Nazareth Care Charitable Trust

Nazareth House - Southend

Inspection report

111 London Road
Southend On Sea
Essex
SS1 1PP

Tel: 01702345627
Website: www.sistersofnazareth.com/united-kingdom/houses/46/nazareth-house-southend-on-sea

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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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place 5, 6 and 13 September 2018 and was unannounced. Due to a high number of safeguarding issues, and concerns received from people's relatives, we brought this inspection forward. Relatives told us their loved ones were not receiving appropriate care to meet their needs. Other concerns, about recruitment and the use of agency staff were brought to our attention. We were told that there was a high level of agency staff being used who didn't know the people they were caring for, or their needs very well. At our last inspection in June 2017 the service was rated Good. At this inspection we found that each of the five domains required improvement.

Nazareth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Nazareth House provides nursing care in St Joseph's unit and residential care in Marie Stella unit. It is registered for up to 64 older people. At the time of our inspection there were 58 people living in the service, many of whom were living with dementia.

There was a manager in post who was in the process of registering with us. 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.

There was a safeguarding system in place which staff knew and understood. However, the number of safeguarding issues raised recently were of concern. While some people told us they felt safe, some of their relatives did not feel that Nazareth House was currently providing a safe service. Risks had not always been well managed. Essential risks such as for diabetes, weight loss and nutrition had not always been fully assessed and managed.

The service was using many agency staff to support the permanent staff whilst recruiting to vacant posts. The building was very large, spread over three floors on both sides and throughout our visits we saw how difficult it was to staff to respond to people's needs in a timely manner. Relatives were particularly worried about the level of agency staff on Marie Stella (residential) unit. They said that team leaders were left in charge of agency staff and this meant that people's care needs were falling short, as the agency staff did not know or understand their relative's needs. Recruitment at the service was not robust, a number of staff files had shortfalls in important documentation as required by law. Essential paperwork had not been fully completed for all staff.

There were issues with medication management, and covert medication (disguised), however, we found that the service had an action plan in place to minimise any future risks to people. Although there were infection control policies in place, we found issues around cleaning the service. There were no cleaning schedules available and we found some kitchen floors to be sticky, and there were stained carpets in the hallways. We also saw there were a number of broken wall and floor tiles around the service. The provider

had also not ensured that property was refurbished regularly to ensure a pleasant living environment.

People received a full assessment of need prior to a receiving a service. Staff said they felt supported by the new manager, and they had received supervision recently, and had attended staff meetings. However, the records showed that very few supervisions, and staff meetings had been recorded. The provider had identified that no appraisals had taken place in the past year and training needed to improve. People's views on food varied, some felt it was okay, others felt they would like more choice. Mealtimes needed to improve to ensure that everyone received enough to eat and drink and enjoyed their food.

People were generally well supported to access healthcare services. However, some relatives told us the service did not always respond quickly to their loved one's healthcare needs. They said their relative did not receive appropriate foot care, as their nails were long and the skin around them very dry. And the inconsistency of records made it difficult to ascertain what care people had received.

The service had Mental Capacity assessments in place. Staff had received training and demonstrated an awareness of the Mental Capacity Act. We heard staff asking people for their consent during our visits. However, we found that some people's relatives, and a staff member had signed documents on behalf of people who had been assessed as having capacity.

People mostly told us that staff were kind and caring. But also said staff were usually very busy but they did not have to wait too long for staff to support them. People had mixed views about involvement in their care. People did not always have personalised care plans that reflected their individual preferences and social history. Staff provided group activities but there was a need to also explore activities for individuals to make engagement more person centred.

Relatives and people living in the home were aware of the complaints procedure and felt that their concerns were listened to. Some people felt more could be done to rectify their concerns. People had end of life care plans in place, detailing their wishes.

Although the new manager in post was working towards improving the service, the quality assurances processes of the service and day-to-day monitoring and observations of care and support within the service was not effective.

The service requires improvement in all five key questions and there were several breaches of regulation. We also made recommendations which you can read in the main body of the report. As a result of our findings, and recent provider audits, the management of the service have developed an action plan to address all the concerns we found and share progress of this with the commission on a weekly basis.

Further information is available in the detailed findings below.

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 consistently safe.

People told us they felt safe, but we found concerns that people's safety was not being appropriately assessed and managed.

The recruitment process was not robust and the service employed a large amount of agency staff, who were not always familiar with people's care and risk needs.

Staff were aware of infection control procedures; however, improvements were needed to cleaning schedules and staff's practice and the environment.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received regular training and supervision however, this was being addressed by the new manager in place.

Although people received sufficient food, it was not always presented in a way that encouraged people to eat well.

The new manager and staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of capacity and consent but did not always apply this knowledge appropriately.

People's needs were assessed and reviewed.

The service worked well with others.

Is the service caring?

Requires Improvement

The service was caring but requires improvement.

The service provided relative and resident meetings, but people did not always feel they were involved in the running of the service.

People told us staff were kind and caring. Staff respected people's independence and supported them when required.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities and pastimes were not always individualised and did not meet everyone's needs.

People's care plans were not always person centred. However, care plan interventions did identify how staff should support them with everyday tasks.

The registered manager dealt with complaints appropriately and people felt able to raise concerns.

Staff supported people to maintain close relationships with their family and friends.

People felt able to complain and complaints had been dealt with appropriately. However, some relatives felt that their complaints had not been fully resolved.

Staff supported people to maintain close relationships with their family and friends both in person and by telephone.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have good governance systems in place to ensure the quality of the service was maintained.

People knew and liked the new manager. However, some relatives shared their concerns about how the service was run.

Community links needed improvement to ensure that all people had the opportunity to access the local community.

Personal records were safely stored.

The quality assurance system had not been effective, however, senior management together with the new manager have put plans in place to ensure that the quality of the service improves.

Nazareth House - Southend

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. We had also received a number of safeguarding issues and concerns raised by relatives of people using the service. We were told that some people were not receiving the healthcare support they needed, and that others did not receive appropriate care.

This inspection took place on 5, 6 and 13 September 2018 was unannounced and carried out by two inspectors, two experts by experience and a specialist advisor on day one, two inspectors on day two, and one inspector on day three. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We observed people's care, and spoke with 15 people who used the service, nine visiting relatives, the new manager, the head of care, the area manager and the chief executive officer. We also spoke with three visiting human resources representatives from Nazareth Care's head office. Over the three inspection days we spoke with a total of 27 staff ranging from domestic, housekeeping, kitchen and laundry staff and care and nursing staff in both units. We reviewed 11 people's care files and seven staff recruitment and support records. We also looked at a sample of the service's medication management, quality assurance systems, training records, staff duty rotas and complaints records.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risk of harm and abuse. There were unlocked exit doors and we saw district nurses coming and going without reporting to staff. They walked freely around the service, unchallenged. This could present safety issues as a member of the public could walk in the building at any time and due to the layout of the building may not be seen by staff.

Although staff were trained and demonstrated a good understanding of their responsibilities to keep people safe, people and their relatives had mixed views, some said they felt safe, others said they didn't. One person said, "I feel very safe here and could talk about my worries if I had any." Another person told us, "I feel safe here because of the atmosphere." One visitor said, "I feel my friend is safe here as they seem very happy and never complain.". Some relatives had a different view and one said, "I don't feel my relative is in a safe place. I am here every day to keep an eye on my relative as I can't trust the home." Another relative told us, "I am worried about the standard of care and feel my relative is unsafe." Staff told us they kept people safe by regularly checking on them and asking or looking to see they were alright.

Risks to people's wellbeing and health was not always managed effectively. Although people had risk assessments in place, improvements were needed as some staff were not fully aware of how certain risks should be managed. On the first day of our visit there were a number of staff on Marie Stella unit that were either new, back from sick leave or were agency staff. We asked two of the staff on duty for information about a person's exercise programme that was mentioned in a recent hospital report. The programme was designed to improve the person's movement and to minimise the risk of further complications. Neither of the two staff members were aware of the exercise programme, and it could not be located on either the electronic or paper files. We could not establish from the records if the exercise programme had been followed.

Another person living with diabetes did not have any clear management or risk plans in place to support this specific health need. A staff member told us this person's blood sugar levels were being checked three times a day, but this was not recorded in the electronic records. Without this information it would be difficult to assess if the persons diabetes was being managed safely or they required further medical review. Other risks not managed safely included people at high risk of falls, poor skin integrity and lack of nutrition.

The service had identified that improvements were needed in the medication system. The new manager had arranged for a Clinical Commissioning Group (CCG) Pharmacy Technician to audit their medication system to help them to make the necessary improvements. The audit was carried out on 1 August 2018 and it identified that staff were transcribing as and when required (PRN) medication onto separate MAR sheets as well as the printed ones. We found during our visit on 5 September 2018 that one person's PRN medication was still being transcribed onto a second sheet. This put people at risk of receiving their PRN medication twice. We also found that where people's homely remedies had been recorded, they had all been transcribed onto a MAR sheet rather than those that were needed. Further improvements were needed to ensure people received their medication safely as prescribed. The provider stated in their action plan that their Chief Nursing Officer was to audit medication procedures and assist with corrective action.

The building was very large, and each of the two units was spread over three floors, with separate lounges and satellite kitchens. The service had safety certificates in place, but the building was old and in need of repairs. Paintwork around the service was scuffed and damaged and carpets were stained.

Although the service had infection control policies and procedures in place and there was appropriate colour coded cleaning equipment, and protective clothing available. Some floors were sticky when walked on, and there were stains on the corridor flooring in Marie Stella unit. We asked to see the kitchen cleaning schedules for the main kitchen and the satellite kitchens and were told that none were in place, but staff cleaned every day. Staff had received training and knew the actions to take to minimise the risk of infection. But this had not been put in to practice in all areas of the service.

These shortfalls are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The recruitment process was not robust. We found a number of staff files had shortfalls.. For example, interview records were not always fully completed, references were not always authenticated by way of a company stamp or headed notepaper. There were gaps in staff's employment history that had not been explained. On one staff file there was no risk assessment for the employee's negative Disclosure and Barring Check (DBS). Since our visits, the organisation's human resources department had undertaken a thorough audit of the recruitment process and put plans in place to rectify the shortfalls.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we saw staff treated people with dignity, relatives shared concerns about people's care needs not always being met due to the high number of agency staff in use. They said they worried about some agency staff, who did not know their loved ones well, so were not always able to offer them the care they needed. One relative said, "I am concerned about my relative's appearance as sometimes they look so unkempt when I visit." Another relative told us, "I have visited my relative and found them with dirty finger nails and their hair looked as though it had not been washed for some time."

Throughout our visits we saw that people were left unattended for periods of time. Staff were busy attending to others or preparing drinks. Each of the three floors on both St Josephs' and Marie Stella had at least two staff on duty. However, as the building had rooms set back from the corridors and these were spaced quite wide apart, staff could not always be seen. As stated in the safe area of this report, the layout of the building made it difficult to staff. Some people told us that although staff will ask them if they need anything, they didn't often have the time to chat. One person said, "When I am in my room nobody comes in to have a chat with me."

The service was in the process of recruiting staff and used bank and agency staff when there were shortfalls on the duty rotas. However, the new manager told us that there had been a few occasions when staff had reported sick at short notice when they were unable to obtain additional staff. The new manager said that this was managed by moving staff from one unit to another wherever possible.

Staff told us that the number of agency staff sometimes made it challenging, as they spent a lot of time instructing them on what to do. One staff member said, "When there are a lot of agency staff, it is very difficult to manage them, as the area is over three floors. We do our best to tell them what they need to know, but it takes up a lot of our time." Improvements were needed to ensure that the service is appropriately staffed to meet people's needs at all times.

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

The new manager told us that they did their best to make sure that lessons were learnt when things went wrong. They said they had shared information with staff through team meetings and discussions to ensure improvements were made.

Requires Improvement

Is the service effective?

Our findings

Some staff told us, and the records confirmed that they did not always feel fully supported. No appraisals had taken place and supervision was infrequent and not in line with the organisation's policies. One staff member said, "We have started to have supervision again, which is good. I have just returned from sick leave and need to check that my training is up to date." Another told us, "It's been very busy on this unit lately [Marie Stella], we are short staffed and using a lot of agency, and there has been a lot of problems. The new manager is trying to resolve them but it can get very stressful when you are working on this unit." The new manager was aware that supervision and training had fallen short and had instigated a supervision and training schedule to ensure staff were supported.

There was a shortfall in specialist training and training that ensured staff had the practical skills required to do their jobs safely at all times. Staff said they had recently had DVD training in a range of, what they called, mandatory subjects. This included moving and handling, first aid and safeguarding adults, however there was no evidence to show that staff had received training in more service specific subjects such as diabetes, stroke or enteric feeding. The new manager told us staff had recently done an online dementia training course but had no other training in this area. There were many people living in the service who had developed dementia, so staff would need to have a thorough knowledge of how to care for them effectively. Evidence presented throughout this report demonstrates poor understanding by staff about the specific needs to support people to live with dementia well.

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

We observed the lunchtime meals throughout our visits and tables were nicely laid out. However, there was very little atmosphere during the meal. Some people chatted with each other, but others were sitting far apart and didn't talk to anyone throughout their meal. The tables were spaced out in the dining room and we saw that two tables had one person sitting at each of them. On St Joseph's unit, staff were in and out of the dining room but were not visibly encouraging people to eat and drink. In one of the lounges there were three people eating their meals in their armchairs. The armchairs were in a line and quite wide apart, and there was no conversation between each of the people or the staff. During the lunchtime observation in Marie Stella unit, on day one of our visit we saw that it was a very quiet time, there was no background music, no laughter and no conversations.

Where staff did support a person to eat their meal, they did so by standing up and leaning over them, instead of sitting with them and engaging with them at eye level. People were not offered appropriate cutlery or crockery to support them with their meal. For example, one person's meal was served on a small plate, and as they were eating, the food kept falling off the side of it.

In Marie Stella unit, relatives told us the food was not very good. One relative described it as 'a disgrace'. During all our visits we saw food being prepared and served and noted that it looked bland and not very appetising. For example, the apple crumble and custard on day one was lacking in colour and given in quite

large portions. The lunchtime meal on day three of our visit was pork chops, white cabbage, cauliflower and mashed potatoes and this too look colourless and unappetising.

Despite our concerns and observations, people said they had enough to eat and drink. They told us that they had a choice of two meals each day and that the staff asked them what they wanted. They said that if they didn't like what was on offer, they could ask for something else. One person said, "Ihave no complaints about the food here, I just eat it." Another told us, "I like the food here and you can always ask for a cooked breakfast and a cooked meal at teatime if you want one."

Although people we spoke with said the meals were sufficient to meet their needs, this was not the experience of all the people using the service as observed during our inspection.

We recommend the provider carries out a full review of everyone's mealtime needs and experiences to ensure that everyone has enough to eat and drink in an environment that encourages interaction and participation for all.

People generally received the healthcare they needed. However, some relatives told us the service did not always respond quickly to their loved one's healthcare needs. They said their relative did not receive appropriate foot care, as their nails were long and the skin around them very dry. And records made it difficult to ascertain what care people had received. Improvements are required to ensure people receive the healthcare they need in a timely way.

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 or authorisations to deprive a person of their liberty were being met.

There were mental capacity assessments in place where needed, however, they had not always been appropriately completed. The service had applied for and been granted DoLS where required.

Staff had received training and demonstrated an awareness of the MCA and DoLS. We heard staff asking people for their consent during our visits. However, we found that some people's relatives, and a staff member had signed documents on behalf of people who had been assessed as having capacity.

We recommend the provider ensures that where people have capacity to consent, they are involved in their care decisions and plans of care. And should they be unable to sign documents arrangements must be made in accordance with the MCA to protect them.

People's needs had been assessed before they moved into the service. The care plans were then developed using the assessment process. People told us they were kept involved with their ongoing assessments, which addressed their changing needs. The new manager worked well in partnership with other professionals. For example, they worked with the tissue viability nurse to offer staff practical training in wound care. There was evidence to show that the manager communicated well with other professionals such as the hospital, GP and social services.

Requires Improvement

Is the service caring?

Our findings

People had mixed views about involvement in their care. One person said, "Staff keep me involved and ask how I am feeling." Another person told us, "Staff do come and talk to me sometimes, but not when I 'm in my room." Visiting relatives also had mixed views about involvement. One relative said, "As far as I know we have not had a review of a care plan for some time and there have been no meetings for some time." Another relative told us, "I thought the keyworker system was a way of keeping involved but it's not working as there are so many changes of staff. My relative's named keyworker was not involved with them at all."

People told us they had not attended meetings to discuss how things were going, however, relatives did say they could visit at any time and were able to speak with staff when necessary. The new manager told us that resident and relatives meetings had now been planned for the future to help address any issues or concerns as they arise.

People told us that staff were kind and caring. One person said, "I have wonderful care here, no complaints." Another person told us, "The staff are always kind to you. You can ask them to do anything and they will do it." One person said they were very happy with one particular staff member and they told us, "They are so very kind, they gave me a lovely picture of Jesus to go on my wall, they know I love things about Jesus." Other people, and their relatives felt that although staff were generally kind and caring, they were often very busy and did not have the time to engage with people.

People's diverse needs were being supported by the service. People who were not of the Catholic faith were supported to attend a church of their choosing. This showed that people's religious beliefs were observed, and staff supported them to practice.

People were encouraged to retain their independence. For example, some people regularly accessed the local shops, without support. Staff would monitor this to ensure they remained safe to do so. Other people told us how staff supported them to make their own drinks, with assistance to take the cup back to their room or to the lounge. Some people were able to prepare their own breakfast with staff support. One person was self-medicating, and staff supported them to ensure they did so safely. Another person attended a local support group, which helped them manage the symptoms of their illness. Staff said that where people were able, they encouraged them to do as much as possible for themselves to help them maintain their independence for as long as possible.

Requires Improvement

Is the service responsive?

Our findings

People's care needs had been assessed and their care plans developed from the assessment process. Although care plans and assessments were in an electronic version, some records such as food and fluid intake charts were handwritten. Generally, this information was transferred to the computer system using the tablet computers. However, we found that some information was not available, such as for diabetes care, risk of falls, poor skin integrity and lack of nutrition.

The service employed staff to organise activities, and we saw these taking place on the morning of day one of our inspection. There was a large group of people in the main hall who were interacting with the activities co-ordinator, and each other doing keep fit exercises. Everyone seemed to enjoy this as they were happy and cheerful. We saw that other activities, such as games and craft materials were laid out on tables, ready for use in the hall. The activities co-ordinator told us that people chose their preferred activities. People were sitting in lounges watching TV or listening to music. There was a Mass every day in the chapel and staff encouraged and supported people to attend if they wished to do so.

Although these activities and group events were taking place, people were not always being supported to engage in meaningful activities that suited their individual needs and preferences. We didn't see any activities taking place during the afternoons of our visits, and people confirmed this. One person said, "Not much goes on here in the afternoon time, I'm glad I have my TV." Another person told us, "I often fall asleep as there isn't anything to do after lunch." And, another person said, "Nobody has ever asked me about my hobbies and what I like to do." A visiting relative stated that staff had not asked their loved one for a life history. We saw from the care plans viewed that some had this information, but others did not.

Improvements were needed to how staff engaged with people and how they communicated with people. Both permanent staff, and regular agency staff described how they cared for people. However, some agency staff had not had the time to familiarise themselves with people's care plans and relied on permanent staff for this information. Throughout our visits we saw little interaction between people and staff, apart from when staff were carrying out tasks. People told us that some staff could not speak good English, so they didn't always understand what they wanted. The new manager told us that the ability to speak and understand the English language would be a pre-requisite for any new staff.

There was no clear information in people's care plans about how frequently they liked to have a bath or shower. People told us they were not offered a bath or shower on regular days. One person told us, "You are sometimes offered a shower. I have been here a while now and have only had one shower. I think you have to book a bath if you want one." As stated earlier in this report some relatives were concerned that their loved ones were not bathing regularly and looked unkempt. Improvements are needed to ensure that people's bathing preferences are recorded and they are carried out as planned.

People told us they chose when to go to bed and when to get up. One person said, "I call them [staff] when I want to go to bed and they never mind when I do. I can get up and go to bed when I want to." Another person told us, "I need two people to hoist me into bed, and they [staff] just come and help me when I ask

them to." People told us they could receive their visitors at any time. There was provision for visitors to make themselves a drink in the small satellite kitchens, and we saw visitors doing this during our visits.

These shortfalls in personalised care provision was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us they made a complaint to the new manager and they sorted it out quickly. Another person said, "I had a problem and went to the new manager and they were very helpful." People's relatives told us about their complaints. One relative said, I have had many discussions with the new manager, and exchanges of emails to try to resolve issues." Another relative told us, "I have sent emails to the new manager to complain and had heated arguments with staff members." The new manager told us, and the records confirmed that the complaints were historic, and that they were working towards resolving them. They said that some of the concerns had been raised as safeguarding issues and were being fully investigated by the Local Authority safeguarding team. There was a clear complaints policy and the records showed that complaints had been dealt with appropriately.

Staff had received training in end of life care. Where appropriate people had end of life care plans in place which provided guidance to staff on how to meet people's needs. People's preferences for their end of life care were explored and formally recorded in their care records. This allowed the service to support people in the way they wanted and respect their wishes.

Requires Improvement

Is the service well-led?

Our findings

There was a new manager in post, who was in the process of registering. Many people and their relatives were aware there was a new manager. One person said, "The new manager is nice, she will always say hello to you and have a chat." Another person told us, "I have seen the new manager walking around and I have spoken to them." Staff felt they could approach the new manager with any issues. A visiting relative said they knew who the new manager was and had had discussions with them about their loved one's care. However, one visiting relative told us, "I didn't know there was a new manager here."

Although the new manager in post was working towards improving the service, the quality assurances processes of the service and day-to-day monitoring and observations of care and support within the service was not effective.

The provider had carried out two monitoring visits in 2018. A number of the issues raised in this report had been identified at the most recent visit. As a result of this the area manager and chief executive officer, together with the new manager had put in place an action plan to address the shortfalls. Despite this we found many areas in the service lacking and breaches of regulation. The service was not always keeping people safe and responsive to people's needs. There was not enough staff that knew people well enough to engage with them effectively at all times. Areas of the service required improvement, including the environment. People were not being given enough support to eat and drink, support their pastimes and give them enough choice in their daily lives. And although this had now been addressed, the service was not always safely recruiting staff.

The provider had since closed the service to new admissions until the actions in the action plan have been completed and all concerns have been addressed. Senior management are working in the service, with the new manager, to implement the necessary changes.

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

Staff were complimentary about how the new manager was running the service. They said there had been a lot of changes over the past 12 months and that they felt things were now 'settling down'. Their issues were around the staffing problems in Marie Stella and the high use of agency staff. The new manager told us that they did their best to obtain the same member of agency staff for consistency. Staff felt this was sometimes a problem particularly at weekends. However, a core of agency staff frequently returned for shifts enabling them to get to know people better.

We saw that some people had good links in the local community. One person regularly visited the local shops to buy their personal items. They told us, "I like to get out as much as I can and it gives me a chance to talk to other people in the shop." Other people said they did not get out very often and one person told us, "We used to go on outings, but none for a long time. I sometimes go and join in an activity, if I like it." Improvements are needed to ensure that all of the people using the service have the opportunity to build

good community links.

There were clear whistle blowing, safeguarding and complaints procedures in place and staff were confident about implementing them. One staff member said, "If I had any concerns about any of our residents, I would tell the nurse on duty, or the head of care or the new manager." Another staff member told us, "If I was worried about anyone, I'd contact my senior and record what I had done." Other comments included, "I always update managers if I have concerns and I think they take notice of what I say." "I know about whistleblowing and that I can report any concerns." And, "I understand about whistleblowing and that I can report any concerns to CQC or the local authority." This meant that staff would not hesitate to report concerns of any nature to ensure that people in their care were kept safe.

People's personal records were generally stored securely on the computer system and in locked cabinets when not in use. There were policies and procedures in place for dealing with confidential data. Staff had been trained in the Data Protection Act and confidentiality and knew who they could and could not share confidential information with.

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 Care was not person centred, aimed at people's individual needs and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not projected against risks to the safety, infection control processes were lacking and medication management processes were not robust

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance processes in the service was not ensuring continual monitoring and management of the service in line with regulation

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not robust and did not ensure appropriate checks were carried out as required

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There was not enough suitably qualified and trained staff available to meet all the needs of service users at all times