a Doctor, the last time was two weeks ago for a kidney infection" and "When I want my nails done they get a chiropodist." However, another person said "I had to beg to see a Doctor."

We asked visitors if the staff contacted the persons GP/ District Nurse when needed and were told "The nurses do, my wife's carer would - I know they would" and "They would, I don't know when they have, I asked for her to have a flu jab and this was done."

We saw from peoples care records that health professionals were contacted where concerns in people's health had been identified. This helped to ensure that appropriate advice and support was gained, for example from the tissue viability nurse or dietician.

# Is the service caring?

## Our findings

People told us that the care had improved. Comments included "I am happy with how I am treated. It was awful but it has improved a lot."

A member of staff said "I think we give excellent care." There is too much paperwork and this changes on a daily basis. Care is more important."

During our observations we saw that when staff interacted with people the interactions were positive. Staff spoke kindly and warmly to people. It was clear that people knew the staff who cared for them. We saw people talking to staff and observed staff responding to people positively.

A relative also told us that improvements in care provision had been made. One person told us that their relative was now checked more frequently and they said that they liked the fact that charts were held in their room as it meant that they could see what they had eaten and drank since they last visited.

We asked people if they felt that the staff knew and understood their needs. One person said "They know me alright, though you have to remind some of them" and "Some foreigners can't understand me, one didn't know the word for water."

We asked visitors if people received individualised care and one person said "Yes if visitors are involved, I can't comment about other times". Another visitor said "I don't know."

We asked people if they could have a bath or shower when they wanted. One person said "I ask for a bath or shower whenever I want one."

We asked people if they felt the staff had the right approach, and if they felt staff really cared about them. One person said "They are good, there are some nice lasses" and "Some are just like family." Another said "I think mainly, one or two not so much, but they are improving."

We asked people if the staff encouraged them to be as independent as possible and if they allowed them sufficient time to be independent. One person said "I can't manage a lot, but they take their time." Another said "They encourage me to feed myself, I can't dress myself" and "They sometimes hurry me when I am on the toilet."

We asked people if they were asked their views and gave consent to care they received. One person said "They always ask my permission and they look after me." Another said "I don't know."

We asked people if they were involved and supported in planning and making decisions about their care and treatment. One person said "I leave it up to them - they know their job." Another told us "The nurse came and told me I needed some B12 vitamins and they discussed this with me."

We asked people if staff maintained their privacy and dignity. One person said "Yes they always close doors and close curtains." Another said "Yes they draw curtains." However they also said "I get a bath once a week but I'd like more. Other comments included "The carers knock on the door but the nurses don't always."

We asked visitors if they observed staff respecting people's privacy and dignity. One said "Yes, they always ask me to leave the room." Another said "Yes they do, from what I have seen."

# Is the service responsive?

## Our findings

We asked people if they got the care they need, and whether they had choice and control over their care. One person said "Yes I think I do." Another person told us "I get the care but it is not always good, could be better" and "I think all carers should know what they are supposed to do."

People had their needs assessed prior to moving into the home. Following an assessment a care plan was developed. There was little to evidence that people were involved in developing their care records. We saw some people had a 'resident involvement' sheet in their file, however this was blank.

Care plans contained risk assessments and monitoring forms which focused on areas such as pressure care, falls and nutrition. Where risks were identified charts were put in place to monitor these. However we saw that charts were not always being completed appropriately and in some cases we found that charts were being completed in retrospect. This meant that the information may not be up to date or accurate. Care records required additional work to reflect the individuals accommodated. For example, care records did not demonstrate that people's views and wishes were sought in terms of their individual preferences, wishes and aspirations. We found that information was lacking from people's care files and there was little to reflect people's life history or what was important to them.

We saw from the action plan given to us that "You said, we did" information was to be implemented so that staff could evidence improvements which had been made. Senior management acknowledged that further improvements to care records were required and this was included within their action plan.

We spoke to people about the social opportunities available. People spoke highly of the activities co-ordinator and we saw staff and relatives engaged in activities during our visit. We asked people if activities were available and if

they suited their needs. One person said "Only bingo and dominoes about 2 or 3 times a week" and "We have an Activities Co-ordinator and we sometimes do some gardening." Another person said "I go to bingo and dominoes and do flower arranging."

A staff member said "The activities person is fantastic. Activities are really coming together. Everyone gets involved. We have been out on day trips." Relatives also expressed positive feedback in this area.

We asked people if they would know how to make a complaint, who to, and would they feel listened to. One person said "I would just tell a nurse - I call a spade a spade" and "I told chef one day his sauce on the fish was horrible." Another said "I ask to see a Manager, I feel comfortable and definitely listened to" and "She (the manager) would do her best to put things right."

We asked people if they had ever mentioned a concern to staff, had they listened and tried to put things right. One person said "As far as I know they would." Another said "I've mentioned a concern over food to the manager and she said she will look in to it."

We asked visitors if they would know how to complain or express concerns. One said "I would see the unit manager or manager" and "I complained they (staff) had moved X's bed and the position was not liked, next day they had put it back." Another person said "I would see management or the nurses" and "I expressed concern about washing and this has improved."

We looked at the complaints record. We saw that some complaints had been recorded along with a record of the action taken in response. However for some of the historical complaints recorded there was little or no information to demonstrate what action had been taken. The new manager said that they were setting up systems to improve complaint recording and they showed us the copy of the updated complaints file. The policy was displayed and people told us that they felt confident in raising issues.

# Is the service well-led?

## Our findings

The home did not have a registered manager. A new manager had been employed in January 2015 and they told us that they were in the process of applying for their DBS so that they could make a formal application to become registered manager.

Some relatives said that they would like the new manager to be more visible. One person said "I haven't met the new manager yet and there have been no relative meetings since the new manager has been in post. Previously we had them once a month and this was a good way of putting your point of view across."

We asked people if they felt the home was well managed, and if managers and staff were looking for ways to improve the service. One person said "Seems alright, manager seems alright but she has not been here 5 minutes." Another person said "No, maybe it will be now, with this new manager – we have to give it time."

We asked people if there was a positive atmosphere at the home, and if they felt involved. One person said "It's alright, not bad at all" and "When you have nowhere else to go you make of it what you can." Another person said "There is really, it's nice to talk to people."

We asked visitors if they felt there was a positive culture at the home, and whether they felt they could approach the staff or manager and get a positive response. One person said "There is now, I can approach the new manager." Another said "Yes I like it, everybody speaks to me" and "I can always approach staff."

Staff expressed mixed views about the culture at the home. Some felt that it was a positive place to work and others felt that improvements were needed. Comments included "There have been lots of changes in the past year. Morale has been low in the last five months but new staff have been employed. This has included a new unit manager who is fabulous."

We asked people if they had ever completed any surveys or given any kind of feedback on the home. One person said "No" adding that they were concerned at the moment as to what was happening with the home as they knew there had

been problems and they were unsure if they would be moved. Another person said "We have had meetings before but those managers have left" adding that they had not been asked recently.

We asked visitors if they had received a satisfaction survey, and did they feel the home was continually looking for ways to improve. One visitor said "I have completed one on food and my responses were all negative, food has improved, variety has improved." Another said "Brother might have, I don't know."

We identified some shortfalls during our inspection. There was very little evidence to demonstrate that people and staff were actively involved in developing the service. There was little evidence to demonstrate how people and their relatives were encouraged to view their opinions or to make suggestions for improvement. The systems in place did not demonstrate that the manager was measuring and reviewing the delivery of care against current guidance.

There was no evidence to demonstrate that the home was involved in any accreditation schemes or that staff were aware of the visions or values of the service. There was no evidence that the staff had considered best practice dementia guidance or research although the unit manager on Honeysuckle unit did confirm that this had been discussed.

Records at the service required further development and review. They were not person centred. They were not being reviewed regularly and were not being completed accurately therefore they were not fit for purpose. Policies and procedures were not being followed and they required reviewing and updating. The systems in place did not demonstrate that the manager was measuring and reviewing the delivery of care against current guidance.

The senior management team who met with us during our visit confirmed that they knew a number of improvements were required. They had already carried out a number of audits and had created detailed action plans to address some of the issues we had raised. However we discussed the need for some of the improvements to take place more quickly which was agreed.

**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	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>We found that the registered person had not protected people against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and cleanliness. This was a breach of regulation 15 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.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not protected people against the risk of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered person had not provided staff with training, support and supervision necessary to carry out their roles. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2)) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

We found that the registered person had failed to ensure that there were suitable arrangements in place for service users to consent to their care or treatment. This was a 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.