

Innovation Health Care Ltd

Abbeydale Nursing Home

Inspection report

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Eccles
Greater Manchester
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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 18 and 20 July 2016.

Abbeydale Nursing Home is registered to provide residential and nursing care for up to 24 adults. Accommodation is situated on two floors with access to all internal and external areas via a passenger lift and ramps. The home has enclosed grounds with car parking space to the front of the property and a garden to the rear. The home is within walking distance of Eccles town centre and public transport systems into Manchester and Salford. At the time of our inspection there were 19 people living at the home.

At the time of our visit, there was no registered manager in place at the home. 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.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We found concerns relating to the cleanliness of the home and whether people were protected from acquired infections.

During our inspection we found five dining room chairs were dirty and stained with food debris. The rear lounge carpet was extensively stained and a green chair in the room was also stained. We found a pressure relieving cushion in the lounge was soiled with faeces. Wheelchairs in the rear hallway were stained and dirty, despite a sign on the wall indicating that cleaning was required after each use.

General cleanliness throughout the home was poor and the current arrangements for cleaning were ineffective.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of premises and equipment. The service had failed to ensure that the premises and equipment were clean in line with current legislation and guidance.

We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We saw people were not receiving their medicines as prescribed and that the home did not have suitable arrangements in place to demonstrate that sufficient times were being maintained between doses. We observed it took the nurse on duty a long time to administer medicines in the morning of our inspection and as a result, medicines prescribed before food were administered after food, which would affect the

medicines efficacy.

We found that the registered person had not protected people against the risk of associated with the safe management of medication. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

During our inspection, we noted there were insufficient numbers of staff effectively deployed to meet people's needs. People were repeatedly left unattended for considerable periods of time when eating meals and whilst they were sat in the lounge areas. A person needed to go to hospital and the nurse confirmed that they were unable to send a member of staff to accompany them due to the staffing shortages on the first day of our inspection.

Since the appointment of the new home manager in December 2015, we found no individual supervision or appraisals had been conducted. Mandatory training was inconsistent and incomplete.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. There were insufficient numbers of staff to effectively meet people's needs and the provider could not demonstrate the appropriate support and professional development of staff.

We received a mixed response from staff regarding how many people living at the home were currently subject to a DoLS authorisation.

There was no mental capacity assessment accompanying the care plan to determine how the decision had been reached. For example, a person was deemed to have capacity to make everyday choices, but the care plan stated that the person did not have capacity to manage their own finances and their spending was to be monitored. There was no evidence in the care file or care plan to demonstrate a best interest meeting had been convened to arrive at this decision.

There were no system in place to monitor the number and outcome of any applications made.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding. Providers must act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

Within care files, we found limited information detailing people's life histories and the experiences of people. There was also no information to reflect people's personal preference, hobbies, social and spiritual needs.

During the inspection we did not observe any activities being undertaken with people and noted very limited engagement between staff and people who used the service. People told us there were limited things to do at the home.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care. Care and treatment failed to meet people's needs and reflect their preferences

We found the service undertook a number of audits to monitor the quality of service provision. However, despite these checks, they did not highlight any of the concerns that we found during our inspection. We also found that individual people's care records were not consistently stored securely by the home and confidential information was easily accessible to people in communal areas.

During our last inspection in October 2014, we identified issues in relation governance, staff supervision and ensuring that people were physically and mentally stimulated with regard to their individual needs. We found the service was still failing to effectively address these concerns.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. The service failed to assess and monitor the quality of service provision effectively and ensure confidential information was stored securely.

We found the home did not have adequate signage features that would help to orientate people living with dementia. We saw no evidence of dementia friendly resources or adaptations in any of the communal lounges, dining room or bedrooms.

We have made a recommendation about 'dementia friendly' environments.

We found that staff were kind and supportive. However, we observed people were sat on their own in the lounges and dining area for long periods of time without supervision and only limited interaction with staff.

People who used the service told us that their dignity and privacy was always respected by staff.

People who lived at the home and their relatives spoke favourably about management within the service.

The home had policies and procedures in place, which covered all aspects of the service. However, a number of these policies were either not dated or out of date. Policies should be regularly reviewed to ensure they contain current good practice and guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe. We found concerns relating to the cleanliness of the home and whether people were protected from acquired infections.

We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We found there were insufficient numbers of staff deployed to meet people's needs.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective. Since appointment of the new home manager in December 2015, we found no individual supervision or appraisals had been undertaken by the service.

We looked at five care files and did not see that mental capacity assessments had been conducted in any of the care files that we looked at.

We found the home did not have adequate signage features that would help to orientate people living with dementia. We have made a recommendation about 'dementia friendly' environments.

Is the service caring?

Requires Improvement ●

Not all aspects of the service was caring. People and relatives told us that staff were kind and supportive.

We observed that people were sat on their own in the lounges or dining area for long periods of time without supervision and only limited interaction with staff.

People who used the service told us that their dignity and privacy was always respected by staff.

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive. We did not observe any activities being undertaken with people and noted only limited engagement between staff and people who used the service.

Within care files, we found limited information on life histories and experiences of people, such as personal preference, hobbies, social and spiritual needs.

We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service.

Is the service well-led?

Not all aspects of the service were well-led. We found the service undertook a number of audits to monitor the quality of service provision. Despite these checks, they did not highlight any of the concerns that we had found during our inspection.

People who lived at the home and their relatives spoke favourably about management within the service.

The home had policies and procedures in place, which covered all aspects of the service. However, a number of these policies were either not dated or out of date.

Requires Improvement 

Abbeydale Nursing 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 checked 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 18 and 20 July 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

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 improvements they plan to make. We also reviewed information we held about the home, which included statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority, local commissioning teams and infection control. We also reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 19 people who were living at the home. We spoke with five people who lived at the home, two visiting relatives and one visiting social health care professional. We spoke with two nurses, one senior member of care staff, five members of care staff, the chef, laundry assistant, the home manager and the provider.

Throughout our inspection, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that had been undertaken by the service.

Is the service safe?

Our findings

People who used the service together with relatives we spoke with told us that they or their loved ones were safe living at the home. One person who used the service told us, "It's very good, quite happy, there are good people here." Another person who used the service said "Yes, I definitely feel safe here." One visiting relative told us, "Staff are very helpful and caring. Nothing is too much trouble here. My relative has been well cared for since he has been here and he would soon tell me if he wasn't happy. I feel he is safe here."

Other comments from people who used the service included, "Care staff are very good and excellent." "I'm very happy and safe here, it's a very nice place, and they include everybody." "Staff are good at answering the call bell and staffing is generally ok."

Before this inspection we were made aware of concerns relating to the cleanliness of the home and whether people were protected from acquired infections. The home had been previously visited by the infection, prevention and control team (IPC) and the audit carried out revealed poor cleanliness standards throughout the home.

One visiting relative told us, "Sometimes there is a smell of urine in the back corridor that can be overpowering and some carpets need replacing." Comments from staff about the cleanliness of the home included, "Cleanliness is not that good, but we do our best. It is getting better. The current cleaners struggle with the work that needs to be done." "It could be a lot cleaner here." "If the cleanliness was better I would have my own family here as the staff are good." "If I was the owner, I would have a team to do a complete deep clean and then have two full time cleaners."

During our inspection we found five dining room chairs were dirty and stained with food debris. The rear lounge carpet was extensively stained and a green chair in the room was also stained. We found a pressure relieving cushion in the lounge was soiled with faeces. Wheelchairs in the rear hallway were stained and dirty, despite a sign on the wall indicating that cleaning was required after each use.

In the laundry room, we found commode pans with yellow staining. Closer inspection identified they hadn't been appropriately cleaned and were stained with urine. We found there was no cleaning schedule for the clinic room although the room was clean and tidy. However, no sterile wipes were available in the room in the event of a spillage. In bedrooms we found stained carpets and in one instance saw brown stains on the bumper sides of a bed.

General cleanliness throughout the home was poor and the current arrangements for cleaning were ineffective. We saw carpets were covered in food debris throughout our inspection visit. It was also observed that an external staircase was covered in discarded cigarettes.

We were shown cleaning schedules, but there was no evidence that checks had been undertaken to ensure the work had been completed effectively. We spoke to the management about these concerns and we found that the response demonstrated limited oversight in addressing these concerns.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of premises and equipment. The service had failed to ensure that the premises and equipment were clean in line with current legislation and guidance.

During the inspection we checked to see how the service managed and administered medication safely. We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We found that records supporting and evidencing the safe administration were complete and accurate. We looked at a sample of 20 medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. These records were up to date without any gaps.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were stored as per legislation. They were stored in a locked storage unit within the main reception office. We saw a controlled drugs register was signed and countersigned by staff confirming that drugs had been administered and accounted for. We undertook a stock take of controlled drugs and found them to be accurate.

We found medication records often lacked photographs of people who used the service and did not have their allergies recorded. This increased the risk of medicines being given to the wrong person or to someone with any allergy. On the second day of our inspection we found an agency nurse administering medication. They explained to us that they relied on care staff to identify people and whether they had any allergies that they needed to consider.

We saw people were not receiving their medicines as prescribed and that the home did not have suitable arrangements in place to demonstrate that sufficient times were being maintained between doses. We observed it took the nurse on duty a long time to administer medicines in the morning of our inspection and as a result, medicines prescribed before food were administered after food, which would affect the medicines efficacy.

Medicines, eye drops and creams were not consistently dated to indicate when they were opened. This meant nursing staff were unable to demonstrate that they were adhering to the pharmacist's instructions and discarding medications following them being opened in the required timeframes.

During our inspection we identified a number of people who required the administration of PRN medication, this is medication given as and when required such as Paracetamol to relieve pain. We found that a number of records we looked at, people were prescribed at least one medicine to be taken 'when required.' We found that all medicines prescribed in that way did not have adequate information available to guide staff on how to give them.

We found that one person who could not communicate verbally to express their wishes or needs, was prescribed pain relief 'when required' up to 4 times a day. We were told by a social health care professional that this person had not been given any pain relief for a period of 8 days. There were no protocols in place to guide nurses as to how to administer these medicines safely and consistently. This placed the person at risk of not receiving medication when they needed it and putting their health at risk of harm. This matter had been reported as a safeguarding concern.

We found there was no information recorded to guide staff on which dose to give when a variable dose was

prescribed. It was important this information was recorded to ensure people were given their medicines safely and consistently at all times.

We looked at the home's medicines policy, which we saw was out of date and had not been reviewed since it had been implemented, in January 2005. The manager told us that all policies within the home required updating and reviewing regularly, but was unable to demonstrate this was being done.

We found that the registered person had not protected people against the risk of associated with the safe management of medication. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We found the service did not currently use any dependency tool to assist in determining staffing levels. People we spoke did not raise any concerns about inadequate staffing levels during our inspection visit. We looked at staffing rotas and spoke to staff about staffing levels within the home

On the morning of the first day of our visit, we noted there were insufficient numbers of staff effectively deployed to meet people's needs. We established that one member of care staff on duty had sustained an injury and left to attend hospital. The domestic cleaner had also left due to feeling unwell. We ascertained that one member of care staff had not turned up to work and established this was not an isolated occurrence, which resulted in the care staff being frequently short staffed and struggling to meet people's needs.

One nurse who was working nights told us, "At night there is one nurse and two care staff. It is generally okay, but it can be both busy and quiet." Other comments from staff included, "Staffing levels throughout the night are okay, but generally it gets busier in the evenings and mornings." "With staffing, it is generally okay, but we could do with more staff as people's needs have increased. It would be nice to have a fourth person on days, which would give us more time to spend with people."

During our inspection over the two days, we found there were insufficient numbers of staff on duty during the day to support people who used the service. People were repeatedly left unattended for considerable periods of time when eating meals and whilst they were sat in the lounge areas. A person needed to go to hospital and the nurse confirmed that they were unable to send a member of staff to accompany them due to the staffing shortages on the first day of our inspection.

One member of staff told us, "I make time to sit down and spend time with residents, but there is not enough staff to do this as they are busy. People are left in lounges and dining areas unsupervised at times, because of staffing levels, it should be increased." Another member of staff said "I find things very tasked here. A lot of people are doubles. In the afternoon there are only three members of staff and with people needing doubles it gets busy. The manager is very hands on unlike the nurses during the day." Other comments included, "If someone asked to go out, we would probably say no and look to arrange at a later date. We don't have extra staff to allow people to go out on a one to one and there are no organised trips."

We spoke to the manager who acknowledged people were left unsupervised in communal areas as staff were required elsewhere. We advised that this matter needed to be addressed with provider.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. There were insufficient numbers of staff deployed to effectively meet people's needs.

We found people were protected against the risks of abuse because the home had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at six staff personnel files. Each file contained job application forms, proof of identification and a contract of employment. A CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check had been undertaken before staff commenced in employment. We saw that two references had been obtained before the person commenced working at the home.

We found there were appropriate systems in place to safeguard people from abuse. Staff that we spoke with were all able to confidently explain to us the principles of safeguarding and what action they would take if they had any concerns. We found that all the staff had received training in safeguarding vulnerable adults, which we verified by looking at training records. One member of staff told us, "Any safeguarding concerns and I would report to my manager or 'whistleblow' if it involved management. I'm confident they would act upon my concerns." Another member of staff said "I have done safeguarding training and I'm confident in what I need to do. I know the manager would always take the appropriate action."

We looked at how the service managed and mitigated against risk. We looked at a sample of five care files and found the service undertook a range of risk assessments to ensure people remained safe. These included nutritional, falls, skin integrity, and bed rail assessments. We found risk assessments provided guidance to staff as to what action to take to ensure people remained safe. We found there was only two personal evacuation plans (PEEPs) that had been completed for people who used the service. We asked the manager about this who told us they were in the process of completing the remaining evacuation plans.

Is the service effective?

Our findings

As part of this inspection we looked at the induction and training staff received to ensure they were fully supported and qualified to undertake their roles. We reviewed a training matrix that was provided by the manager. We found that most staff had received recent training in infection control and moving and handling. However, out of 15 care staff only four were accredited in First Aid. We found that most staff had not received any updated refresher training in safeguarding vulnerable people.

No evidence was provided, which demonstrated that nurses had received any recent training in medication. One member of staff told us, "Last time I had training in medication was three years ago. I would appreciate additional training." Another member of staff said, "I had no formal induction when I started here. The only training I have received since starting last year is DoLS and Fire Marshall."

Other comments from staff included, "I didn't have an induction programme, and I had some moving and handling training and use of hoists. I shadowed for my first week. I feel the induction could have been handled better. Since then I have had First Aid, moving and handling, Fire Marshall and safeguarding." "I don't remember an induction programme as such, but shadowed and was shown around. I had training from my previous employment." "I'm currently doing a National Vocational Qualification (NVQ) Level two. I have training in moving and handling, safeguarding and infection control." We were told that a number of staff had undertaken dementia training, though this was not reflected in the training matrix we were given.

During our last comprehensive inspection in October 2014, we reported that staff supervision and annual appraisals were ad-hoc and inconsistent. Supervisions and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. During this inspection and since the appointment of the new home manager in December 2015, we found no individual supervision or appraisals had been undertaken by the service. The manager confirmed no individual supervision had yet been undertaken, but that they intended to introduce a supervision programme shortly.

We looked at the service supervision policy, which stated that supervision would be undertaken every six months or more often if a performance problem was under discussion. One member of staff told us, "I have never had one to one supervision." Another member of staff said "I have had one to one supervision in the past, but not with the new manager."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate the appropriate support and professional development of staff.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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.

People should be assumed to have capacity unless there is cause for concern that the person does not have capacity to consent to their care and treatment. We saw no evidence of mental capacity assessments being undertaken, but restrictive practice screening tools were consistently completed. The mental capacity assessment would be required in conjunction with the screening tool to determine whether a person may be subject to a deprivation of their liberty and require authorisation from the local authority.

We looked at five care files and did not see that mental capacity assessments had been conducted in any of the care files that we looked at. Although, we would not want to see blanket capacity assessments conducted, we saw there were mental capacity care plans in people's care files detailing whether a person had mental capacity to make certain decisions. However, there was no mental capacity assessment accompanying the care plan to determine how the decision had been reached. For example, a person was deemed to have capacity to make everyday choices, but the care plan stated that the person did not have capacity to manage their own finances and their spending was to be monitored. There was no evidence in the care file or care plan to demonstrate a best interest meeting had been convened to arrive at this decision.

We received a mixed response from both the home manager and staff regarding how many people living at the home were currently subject to a DoLS authorisation. There were no system in place to monitor the number and outcome of any applications made. Following the inspection, we confirmed with the manager that there were no granted authorisations in place and only two standard authorisations had been submitted.

As the staff over reported on the amount of people subject to DoLS, we were concerned that people were being deprived of their liberty unnecessarily and without due consideration of the least restrictive option. Following our inspection, we contacted the local authority to raise our concerns and addressed our findings with the manager.

Some staff confirmed they had received training in the MCA, which we were able to verify by viewing training records. Staff we spoke to were able to demonstrate an understanding of the principals of the legislation.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding. Providers must act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

We found the home did not have adequate signage features that would help to orientate people living with dementia. We saw no evidence of dementia friendly resources or adaptations in any of the communal lounges, dining room or bedrooms. This resulted in lost opportunities to stimulate people as well as aiding individuals to orientate themselves within the building.

We recommend that the service explores the relevant guidance on how to make environments used by

people living with a diagnosis of dementia more 'dementia friendly.'

We saw people had access to relevant health professionals where necessary, with records of this maintained in people's care plans. Records showed when people were seen by professionals including GP's, and Speech and Language Therapists (SaLT). Care plans also provided an overview of people's current health needs such as their medical history.

During our inspection we checked to see how people's nutritional needs were met. We looked at a sample of five care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessment had been undertaken by the service, which detailed any risks and level of support required. People at risk of malnutrition had been referred to dietician services.

We looked at a four weekly menu plans, which was provided by the chef, who told us it had been compiled with input from people who used the service. People told us that they felt the food was generally good. One person said "Food is very good, you get choices and plenty of it." One relative told us, "My relative gets plenty to eat and drink. They are always being offered things." Other comments included, "Food is quite good and you get choices to a certain extent. There is always plenty to drink." "Food is very good with plenty to drink."

During the morning, we observed the chef approaching each person and individually explaining to them what was on the menu and asking what people would like to eat. We saw the chef had developed good relationships with people and they spent a lot of time in the dining area interacting with people. The interactions were caring and respectful. The chef told us they were satisfied with the quality of produce the home used and that the provider was happy to change things if people were not happy with the choices available.

Is the service caring?

Our findings

People and relatives told us that staff were kind and supportive. One person who used the service told us, "Staff are very good, no complaints at all, no trouble what so ever." Another person said "If I use the call bell, they come straight away." Other comments included, "Very nice staff. They are very good and full of fun and we have a good laugh." "Quite happy with everything and the staff are very nice."

Throughout our inspection, where we observed interaction between staff and people who used the service, it was affectionate, kind and caring. However, interaction was limited, with people mostly sat in the lounge areas on their own with the television on. We observed that people were also sat on their own in the dining area for periods of time with only limited interaction with staff. We observed the chef speaking to people about their meal choices and observed laughing and joking. The atmosphere within the home was friendly and relaxed. We saw that there visitors arriving throughout our inspection. There were no restrictions as to when people could visit the home

As part of the inspection we checked to see that people living at the home were treated with privacy, dignity and respect. People who used the service told us that their dignity and privacy was always respected by staff. Comments from people who used the service included, "You always get staff knocking on doors, they are very respectful." "They always ask permission to do things, there are very nice staff here." "When I have a wash they always respect my dignity." "Staff are very respectful, any issues they just sort them." "The staff are very respectful of my privacy and dignity, I can't complain about anything."

We spoke with staff about how they maintained people's dignity and privacy. One member of staff told us, "I always knock on doors and ensure people are covered up when delivering personal care. I'm really mindful of respecting people's dignity." Another member of staff said "I always explain what I intend to do so that they fully understand. I would say 'Is it ok if I do this,' so I always ask for people's consent, including permission before entering their rooms."

We checked to see how people's independence was promoted. We asked staff how they aimed to promote independence and give people choices. The staff we spoke with were able to describe how they offered people different choices whilst living at the home. One member of staff said "We give people choices around what they want to eat and wear and encourage them to be as independent as possible." "I give people choices around food and clothing, though we could do with new menus." Other comments included, "We encourage people to be independent, for example one resident will only undertake personal care if we encourage them. We encourage people to be as independent as possible." "People have choices around what they eat and drink, what they wear. They get up and go to bed when they are ready."

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved. However, this involvement was not clearly documented within people's care files.

Is the service responsive?

Our findings

During our inspection, we checked to see how people were supported with interests and social activities. At our last comprehensive inspection in October 2014, we commented 'From our observations and discussion with people who used the service, activities to stimulate people mentally and physical were limited and ad-hoc.' During both days of this inspection, we did not observe any activities being undertaken with people and noted only limited engagement between staff and people who used the service. As on our previous inspection in 2014, in both lounges on the ground floor we found televisions turned on with no one really watching the programmes.

People told us there were limited things to do at the home. Comments from people who used the service and relatives included, "Not much in the line of activities, it's a nice quiet place." "I haven't seen any activities taking place." "Nothing organised in respect of activities, but that suits me. I would like to be taken out a bit as I have no family."

Staff we spoke with confirmed there were limited activities at the home and more needed to be done to stimulate people. Comments from staff included, "It lacks activities and stimulation for residents, there is nothing on offer for them." "There are some activities, but I think we need more to stimulate people, that's an area where we fall down." "More activities could be done, a lot of people would like to go out, but we don't have the staff." "I don't think there are enough activities for people and I know some residents would enjoy a bit more and options to go out." "There are some activities, not really enough, but a lot better than it was." "There is limited activities, we could do with more. We used to go out on trips and entertainers coming in, but it all seems to be about cost."

Within care files, we found limited information on life histories and experiences of people, such as personal preference, hobbies, social and spiritual needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care. Care and treatment failed to meet people's needs and reflect their preferences.

We looked at a sample of five care files of people who used the service. Care plans provide guidance to staff on the level of care and treatment people required. The care plans we looked at covered a range of areas including nutrition/hydration, mobility, personal care, skin integrity and continence. We found that reviews of care plans were inconsistent and did not demonstrate that people had been involved in reviews of their care. We looked at night checks and turning charts, which were completed within time scales. We looked at daily records of people who used the service and found them to be detailed and comprehensive.

We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service. We were told that there were no current complaints registered against the service.

Both people and relatives we spoke to were able to tell us what arrangements existed to encourage them to provide feedback about issues and where improvements could be made. Complaints and compliments

leaflets were available in the reception area. The last resident's survey undertaken was in December 2015. One response stated "It would be nice if there was a structured activity programme." In these surveys, people expressed preferences, however the home manager was unable to tell us how these individual issues had been addressed. There was no information available to indicate that responses had been analysed with appropriate action taken in respect to any concerns.

Is the service well-led?

Our findings

We found the service undertook a number of audits to monitor the quality of service provision. These included infection control, kitchen and dietary requirements, hand hygiene observations, medication, commodes, mattress and pressure relief. Despite these checks, they did not highlight any of the concerns that we had found during our inspection in respect of medication, infection control, staffing levels and person centred care. We spoke to the home manager about the effectiveness of auditing by the service, especially in light of the concerns we identified and acknowledged improvements were required.

We found that records held at the home were not held securely with confidential information easily accessible to people in the building. For example, we observed confidential personal information relating to people who used the service was left on open display in the dining area and available for anyone to look at. Additionally, in a basement room where a photocopier was located, people's records waiting to be archived were left in open boxes or on shelves and could be accessed by anybody entering the unlocked room. During our inspection, we observed a visitor to the home using the photocopier and would have had access to people's personal records.

During our last inspection in October 2014, we identified issues in relation governance, staff supervision and ensuring that people were physically and mentally stimulated with regard to their individual needs. We found the service was still failing to effectively address these concerns.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. The service failed to assess and monitor the quality of service provision effectively and ensure confidential information was stored securely.

At the time of our visit, there was no registered manager in place at the home. 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.

People who lived at the home and their relatives spoke favourably about management within the service. One relative told us, "The manager is very caring and nice. No issues with the management." A person who used the service told us, "The manager is lovely and really nice."

Staff told us the management were approachable and supportive. One member of staff said "The management and owners are very good and do listen. Things are improving since the new manager, its more person centred. I feel families are happier." Another member of staff said "The management and owners are friendly and supportive. You can go to the manager with anything. It's a homely place and not an institution." Other comments from staff include, "Things have changed for the better with the new manager. We are getting there. I see change in the way care is delivered. The manager has a different pace and has new ideas and is very approachable." "The new manager is very approachable."

The home had policies and procedures in place, which covered all aspects of the service. However, a number of these policies were either not dated or out of date. For example the medicines policy was dated January 2005 and elder abuse guidelines dated 2005. Policies should be regularly reviewed to ensure they contain current best practice guidance. The home manager acknowledged these concerns and stated it was their intention to review all policies.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Care and treatment failed to meet people's needs and reflect their preferences.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	We found that the registered person had not protected people against the risk of associated with the safe management of medication.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	Providers must act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The service had failed to ensure that the premises and equipment were clean in line with current legislation and guidance.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

There were insufficient numbers of staff deployed to effectively meet people's needs and the provider could not demonstrate the appropriate support and professional development of staff.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Service failed to assess and monitor the quality of service provision effectively and ensure confidential information was stored securely.
Treatment of disease, disorder or injury	

The enforcement action we took:

The Provider has been served with a Warning Notice.