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Durham Care Homes

Inspection report

99-105
Durham Care Homes
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Tel: 01482229766

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 28 and 30 November 2018.

Durham Care Homes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Durham Care Homes is registered to provide care and accommodation for 20 older people, some of whom may be living with dementia. There was a lounge and dining room on the ground floor. Bedrooms, bathrooms and toilets were located on both the ground and first floor. The first floor was accessed by a chair lift. At the time of our inspection 16 people were using the service.

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

At the last inspection on 2 October 2017, we rated the service as 'Requires Improvement'. This was because we had concerns about recruitment processes potentially placing people who used the service at risk. There were also concerns that the provider did not have effective systems and processes in place to identify shortfalls and maintain the quality and safety of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the ratings for the key questions; 'Is the service safe? 'Is the service effective?' and 'Is the service well-led?' to at least good. We found that actions taken had not resolved the issues identified at our last inspection.

Prior to this inspection, we received information of concern regarding staff recruitment, training, lack of meal choice, food quality and set times for people to get up and go to bed. We considered and explored these concerns at this inspection.

We found concerns with how the service was managed and governed. Quality assurance processes were ineffective at identifying and addressing quality shortfalls. Accidents and incidents were being recorded but there was a lack of analysis and lessons learned to prevent reoccurrence.

There were concerns with the safe and proper management of medicines. This had led to some people not receiving their medicines as prescribed and there was a lack of guidance for staff when administering medicines prescribed for use 'when required'. Medicine recording errors continued to be made.

There was a lack of robust risk management; areas of risk in the service had not been identified and there was a lack of monitoring and reviewing of risks. This related to the environment, equipment used in the

service and people's individual risk assessments. This had placed people at risk of potential or actual harm.

Infection prevention and control had not been managed appropriately. Areas of the service and some items could not be appropriately cleaned. This placed people at risk of infections.

Staff had not received regular training, supervision or appraisals and the provider had not assured themselves that staff had the skills and knowledge required to meet people's needs. As a result, staff did not always promote people's privacy, dignity and independence.

People who used the service had assessments and care plans in place but these did not always contain the most up to date information about their needs. This meant there was a risk that staff could deliver care that did not meet people's needs due to inaccurate information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, records did not always evidence this. We have made a recommendation about this.

People were supported to have pain-free, dignified deaths and their health care needs were met. Where necessary staff made referrals to community health care professionals who visited the service to provide treatment and advice.

People's nutritional needs were met; however, people did not always feel there was a wide variety or quality of food. People were offered snacks and drinks throughout the day.

In-house activities were provided and people could spend their time as they wished.

People knew how to raise concerns and these were logged by the provider. However, they did not follow their own policy and procedure when attempting to resolve these complaints. We have made a recommendation about this.

At this inspection, we found the provider was in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 12, safe care and treatment, Regulation 17, good governance, Regulation 18, staffing and Regulation 19, fit and proper persons employed.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider did not always complete appropriate recruitment checks and did not ensure new staff had the required skills and knowledge.

People did not always receive their medicines as prescribed. Medicine records were not accurately completed and protocols were not in place to ensure staff could safely administer medicines prescribed for use 'when required'.

Areas of the service placed people at risk of infection and risks to people's safety and wellbeing were not always monitored and reviewed.

Is the service effective?

Requires Improvement

The service was not always effective.

People felt confident that staff had the skills they needed. However, staff did not receive appropriate supervision, appraisals and assessments of their skills. The provider had failed to ensure sufficient levels of competent staff on each shift.

Staff sought consent and included families in decisions about people's care where appropriate. However, records did not evidence this.

People's health needs were met. Staff understood people's dietary needs, however, records did not evidence that people had been supported with appropriate diets. We received mixed reviews regarding the quality and variety of meals.

Is the service caring?

Requires Improvement

The service was not always caring.

People and relatives were positive about staff and described them as caring, kind and respectful. People were supported by consistent staff and people appeared relaxed as they were

smiling, laughing and talking with staff.

People's privacy, dignity and independence was not always promoted and at times staff were task focused.

Care records were stored securely.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were respected as individuals and were supported with their own preferred routines. People spent their time as they wished and could participate in activities.

People were supported to maintain their comfort and dignity at the end of their lives.

People were able to make complaints, but they were not addressed in line with the provider's policy.

Is the service well-led?

Inadequate

The service was not well-led.

There was a lack of management and leadership in the service and staff morale was low, as there was no registered manager in place.

Governance systems were ineffective at identifying and addressing shortfalls and quality of the service was not maintained.

Residents meetings were held but did not provide people with important information about the service. The provider was unable to develop the service in ways that mattered to people.

Durham Care Homes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 30 November 2018 and was unannounced on the first day and announced on the second day. It was completed by one inspection manager and two inspectors.

Prior to the inspection, we contacted the local authority adult safeguarding and commissioning teams as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

The provider did not meet the minimum requirement to complete the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We looked at information held about the provider and the service including statutory notifications relating to the service. Statutory notifications are notifications made to the Commission which contain information about important events, which the provider is required to send us by law. We used this information to help us plan this inspection.

During the inspection, we spoke with the provider, the management consultant and four care staff. We spoke with three people who used the service, six relatives and five healthcare professionals.

We completed a tour of the environment, looked at four people's care files, daily records, monitoring charts and records relating to five people's medicines. We looked at three staff recruitment files, staff supervision records and the training matrix. We also looked at the handover book, staff rotas, staff and residents meeting minutes and audits. We looked at a variety of documents relating to the maintenance of the premises and safety certificates.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2017, we had concerns about the provider's recruitment processes. These concerns resulted in a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed). The provider was issued with a requirement notice to make improvements. At this inspection, we continued to find problems with the provider's recruitment processes.

Records showed relevant pre-employment checks had not always been completed. Staff had completed application forms and provided references. Disclosure and Barring Service (DBS) checks were completed for staff that did not have one, but there was no evidence that the provider sought an up to date DBS check, when an applicant had previously had a DBS check with another provider. A DBS check allows employers to make safer recruitment decisions and to determine if an individual is suitable to work with vulnerable adults. An up to date DBS check would have allowed the provider to check for themselves that the applicant had no recent cautions or convictions. One recruitment record showed gaps in the staff member's employment history. There was no evidence that the reason for this was explored or that an interview had been conducted.

The provider's recruitment processes did not ensure staff had the qualifications, competence, skills or experience required for their role. A member of staff advised they did not have a probationary period when they started in their role and no competency assessments were completed. The provider had not received their training certificates from their previous employment so could not be assured of their skills or training.

The failure to ensure staff had current DBS checks and the required qualifications, competence and skills was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always receive their medicines as prescribed. Two people had their medicines administered incorrectly and there was a delay in starting one person's newly prescribed medicine. Incident forms had been completed and medication training was arranged. Staff continued to administer people's medicines prior to being re-trained. During this time, the provider had not assured themselves that staff had the skills and knowledge to administer medicines safely. This continued to place people at risk of further medicine errors.

People's medication administration records (MARs) were not accurately completed. Some people had medicines prescribed at variable doses. Staff were not consistently recording the dose that was administered, which meant staff would not know how much medicine the person had already received.

People were at risk of not receiving their medicines prescribed for use 'when required'. Some people were unable to identify if they needed a medicine and relied on staff to administer it 'when required'. The provider had not ensured protocols were in place to ensure staff could consistently identify when people required these medicines.

Medicines were stored securely in locked trolleys securely attached to a wall. For controlled medicines that required more secure storage, they were stored appropriately in a designated cupboard.

The failure to ensure the safe and effective management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Areas of the service placed people at risk of injury. During the environmental tour, we found hot pipes in bathrooms and toilets were not covered. This meant people were at risk of experiencing burns. We raised this with the provider who following the inspection advised the pipes had been lagged to manage this risk.

Areas of the service placed people at risk from the spread of infection. People were placed at risk of infection due to a dirty toilet frame and the use of a communal hand towel in the bathroom where there was a toilet. People used the same towel after washing their hands which placed people at risk of cross contamination. Chairs in the lounge were worn and areas around the bath and bathroom floor were not sealed, which meant they could not be effectively cleaned. Staff were provided with, and used, personal protective equipment appropriately, such as disposable gloves.

The failure to identify risks and assess and prevent the risk and spread of infections was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe with the staff. One person told us, "I feel safe and I have confidence in the staff." Relatives said, "[Person's name] is cared for and safe" and "We don't have any concerns regarding the care that's provided." A healthcare professional said, "Staff that have been at the home for some time try to provide safe care with limited resources and limited training."

We received mixed views about staffing levels. People told us, "Staff see you whenever you want to be seen" and "I can usually get the help I need, I just need to ask." A relative felt the service was "understaffed" at times and a health care professional said, "In the past few weeks the number of staff appears to have dwindled. Sometimes when going into the home, it appears quiet with no one around and we have to search for staff." Rotas showed a consistent level of staff but not all staff had the skills to meet people's needs.

Safeguarding processes were in place and staff felt able to raise concerns internally and to relevant agencies. We spoke with staff who had limited knowledge as to the different types of abuse, but they gave a number of examples how to identify if someone was experiencing abuse. Not all staff were aware of the whistleblowing policy, which meant they could not be sure how their concerns would be addressed by the provider.

The provider had ensured fire equipment, hoists and chairlifts were serviced and in safe working order. Electrical and gas safety certificates were in place and regular hot water temperature checks were completed to help maintain people's safety.

The recording of incidents had improved, however there was no ongoing learning and analysis of these to identify patterns and how to reduce the risk of reoccurrence. We discussed this with the provider, who following the inspection advised incidents would be analysed monthly to identify trends and learn from incidents.

Requires Improvement

Is the service effective?

Our findings

Healthcare professionals said, "New staff are not very engaging and don't always follow advice" and "I am unsure if staff are skilled at recognising the management of pressure ulcers, infections etcetera."

Staff did not receive regular supervision or appraisals. There was no evidence of appraisals and records showed that only nine out of twenty-seven staff had received supervision in the year prior to our inspection. The supervisions for these nine staff had taken place in June and July 2018 and none had occurred since then. The provider had not followed their own policy which stated staff should have supervision every six months and an appraisal each year.

The provider had not ensured staff on each shift had the relevant training to provide safe care and treatment. We reviewed staff rotas and the training matrix and found in one week, six shifts did not have any member of staff with fire safety training and 11 shifts did not have a member of staff with current safeguarding training. Staff told us that training was overdue. The training matrix showed only five staff had completed safeguarding training, 22 staff were in the process of completing training or were booked to complete the training. However, it was unclear how far along each member of staff was and what skills and knowledge they had. We raised this with the provider to review staff skills and rotas.

The failure to ensure staff received appropriate training, supervision and appraisals was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Best practice was not always embedded due to a failure to oversee staff were trained appropriately and applied their training in their roles. Staff did not have the required knowledge to provide people with appropriate catheter care. Staff told us they were unaware of the need to change leg bags and believed this was completed by healthcare professionals. There was no evidence in daily records that staff had changed leg bags, which placed people at risk of infection and complications with their catheter. We raised this with the management consultant who advised leg bags should be changed daily and they would inform all staff of this.

One person required a specialised diet. Their care plan reflected their needs and staff understood the support the person required. However, during the inspection they were given a limited meal of mashed potatoes and gravy. There was a risk their nutritional needs were not being met and daily records did not evidence that the care plan was being followed by staff when supporting this person to receive a balanced diet and meet their needs. A healthcare professional said, "The pureed diet is poor" and advised one person's diet was not always appropriate for their health condition.

The failure to ensure staff were suitably skilled and experienced was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff sought consent from people and had good knowledge of how to support people to make their own decisions. However, during the inspection we found one person regularly refused their prescribed medicines and staff continued to administer their medicines with food. This decision had not been made by the relevant healthcare professional. We raised this with the management consultant who contacted the relevant healthcare professional on the day of inspection to address the issue.

Relatives were kept informed of people's needs and were involved in making decisions about their care. Relatives told us, "I'm involved in decisions regarding [Person's name] care," "We are kept informed" and "I have been involved and been to a meeting about their care."

Care files lacked evidence of relevant people being involved in decision making. One person had a DoLS in place but details of their advocate were not recorded so staff could not keep them updated or include them in decision making. One person needed to use bed rails; a best interests' decision was recorded but there was no evidence how staff determined the person didn't have capacity to make this decision.

We recommend the provider revisits their legal responsibilities in relation to the MCA and ensures this is followed in practice within the service.

We received mixed views regarding the meals. One person said, "The food is quite good. There's plenty of fruit and I can just help myself." Another person told us, "Portion sizes are enough. Basically, it's the same food repeated and can get a little boring." Relatives told us, "The food is of poor quality and there is limited choice, every day they serve mashed potatoes, meat and vegetables" and "The food has really changed since [Person's name] moved in, it used to be beautiful food but now it needs a lot of work and the quality isn't there."

A menu was available and detailed the options available. However, there was no pictorial menu and people were not shown available meal options at the point of service, which may have assisted people living with dementia to choose their meals. This was raised with the provider at the last inspection and had not yet been addressed. We raised this again with the provider who said they would address it. We saw people were offered drinks and snacks throughout the day and could help themselves to fresh fruit at any time.

Some areas of the service did not meet the needs of people living with dementia. Some signs were used around the service to help orientate people to toilets and the dining room. The service had some patterned carpets, in bold colours. People with dementia can become confused and disorientated by patterned carpets which can cause increased risks of falls, as they can find it difficult to process sensory information.

People's needs were assessed and relevant care plans were put in place to support staff to meet their needs. People's health needs were met and changes to people's needs were communicated to staff. Referrals had been made to relevant health care professionals in a timely manner. Professional advice was followed and

documented in the staff handover book but was not always updated in care plans, which at times made it unclear what support the person required.

People who used the service and their relatives told us staff had the skills to support them. One person said, "I think they're very good and helpful if you get in a mess." Relatives told us, "Staff seem as though they have the skills and equipment to look after [Person's name]" and "They have all the skills to look after [Person's name] well."

Requires Improvement

Is the service caring?

Our findings

People and their relatives spoke positively of the staff and their approach. People's comments included, "The staff are all very pleasant and kind," "Staff are funny, caring and respectful" and "It's very nice living here." Relatives comments included, "[Staff member's names] are very good and all staff are gentle with [Relative's name]," "Without exception staff are caring and understand how people function and the help they need" and "Staff are helpful, caring and will go the extra mile."

There were good and bad interactions between staff and people who used the service. We observed some positive interactions during a game of bingo. People were relaxed, smiling, laughing and talking with the staff. However, we also observed some poor interactions, which were task focused and resulted in missed opportunities for positive experiences. Some people needed assistance to eat and drink. During this support, one person's meal was interrupted several times as the member of staff left to complete other tasks. Another person was served their meal, but staff were not available to support, during this time and their meal went cold. We also observed staff having lunch with people who used the service, however, they were not included in the staff's conversations. We raised this with the provider who told us they would observe meal times, address poor practice and would stop staff eating their meals with people.

Opportunities to promote people's independence were not always taken. A member of staff said, "We promote independence by giving people the flannel and letting them do things for themselves where they can." A member of staff said, "[Person's name] can feed themselves sometimes and other days they can't, so we would rather feed [Person's name] to make sure they are eating enough." We observed one person was withdrawn during their meal. When they tried to have a drink independently, this was not noticed by the member of staff and they continued to be assisted with their meal. This was a missed opportunity to promote the person's independence and engage them in their care.

People's privacy and dignity was not always promoted. People told us, "Staff always knock on the door" and "They keep me covered up when they're helping me." Some people who used the service did not have their own toiletries. Instead of supporting people to purchase them, other people's toiletries were used. During the inspection, we observed staff talk about people's personal care needs in communal areas and walk into the bathroom to assist someone, whilst people were passing in the corridor, compromising the person's privacy and dignity. We raised these issues with the provider, who told us staff would receive training and observations of practice would occur so poor practice could be addressed.

People were included in their care and were supported by consistent staff. Staff told us, "We talk to people and ask them if we can do something and I explain what I'm going to do." A relative said, "Staff give people choices and explain reasons; what and why they need to do things." Some people had difficulty communicating, staff were aware of people's body language and responded appropriately by returning to people when they were accepting of support.

Care records were stored electronically and only staff with passwords could access them. Paper copies of care records were kept in a secure area helping to maintain confidentiality.

Requires Improvement

Is the service responsive?

Our findings

Staff gave people choice and respected their decisions. People told us, "I could stay in bed longer in the morning if I wanted to" and "I like getting up early because I got up early when I used to work." People were offered choices of meals, snacks, drinks and if they would like to join in with an activity. Staff told us that if someone didn't want support, they would go back when the person was ready.

People and their relatives were involved in making person-centred care plans. When discussing their care plan, one person told us, "It's evolved as I've evolved." Relatives said, "We explained [Name]'s care needs and these are catered for" and "I have been involved in [Name]'s care plan". People's needs were assessed and care plans were put in place. One care plan contained details about how they liked to take their medicines so staff could support them in the same way. Another care plan advised, 'Staff must explain step by step and continue to do this throughout the task' to help the person feel comfortable during personal cares.

However, daily records did not always evidence people had been supported in a person-centred manner. For example, daily records in relation to meals and drinks was the same for each person. Staff recorded what choices were available but did not specify what someone had eaten or drank that day.

Care plans were not always reviewed and updated in a timely manner. One person's needs changed and professional advice was recorded in the handbook that was used daily to inform staff of important information. However, the information was not put into their care plan, so it was not always clear what support they required. Positional change records were not always completed which made it difficult for the provider to determine if staff were providing care in line with the person's care plan. One person's care plan did not contain sufficient detail for staff to meet their continence needs. We raised this with the management consultant and the provider, who told us they would update all care plans and then review them monthly.

People were respected as individuals. Care plans contained important information about people's personal histories such as their professions, hobbies, interests and religion. We observed people spending their time how they chose. This included watching TV, reading books, completing newspaper puzzles and most people engaged in a game of bingo.

People were encouraged to participate in activities. One person said, "It's okay living here, but there could be more things to do." At the time of the inspection, there was no activity list for people to know what was planned for the day and they relied on staff informing them. Staff told us that at times it was difficult to do activities with people as there were not enough staff for activities. The provider had displayed pictures of people participating in a variety of activities. We were shown a video of a birthday party they had arranged for someone and another of people singing along with the entertainers.

Social inclusion was promoted. Staff told us, "In a morning I like to talk to people and spend quality time with them whilst they get ready." We observed staff drinking with people and talking with them as a social

activity.

People were supported to have a pain free, dignified death. People were able to discuss their end of life wishes and these were recorded in their care plan. Staff liaised with relevant healthcare professionals ensuring people had appropriate medicines and equipment in place to maintain their comfort. Relatives were able to spend time with their loved ones at the end of their life.

We received mixed views regarding the handling of complaints. People said, "I haven't any complaints, but I would speak to the boss if I needed to" and "I spoke to someone in the office. I felt listened to and they helped out with the problem." People and their relatives were aware how to make a complaint. One relative said, "I would feel confident to raise any problems with the staff." However, not all relatives were confident complaints would be addressed. Some told us, "We made a written complaint, however we felt the provider was very defensive" and, "If I made a complaint I am unsure it would be properly addressed." The provider had documented three concerns and three complaints but had not addressed them in writing as per their policy.

We recommend the provider seek advice and guidance from a reputable source, about the management of and learning from complaints.

Inadequate

Is the service well-led?

Our findings

At the last inspection in October 2017, we had concerns about the provider's governance systems and processes. These concerns resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). We issued a requirement notice for the provider to make improvements in this area. At this inspection, we continued to find shortfalls with the provider's governance systems and processes.

Audits did not identify all the issues we found and were not used effectively to address quality shortfalls. Medication audits had been completed four times since our last inspection. Audits identified issues of inconsistent recording, codes being incorrectly used and gaps in some 'when required' medicine protocols. Actions had been identified to rectify the shortfalls. However, these issues continued to occur despite staff training and were observed during the inspection. We found several medicines that were no longer required and should have been returned to the pharmacy. The audits had not identified that no longer required or out of date medication had not been returned to the pharmacy. We raised this with the management consultant who addressed the issue.

The provider had completed environment audits; however, we found they were duplicates of the previous audits and they had not been updated accordingly. The environment audit had the same issues recorded for long periods of time. These issues had been addressed by the provider but they had not documented that problems had been resolved, which showed the audits were not being used effectively. Fire audits had identified issues with a blocked fire escape; this had not been resolved in a timely manner, putting people at risk.

Records showed risks to people's safety and wellbeing had been identified, but were not appropriately monitored and reviewed. One person had two risk assessments in place regarding their skin. Both were updated on the same date; however, they identified different levels of risk and were not updated to reflect the person's current pressure area damage. Risk assessments for nutrition, continence care, bed rails and Personal Emergency Evacuation Plans (PEEPs) were in place but had not been regularly reviewed which meant staff did not have the information they needed to manage these risks appropriately.

Poor practice at the service had not been identified. The lack of training, competency assessments and supervision of staff had allowed poor practice around privacy, dignity, meal experiences and medicines to continue.

Audits had not identified the problems we found with the environment, recruitment, daily records and care plans not being regularly reviewed and updated. This showed the quality assurance systems and processes in place were ineffective at addressing quality and safety issues within the service and improving practice. The provider's governance systems were lacking to the extent that this inspection identified four breaches of regulations of the Health and Social Care Act 2008.

The failure to assess, monitor and improve the quality of the service and maintain appropriate and

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

At the time of inspection, a registered manager was not in place. The last registered manager de-registered in November 2018. The provider was in the process of recruiting to the position. Whilst a manager was recruited, the provider was managing the service and had arranged support from a management consultant.

There was a lack of management oversight and leadership. People who used the service were unsure who the manager was. We received mixed views regarding the management of the service. Relatives told us, "[Provider's name] is a real people's person and does their best," "I like the open and pleasant personable manner (of the provider)" and "[Management consultant's name] is brilliant. They put things into practice and enforce things, but then [Provider's name] will change them back." Healthcare professionals said, "The provider is always visible but doesn't always listen and take on board what is being said" and "Whilst the owner appears pleasant, the general feeling amongst the staff is that the home is not very well led."

Staff morale was low. Staff told us, "I feel deflated" and "I would like to think there's an open and honest culture but we've had a lot of new staff and people we don't know." Another said, "There always seems to be new staff but they don't know how to do anything." A healthcare professional told us, "The general morale of the staff has gone down in recent weeks and months."

Staff meetings were held but not all staff felt like part of the team. Staff told us they were not always invited to team meetings and said, "We don't get staff meeting minutes." Records showed staff and residents meetings were held every three to four months. Staff meetings discussed relevant topics such as pay, holidays, staff behaviour and promoting good care.

Residents meetings discussed meals and activities but had not included people in discussions regarding redecorating or informing them of the manager leaving. By not informing people of relevant changes and gaining their views, the provider was unable to develop the service in a way that mattered to those who used it.

Healthcare professionals had different experiences of partnership working with the service. These experiences depended on which staff member they worked with. They told us, "Staff appear to listen when informing them of changing needs, however it can take time and numerous suggestions before requests are acted upon."

The provider understood their responsibilities to complete statutory notifications and they were appropriately displaying their rating from the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe and effective management of medicines and failed to identify risks and assess and prevent the risk and spread of infections.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality of the service and maintain appropriate and contemporaneous records.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure staff had current DBS checks and the required qualifications, competence and skills for their role.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received appropriate training, supervision and appraisals. They also failed to ensure staff were suitably skilled and experienced for their role.