Barchester Healthcare Homes Limited

Beaufort Grange

Inspection report

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Date of inspection visit: 11 August 2015
Date of publication: 21/09/2015

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We undertook an unannounced inspection of Beaufort Grange on Tuesday 11 August 2015. When the service was last inspected in July 2014 there were no breaches of the legal requirements identified. Beaufort Grange provides accommodation for people who require nursing or personal care to a maximum of 74 people. At the time of our inspection, 63 people were living at the service.

A registered manager was not in post at the time of inspection. 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. A new general manager had assumed post on 6 August 2015 and advised us they would be applying to register as the manager in the very near future.

The provider had failed to consistently ensure that sufficient staff were available to meet the needs of people

Summary of findings

safely. People, their relatives and staff raised concerns about the current staffing levels at the service and gave examples of how this had impacted on people's care provision.

Risks to people were assessed, however guidance for staff on how to keep people safe was not always clear and it was not always possible to easily view the most up to date information about the person. Some assessments we reviewed contained conflicting information to reduce risks to people. Falls and incident management did not always effectively highlight areas of possible risk reduction.

The service had not consistently met people's nutritional and hydration needs or preferences. People gave mixed views about their dining experience and staff gave examples of how the current staffing levels had an impact on meeting people's nutritional needs. Nutritional monitoring did not ensure people were fully protected from the risks of malnutrition and supporting records were variable in accuracy.

We found the service had not been consistently responsive in meeting people's needs in relation to wound care through failing to following professional guidance. Where assessments had given staff guidance on how to be responsive to people's communication needs, this had not always been followed.

The provider had governance systems to monitor the health, safety and welfare of people these were not always accurate or used correctly. The provider had failed to ensure the service had submitted the correct legal notifications to the Commission as required.

People we spoke with and their relatives gave positive feedback about the service and told us they felt safe. Staff were aware of how to identify and report suspected abuse and understood the concept of whistleblowing to external agencies.

The provider completed safe recruitment processes to ensure only suitable people were employed and people were cared for in a clean environment. Equipment to keep people safe was regularly maintained and medicines were administered safely.

Staff were supported through regular training and told us they felt sufficiently trained to provide effective care. We received mixed responses from staff about the supervision and appraisal they received but told us they could obtain support, guidance and direction when required. The provider had an induction programme aligned to the new Care Certificate.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Staff understood the Mental Capacity Act 2005 and how it impacted on their work. We saw examples of where the service had involved healthcare professionals and advocacy services in best interest decisions for people.

Staff knew the people they were caring for well and we received a high level of feedback and praise for the staff employed at the service. A national website used by people and their relatives and the compliments log at the service reflected the views of people in the service. People felt their privacy and dignity was respected and we observed examples of staff supporting people to maintain their dignity.

People's care records were personalised and contained unique information about people. We saw positive examples of staff being responsive to people's needs and demonstrated they knew people's life history and preferences when doing this. The service had a mixed activities programme for people to be involved in and people or their relatives felt able to raise concerns or complaints within the service.

Staff told us they felt there was an open culture in the home and senior staff were approachable. Staff commented on a positive team ethos and told us they felt the current poor staffing levels had pulled them together as a team. There were systems to communicate with staff in operation and there were some effective systems to monitor the quality of service provision. The provider had additional internal quality monitoring systems completed by senior directors.

We found multiple beaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in multiple regulations. In addition, a breach of the Care Quality Commission (Registration) Regulations 2009 was also identified. 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.

There were not always sufficient staff to meet people's needs.

People's risk assessments contained unclear and conflicting information.

Staff knew how to identify and respond to suspected abuse.

People were cared for in a clean, hygienic environment.

People were supported with their medicines where required.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's nutritional and hydration needs or preferences were not always met.

People received care from competent and trained staff.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff understood the Mental Capacity Act 2005 and how it was applied to their role.

People could receive support if required to ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives gave very positive feedback about their good relationships with staff.

People felt respected by the staff at the service and their privacy and dignity was maintained.

Staff understood the care and support needs of the people.

People were involved in care planning and received care in line with their wishes.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

People did not always receive the right care when they needed it.

People were supported to maintain their independence and records were personalised.

Staff were observed to be responsive to people's needs.

Summary of findings

People had the opportunity to participate in activities.

The provider had a complaints procedure and people felt able to complain.

Is the service well-led?

The service was not always well-led.

Governance systems to monitor the welfare of people were not effective.

The provider had failed to send required notifications.

Staff spoke of a strong team ethos and open culture.

There were systems to monitor the quality or service.

Requires Improvement

Beaufort 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 was carried out by two inspectors, a specialist nurse 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. When the service was last inspected during July 2014 no breaches of the legal requirements were identified.

Before the inspection the provider completed a 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 the improvements they plan to make. We reviewed the information in the PIR and information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at eight people's care and support records.

We contacted a member of the community mental health team and the quality and contracts team of the local Continuing Healthcare team who fund some people receiving care at the service. We asked them for their views about the service. We received only positive comments from the health and social care professionals we requested information from.

We spoke with 7 people who used the service, six people's relatives and spoke with 15 members of staff. This included the provider's the new manager who had been in post for five days, the deputy manager, catering staff, nursing staff and care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Requires Improvement

Is the service safe?

Our findings

The provider had failed to consistently ensure that sufficient staff were available to meet the needs of people safely. During our inspection people, their relatives and staff told us they felt there was insufficient staff on duty to support people. People we spoke with gave examples of how the current staffing levels had an impact on their care. One person commented, "I don't think there are enough staff here. I ring the bell and I have to wait. It seems like a long time [before the staff arrive], I get impatient. They need more staff to get me up in the morning and get my breakfast. It could be 10am before I have my breakfast sometimes." Other people we spoke with commented on how staff morale appeared low and attributed this to the current staffing levels. This demonstrated that the current staffing levels did not ensure people's preferences for meal times and personal care could be met.

People's relatives said the staffing levels were sometimes concerning and did not feel their relative was always safe as result. They told us, "I don't feel my relative is as safe as they could be. There are no call bells in the lounge and I often have to go and find a member of staff if somebody needs help. I worry that someone will fall and no staff will be here." During the inspection an inspector had to go and locate a member of staff to assist someone who was becoming distressed in one of the lounges. A visitor at the service had identified a person was upset. The visitor was looking for a member of staff to assist but had not been able to locate anyone to help. This demonstrated that current staff numbers did not always meet the needs of people in a timely manner.

All of the staff we spoke with told us that current staffing levels had resulted in poor staff morale with many staff telling us they were working additional hours. They all spoke of a shortage on each unit, with staff being continually asked to work on different units to cover absence. One told us, "There isn't enough staff to keep people safe all of the time, that's why there's a high risk of people falling here." Another staff told us how they had been asked to work on a unit on the second floor where people have high level needs due to their cognitive impairment. They said, "They put me on Duchess Unit, I wasn't trained. I still go up there and if something was to happen I wouldn't know what to do." This demonstrated the provider had not ensured suitably skilled and competent staff were consistently available to meet people's needs.

We spoke with the manager who told us that a recruitment campaign was currently on-going to employ new staff at that interviews were scheduled. The provider had recently sought the assistance from an agency and agency staff were currently being used within the service. We spoke with the manager about staffing level calculations. The provider had a dependency assessment tool available to assist in ensuring safe staffing levels were maintained, however it became apparent the tool had not recently been used to calculate safe staffing levels. We reviewed the staffing rotas for the previous week prior to or inspection and the immediate days before our inspection. These demonstrated the provider had failed to achieve the current set minimum staffing numbers during this period.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were assessed, however guidance for staff on how to keep people safe was not always clear and it was not always possible to easily view the most up to date information about the person. For example, one plan contained a moving and handling assessment that identified the person had a high risk of falling. However, the care plan contained conflicting information. In one section, when making reference to the person's level of independence when mobilising, staff had documented, 'Can get up from the chair independently'. The following page of the assessment staff had documented, 'Finds it difficult to sit up and wants to hold onto staff to pull up'. Due to the current use of agency staff and the projected recruitment of new staff, this inaccurate and conflicting information increased the risk of staff not being able to safely manage the risks associated with moving the person. This demonstrated people were not always fully protected from avoidable harm.

Risk management guidance did not always provide accurate information to staff on how to meet people's needs and the information within some of the plans was conflicting. A person's plan we reviewed had a current record that stated the person had a grade 2 pressure ulcer. The wound dressing plan detailed the cleaning fluid to be used, and the frequency of dressing change but gave no detail of the type of dressing to be used, or if the wound

was to be left open. Although the wound was recorded on a body map, there were no photographs and there was nothing documented to show if the wound had improved or deteriorated. We discussed this person's needs with a member of staff who told us the person currently had no pressure ulcers. This meant the care plan assessment was inaccurate and gave conflicting information to staff as the record indicated the person had a pressure sore. The service was using agency staff to fill vacancies and there was therefore an increased risk that staff may not be familiar with people's needs and would not have either accurate or current information about people's risks.

The provider had systems to monitor falls and incidents but these were not always used effectively. The provider had a falls analysis document that recorded reported incidents by staff, however we found within people's records not all recorded falls were evaluated. This would assist in reducing any risks to people who fell regularly by identifying trends or patterns. Within one person's record we saw they had been assessed as having a high risk of falling. The falls diary had only been partially completed. A fully completed entry was made following a fall in May 2015. In addition to this, four further falls been recorded between 20 May 2015 and 8 June 2015 indicated that the person had fallen on four separate occasions on four different dates. However, no further information had been documented by staff for these four falls, for example the time of the fall, where it happened and detail of any contributing factors or injuries sustained. This meant that any recurring themes that could assist staff to prevent further falls to keep the person safe could not be identified or acted upon.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave positive feedback about staff at the service. They told us they felt safe and no concerns were raised with the inspection team. People spoke of good, positive relationships with staff and we made observations of the interactions between people and staff that demonstrated this. One person when asked if they felt safe replied, "Definitely." Another said, "At night they are good and caring and come quickly."

Staff received training in safeguarding adults and understood the expectations of them in their role and the responsibilities they had in reporting concerns. The provider had safeguarding and whistleblowing policies for staff that gave guidance on the different types of abuse people may be at risk of. Staff told us that the training they received involved scenario based discussions to assist them in learning. All of the staff we spoke with were knowledgeable about safeguarding reporting procedures and explained how they could also contact external agencies in confidence if they had any concerns.

The environment and equipment used within the service was regularly maintained and serviced to keep people safe. There were dedicated staff that monitored all aspects of the environment and the equipment within the service. We reviewed maintenance and servicing records that showed equipment such as the passenger lift, hoists and the call bell system were regularly serviced. In addition to this, there were systems to test the fire alarms and associated equipment, together with the emergency lighting and water supplies.

Safe recruitment processes were completed before new staff were appointed. Staff had completed an application form and provided appropriate details for employment and character references. The files showed these references had been obtained by the service. Proof of the person's address and identity had been obtained. A Disclosure and Barring Service (DBS) check had been completed for staff which ensures that people barred from working with certain groups such as vulnerable adults are identified.

People, their relatives and staff said the service was clean and hygienic and observations we made supported this. The service and equipment in use was clean and suitable procedures were undertaken to reduce the risk of cross infection. There was dedicated domestic staff to ensure the home was cleaned daily. Staff told us they had attended infection control training and we observed that staff wore the correct personal protective equipment such as gloves and aprons when required. Appropriate procedures were undertaken to deal with soiled laundry and staff followed these procedures during the inspection. Liquid anti-bacterial gel was available at several designated points throughout the service.

Medicines were managed so that people received them safely. The service was currently piloting a new electronic medicines system. We observed parts of two medicines rounds with qualified staff using the new system and both times the nurses using the system discussed the benefits of the system versus a traditional paper based system. Both said they felt the system made the administration of medicines safer and reduced the risk of medication errors.

Requires Improvement

Is the service safe?

The nurses were knowledgeable about the medicines people received and the reasons why. People were not rushed and medicines were administered on time and to the correct people. Medicines requiring additional specific storage were stored safely and when administered the provider's procedures for checking these medicines were followed. Unused medicines were disposed of correctly. Medicines that required cold storage were stored appropriately and the storage temperature was monitored daily. Bottles were dated and signed to indicate when they had been opened so that staff knew when they needed to be disposed of in accordance with manufacturer guidelines. Where topical medicines had been prescribed, staff had signed to indicate they had been applied. All of the topical charts looked at were up to date and complete.

Requires Improvement

Is the service effective?

Our findings

The service had not consistently met people nutritional and hydration needs or preferences. We received a very mixed response from people and their relatives about the meals provided at the service and the level of support people received. Some people told us they were not hungry or thirsty, however others gave accounts of how they had to wait for their breakfast and said this did not meet their needs. Other people explained how at times, getting a hot drink can be problematic. One person told us, "They offered me tea this morning for the first time, there is no tea or coffee trolley that comes around in the morning, only the afternoon." Another person commented, "I feel thirsty in the morning as I don't want a cold drink, that's no good."

Staff told us how people had to wait at times to receive meals. Staff we spoke with told us how staffing numbers had impacted on their ability to provide people with meals and drinks when they needed or wanted them. Due to the current staffing situation, we were told by staff that some people who were unable to support themselves may on occasions have to wait until between 10.30am or 11am to receive a hot drink. Staff said they were engaged in personal care and this would not allow them time to provide people with drinks. In addition to this, staff told us that on a few occasions it had been as late as 11.30am before some people received their breakfast.

Meals did not consistently meet people's nutritional preferences in line with their cultural background. One person we spoke with told us they liked a specific style of cuisine in line with their cultural background. The person was unhappy they could not receive their preference on a more regular basis. From looking in the care records for the person, it highlighted the kitchen would provide the person with their preferred choice, 'Where possible' but did not specify how this would be achieved. The person told us it was approximately four weeks since they had received a meal of their preference. They told us this had resulted in a relative having to purchase and bring them the food of their preference on a daily basis.

We received negative comments about the current quality of food being provided. Most of the people we spoke with said they were currently unhappy with the current standard of food being provided. One person said, "My main issue is the food, when you think of what we pay. The head of the kitchen came to see me as I had sent food back." Another person said, The food is not very good."

Nutritional monitoring did not ensure people were fully protected from the risks of malnutrition. For example, within people's care records staff had identified where people had lost a significant amount of weight. The service had taken appropriate steps to support the person and had involved the appropriate healthcare professions, however, staff had failed to ensure the person had been recorded on the nutritional 'at risk' register as part of the provider's governance system. This meant there was a risk senior management in the service would be unaware of the nutritional risk associated with this person.

Some people were having their food and fluid intake recorded. However, the records we looked at were of a variable accuracy and some were incomplete. Where a person had not eaten or drunk very much during the day, there was no clear escalation process and no indication of whether staff had reported the low intake to nursing staff or management. For example, we looked at a chart for one person. There was no recorded target fluid intake which meant that staff would not know how much intake they should encourage the person to have. The person's fluid intake was recorded as 450mls on one day and 750mls on another day for each 24 hour period. There was no indication that staff had reported these low intakes, or whether staff had identified the risk of dehydration or taken any preventative action. Although the charts stated they should be checked and signed twice within a 24 hour period, on some days no checks had taken place, and on other days only one check had occurred.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received training relevant to their roles and records supported this. All staff we spoke with said the training they had received had provided them with the necessary skills to perform their roles. One member of staff said, "The training here is really good, all classroom based. I've been encouraged and supported to complete my NVQ (National Vocational Qualification in Health and Social Care)." Supporting records showed that staff completed training in areas such as fire training, food safety, infection control, safe handling and safeguarding as part of the providers essential training programme. We did receive two

Is the service effective?

negative comments from staff reference training, with one stating they felt the training provided was poor since their induction. Another felt staff should receive more focussed training in the management of challenging behaviour to ensure they can meet the needs of the people at the service in the safest manner.

The provider had a system to support staff through regular performance supervision, however it was evident this had not recently been used effectively. Some staff told us they had received regular supervision but others told us they had not. One staff member told us they had received a single supervision since their induction approximately one year ago. This was discussed with the new manager of the service who was aware of this and they told us regular and structured performance supervision and appraisal would be commenced soon. Staff did comment that although the supervision and appraisal had not been frequent, they were still able to obtain support, guidance and direction from senior staff members. We saw records of some supervisions that had been completed, which showed staff performance, praise and commendation for good work and if the staff member had any concerns were discussed. An annual appraisal, was also completed for some staff that discussed how the staff members role achieved the aims of the provider, staff objectives for the following year and future development plans.

The provider had recently implemented the new Care Certificate as their induction process. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. On the day of our inspection some new members of staff were completing certain aspects of the induction within the service.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The registered manager advised us they were in communication with the local authority about applications for an assessment to be completed where people may require a DoLS authorisation. At the time of our inspection, the service had multiple applications submitted with the local authority that were pending action and a small number of people at the service had a current DoLS authorisation.

Staff were aware of the Mental Capacity Act 2005 (MCA) and gave examples of how they applied the principles of the legislation to their work. Staff explained who they supported people in making choices and decisions about their daily lives. Staff were able to give examples of the choices they offered people in relation to their clothing they wore each day, what they ate and what activities they did. Our observations during the inspection demonstrated how staff offered choice to people. We saw that people's consent was sought prior to personal care or support taking place. We made an observation when a person declined treatment this was respected and the staff member who told the person they would return later to see if the person had changed their mind.

Where required, we saw that best interest decision meetings had been held. Best interest decision meetings are held when a person lacks the mental capacity at that particular time to make a specific decision about an aspect of their care or treatment. For example, when the need was identified, a best interest decision was held about ensuring a person received their medicines by administering to them covertly. Meetings were held between staff, a person representing the person receiving care, for example a member of the person's family, and the person's GP. A decision making process was recorded and associated risk assessments completed. In addition to this, we saw within another person's file independent advocacy support services had been sourced to enable a best interest decision to be reached. Documentation within the person's plan also showed that advocate input had been gained in order to ensure the person's involvement and that a clear process had been followed so that the person's wishes were followed.

People were able to access healthcare services when required. People had access to a nominated GP that completed scheduled to the service. The GP would also attend when required to meet people's needs. Within people's records we saw that there was also access to healthcare professionals such as tissue viability nurses, community psychiatric nurses, dieticians and chiropodists.

Good

Is the service caring?

Our findings

All of the people we spoke with about the service and most relatives spoke positively about the staff at the service and said they were caring. One person we spoke with commented, "The staff are very good." Another person we spoke with told us how they had built up a very good relationship with a particular member of care staff. They told us, "The carers are lovely, One girl wrote me a beautiful letter, it made me cry, she has now gone to University."

Visitors to the service gave mixed feedback on staff. One person's relative said, "[The] Staff are always very happy, I'm 100% happy, it surpasses all expectations." Another told us, "Some of the staff are really good and some not so good. It feels like there has been a lot of staff leaving." Another positive comment we received was, "Staff do go the extra mile. When it was my relatives' birthday, they decorated the bedroom and made a special cake for them." Within the 2014 relatives survey, a high level or praise was also given to the care and nursing staff at the service.

Observations made by our inspection team demonstrated staff had a caring manner towards people. When people showed signs of distress or discomfort staff responded swiftly. For example, when one person was observed becoming distressed, staff went to them and sat with them, talking softly and stroking their hand. On another occasion, a nurse told us they were about to provide some pain relief for one person before they moved them. We observed many instances where people were seen to be smiling at staff and appeared relaxed and comfortable in their company.

People felt respected by the staff and their privacy and dignity was respected. We observed staff interacting with people during the day and saw various examples of people's privacy being respected. We also observed examples of where staff acted quickly to preserve people's dignity. For example, one person was observed coming from their room in an apparent disorientated state. The person was wet and only had a night shirt on which compromised their dignity. Staff quickly identified this and were calm and sensitive when helping the person go back to their room to provide personal care. Staff were observed knocking on people's doors and there were also signs placed on people's doors to advise staff personal care was taking place and not to enter. This promoted people's care being given in a private and dignified environment.

Staff knew the people they were supporting and spoke to people by first name and in a calm and reassuring manner. All of the staff we spoke with commented positively about providing person centred care and said, "I always read the care plans and read about their life history so that I can have proper conversations with them." This demonstrated staff took time to ensure they knew and understood the people they were caring for. During the lunch period and in many areas of the service, we observed staff bending down to people's level so they could maintain eye contact, and staff provided gentle encouragement with food and drinks whilst communicating in a clear and caring manner.

People were supported to express their views, be independent and be actively involved in making decisions. People told us staff respected their decisions. One person we spoke with said, "They [staff] would let me sleep if I didn't want to get up." We observed staff supporting people with their independence when supporting them with drinks and moving around the service. Visitors said they were involved in the care planning process on behalf of their relative, however one relative told us they were not confident all the information they gave staff was used to plan the care and support. For example, they said, "Despite telling the staff to do certain things, they don't, so we had to write notes to put on walls and doors to remind them."

The compliments log at the service mirrored a large amount of the feedback the inspection team received and the observations we made. We recorded a selection of the compliments we reviewed that the service had received during 2015. One compliment read, "Thank you so much for everything you did for [person's name]. The care that you provided to [person's name] was first class" Another said, "I'd like to thank you so very much for the care, patience and love shown to Mum and to us all."

The provider encouraged people or their relatives to use a national website to give feedback on the service. The website had a total of 35 reviews for the service, with 16 of those being posted during 2015. All 35 reviews of the service were very positive and had been made by either people living in the home or their relatives or representatives. Comments on the reviews included, "An excellent home for everything. I am very happy here. I can't say anything bad about this wonderful home." A further review read, "This is a beautiful home, with wonderful friendly staff who are always prepared to go the extra mile. They all greet my Mum by name and get to know the needs

Good

Is the service caring?

of the residents on an individual basis. Special items are purchased, such as a push along sweeper, which keeps my Mum happily busy for hours. A great range of activities is provided by bright, cheerful carers."

We also received positive feedback from the healthcare professionals we contacted about the service prior to our inspection. One told us that during visits, they had observed staff to be caring and that appropriate referrals and concerns were made when needed. Another told us they told us that care was delivered well at the service, and that staff were good at supporting people.

Requires Improvement

Is the service responsive?

Our findings

We found the service had not consistently been responsive in meeting people's needs. During a review of some people's records it was evident the service had not followed professional guidance when required. This meant people did not consistently receive the care they needed at the time they needed it. For example, one person in the service was currently receiving treatment for a pressure ulcer. The service had obtained specialist input from a Tissue Viability Nurse (TVN) who specialised in the treatment and maintenance of skin integrity.

We reviewed the recorded guidance from the TVN who had developed a plan of care for the nursing and care staff to follow to support the person. The guidance stated the staff should ensure that pressure should be kept off the area of the pressure ulcer to aid in its healing. The extract from the TVN stated, "Suggest heel lift to relieve pressure from right foot." Throughout the inspection, multiple observations were made where the person's feet were not elevated as required. It was also noted that the person's dressing was not properly in place and the pressure ulcer was exposed. Although the person may have dislodged the dressing during movement of their legs, the elapsed time we identified this dressing wasn't correctly situated indicated there were no systems to ensure the person's needs were met timely and that the dressing was regularly checked.

In addition this guidance, staff had not continually followed additional TVN guidance when required and repositioned people at the required times. Guidance within the a care record stated, "Staff to ensure turned 2 hourly in day and 3 hourly at night in addition to supporting his feet off the mattress." This repositioning guidance was to ensure people were not left in the same position in their bed to ensure continual pressure relief to different areas of the body. From reviewing the supporting repositioning records, staff had not consistently followed guidance. For example, on two separate days it was recorded the person was not changed position for three hours and four hours instead of the two hours as required. On a different date, it was noted that the person went four hours during the night instead of a maximum of three hours as required.

Staff were not always responsive to people's communication needs. Within the communication section of a person's care record it gave guidance for staff on how to be responsive to meet the person's communication needs. Within a record it said, "[Person's name] can use the call bell but tends to forget about it and call for the 'nurse' instead. Call bell should be left within reach." We initially observed the person in the morning and their call bell was situated behind the person and not within reach. We made multiple observations throughout the day and the call bell was always located behind the person and not within the person's reach at any time.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records were personalised and contained personal life history documents about people. Staff said this helped them to learn more about the people they were caring for. Care reviews demonstrated where people or their relatives had informed staff when their personal choices were being met. For example, one person had informed staff they wanted to attend the church service each week but didn't like to disturb staff for assistance to attend. The staff had responded and made a note in the person's diary that the person would need assistance to attend each week and this was being done. Where people preferred a male or female member of care staff this had also been documented so care was provided in line with people's preferences.

We saw examples of staff responding to people's needs that demonstrated they were familiar with people's history and preferences recorded in their care plans. For example, we saw people being assisted with their mobility needs and people who required support aids or equipment when mobilising had the equipment available. We observed a person in a corridor sitting at a table. They were really engaged with some tins they had taken from the shelf by side of them. They were reading aloud the labels and a member of staff observed them and told us, "I'll get [person] a book, [person] used to be an English teacher and will like that." This demonstrated staff understood people's history and needs and what items may help to engage and support them.

A range of daily activities were available for people to participate in. We saw the activities programme for August 2015 that showed activities such as music therapy, group exercise, bingo, food tasting, quizzes and art classes were held. During our inspection we observed the main entrance foyer area to the service was used as area for a musical activity. One relative we spoke with told us, "The music therapy here is fabulous. They came and played guitar one

Requires Improvement

Is the service responsive?

to one with my relative one day because they are in bed, and on another day the singer came right along the corridor and sang a song for them. There is lots of life enhancing activities for people." People spoke positively of the activities, with one commenting, "I was doing something in the art class [yesterday], there is a nice girl who runs it. I have my hair done on a Thursday and last Friday six of us went to Chew Valley Lake."

People and their relatives felt able to complain or raise issues within the service. The provider had a complaints procedure available within the service. People and their relatives said they knew how to complain. One told us said, "Any problems, we just speak to the manager." Another commented, "I've never had to complain, but I know how to." We reviewed the complaints record within the service that showed a total of eight complaints had been recorded during 2015. The service had acted and responded in accordance with their policy whilst investigating and responding to the complaint.

Requires Improvement

Is the service well-led?

Our findings

The provider had governance systems to monitor the health, safety and welfare of people, however we found these were not always accurate or used correctly. For example, there were clinical governance records maintained for people within the service who were identified as being at risk or skin breakdown or malnutrition. When reviewing care records, it was evident these monitoring systems did not contain the information of two people who were currently receiving treatment for a pressure ulcer or had been identified as being at risk of malnutrition. This meant there was a risk that management and senior staff would be unaware of people's care needs and the person may not receive the appropriate care or treatment.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had failed to notify the Commission of a serious injury notification as required. During our inspection, we found a record that showed a service user has sustained a serious injury following a fall and had not notified the Commission as required by law. This notification has since been sent retrospectively by the new manager. In addition, it was established the service had made multiple alerts and referrals to the local safeguarding team. The correct notifications to ensure the Commission were informed of these referrals and alerts had not been sent as required.

The failure to send this notification was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

All of the staff we spoke with said there was an open culture within the home. Staff all said they would not hesitate to raise any concerns with the current senior management. Staff were aware of the recent employment of new manager and said they were hopeful the new manager would be open and promote positive change. One said, "I've heard good things about the new manager."

All of the staff we spoke with told us that there was a good team ethos and they worked well together as a team. We made observations during the day that supported this, with staff communicating effectively about people's needs or different tasks that needed completing such as taking meals to people's rooms and supporting them. Some staff we spoke with said that the current poor staffing levels had assisted building the team spirit. One member of staff said, "Staff morale is low, it's busy and we are all exhausted. We are all pulling together." Another member of staff said, "We are a good team and we provide good care, everyone is well looked after here."

There were systems to monitor the quality of service provision. People's relatives were encouraged to complete an annual survey to give their views and feedback of the service. The last survey was completed during 2014 and 35 relatives or representatives had responded. We saw that they were asked their views on matters such as their level of satisfaction with staff, the overall service, the environment and the atmosphere. The results of the survey were positive, and we noted that all of the relatives were fully satisfied with the staff, the atmosphere and the environment of the service. The new manager explained that a meeting with people and their relatives was currently being arranged as a priority to introduce themselves and seek their views on the service.

Messages were communicated to staff through meetings. Different levels of meetings were held at the service. For example, meetings involving all staff were held that discussed matters such as changes to the service, the future plans for the service and staff attendance. Additional meetings were held for heads of departments that communicated information from the provider, training matters and staffing. We also saw that some individual unit meetings were held that discussed staffing, training and people's care needs and care plans.

There were systems in place to ensure that care provision was given in a clean, safe environment that was In a good state of repair. There were periodic audits of home cleanliness which had not raised any concerns. There were additional systems that individually monitored communal rooms, staff areas and people's individual rooms. These checks ensured things such as if the flushes were working correctly, there were no defects to anything in the room and that the rooms were clean. People we spoke with during the inspection told us they were satisfied with their rooms and no concerns were raised.

The provider had additional quality monitoring systems for the service. A quality visit was conducted every two months by a regional director. It was an announced visit that monitored the level or care, safety, effectiveness, responsiveness and leadership of the service. The last visit was undertaken at the beginning of June 2015 when the

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previous registered manager was in post. The last quality first visit did not highlight any concerns relating to staffing numbers, however the quality visit in June 2015 is not reflective of the current number of people living at the service or the number of staff employed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet the needs of people using the service. Regulation 18(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not consistently undertaken or maintained an accurate assessment of the risks to the health and safety of service users or consistently done all that was reasonably practicable to mitigate any such risks. Regulation 12(1), 12(2)(a) and 12(2)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The provider had not ensured people needs were consistently met in relation to sufficient nutritional and hydration. The provider had not consistently met reasonable requirements of a service user for food and hydration that arose from the service user's preferences or cultural background Regulation 14(1), 14(4)(c) and 14(4)(d).

Regulated activity	Regulation

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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider had not ensured people needs were consistently been responsive to people's care and communication needs.** **Regulation 9 (1)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had not ensured clinical governance systems were used effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.** **Regulation 17(1) and 17(2)(b).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider had failed to send the correct notifications to the Commission as required.** **Regulation 18(1), 18(2)(a)(ii) and 18(2)(e)**