

# Four Seasons (GJP) Limited Pennine Lodge

## Inspection report

Pennine Way  
Harraby  
Carlisle  
Cumbria  
CA1 3QD

Tel: 01228515658

Date of inspection visit:  
07 September 2017  
08 September 2017  
25 September 2017  
27 September 2017

Date of publication:  
27 November 2017

## 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

Pennine Lodge is a purpose built care home that provides personal and nursing care to a maximum of 70 people, including people who live with dementia. There were 63 people living in the home when we inspected.

We last inspected Pennine Lodge in January 2017 and rated the service as good. We found that they were meeting all the regulations we inspected.

We carried out the inspection on 7, 8, 25 and 27 September 2017. Our visits on the 7 and 25 September were unannounced. Our visits on the other days were announced.

Prior to the inspection, we received information of concern regarding staffing levels, the maintenance of records and certain aspects of people's care. We brought forward our planned inspection in order to check the concerns raised.

A registered manager was 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.

There were safeguarding policies and procedures in place. The provider had not notified CQC of all safeguarding incidents in line with legal requirements. These omissions meant that CQC did not have oversight of all safeguarding allegations to make sure that appropriate action had been taken.

We raised five safeguarding alerts during our inspection. These related to the management of people's medicines, concerns from a relative about their family member's care and a whistleblowing alert raised by a member of staff. We will monitor the outcome of these safeguarding alerts and action taken by the provider.

At the time of the inspection, we found there were insufficient suitably qualified, competent, skilled and experienced staff deployed to ensure care was delivered as planned. We identified delays in seeking advice from health and social care professionals. We also identified shortfalls in record keeping.

There were shortfalls and omissions with regards to the management of medicines. We also identified concerns with certain staff practices in relation to infection control. Checks and tests had been carried out on the premises and equipment to ensure safety. The registered manager was unable to locate the electrical installations safety certificate during the inspection. They sent CQC a copy of the certificate following the inspection. This stated that the electrical installations were 'unsatisfactory.' We spoke with the registered manager about this issue. She told us the provider had recently changed to a new facilities management company who were in the process of addressing the deficits highlighted in the electrical installations report.

There were shortfalls regarding some people's clinical care. There was a lack of evidence to confirm the competency and skills of nursing staff.

We received mixed feedback about meals at the home. One person put one thumb down and then both thumbs down when we asked them about the meals they received. On the first and second day of our inspection, there was a lack of fresh fruit available. On the third day of our inspection, the chef informed us that this had been addressed and people now received fruit options on the drinks and snack rounds in the morning and afternoon.

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.

Some people's care records contained omissions. This meant it was not clear whether care and treatment had been provided. Some staff, relatives and health professionals considered that communication could be improved at the service. We found that advice from health care professionals had not always been sought in a timely manner.

There was a complaints procedure in place. However, we noted that not all concerns and complaints were documented. Therefore, it was not clear what action had been taken to resolve complaints and identify any changes in practice to ensure continuous improvement.

We identified shortfalls in many areas of the service including medicines and the maintenance of records, which had not been highlighted by the provider's quality assurance system. In addition, the registered manager did not have a full overview of certain aspects of people's care such as wound management and weight loss.

Following our inspection, the regional manager sent us an action plan detailing the actions they had taken/planned to take to address the shortfalls we identified. He also informed us that the deputy manager was now supernumerary in order to support the registered manager. Whilst we were satisfied, that action had been taken/commenced to address the concerns; this had only been instigated after we had highlighted the shortfalls.

We found three breaches of the Health and Social Care Act 2008. These related to safe care and treatment, staffing and good governance.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There were insufficient suitably qualified, competent, skilled and experienced staff deployed to ensure care was delivered as planned.

We had concerns with certain staff practices in relation to infection control. The electrical installations were unsatisfactory. Work was being carried out to address the deficits.

There were shortfalls and omissions in the management of medicines.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

There were shortfalls regarding some people's clinical care. There was a lack of evidence to confirm the competency and skills of nursing staff.

We received mixed feedback about meals at the home. On the first and second day of our inspection, there was a lack of fresh fruit available. On the third day of our inspection, the chef informed us that this had been addressed.

Advice from health care professionals had not always been sought in a timely manner.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Due to the concerns identified during the inspection, we could not be assured that people received a high quality compassionate service.

We observed positive interactions between staff and people.

Staff spoke with people respectfully and provided discreet support.

### Is the service responsive?

The service was not always responsive.

Some people's care records contained omissions. This meant it was not clear whether care and treatment had been provided.

A complaints procedure was in place. We found however, that not all complaints were recorded.

An activities programme was in place. Some people and relatives told us that more activities would be appreciated.

**Requires Improvement** 

### Is the service well-led?

The service was not well-led.

We identified shortfalls in many areas of the service including medicines and the maintenance of records which had not been highlighted by the provider's quality assurance system.

The provider had not notified CQC of all safeguarding incidents in line with legal requirements.

**Inadequate** 

# Pennine Lodge

## Detailed findings

### Background to this inspection

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

The inspection took place on the 7, 8, 25 and 27 September 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, a pharmacy inspector, a specialist advisor in dementia care, a specialist advisor in nutrition and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to the late scheduling of the inspection, we did not request a Provider Information Return (PIR). The PIR 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 other information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authority and health authorities who contracted people's care.

We spoke with the director of care services, registered manager, regional manager, deputy manager, two nurses, three care home assistant practitioners, a senior care worker, six care workers, two hostesses, two domestic staff, an activities coordinator, two maintenance men and the chef. We also visited the home at night to observe the care which was delivered. We spoke with the night manager, night nurse and four care workers. During our inspection, we spoke with 10 people who lived in the home. We also spoke with six relatives and a visitor.

We spoke with four social workers, two nurses from the care home team, a community mental health nurse from the Care Home Education and Support Service [CHESS], a tissue viability nurse, a quality and care governance officer from the local authority and a GP receptionist.

We observed the care and support staff provided to people in the communal areas of the home and during the lunch and teatime meals. We looked at the care plans and records for 15 people. We also viewed other documentation which was relevant to the management of the service including quality and monitoring systems and training records.

# Is the service safe?

## Our findings

Prior to the inspection, we received information of concern regarding staffing levels and certain aspects of people's care.

Most people and relatives said that more staff would be appreciated. On the first and second days of our inspection, we observed that staff were very busy. One staff member told us that they had been unable to do the mid-morning tea trolley on their unit because there had not been enough time. A person's mental health had deteriorated and they required extra support. We noted there was a lack of activities on these days. The registered manager told us the activities coordinators were not on duty due to unforeseen circumstances. Some staff informed us they did not have time to sit and spend time talking with people.

There was always one nurse on duty. They were supported by a team of care home assistant practitioners [CHAPs] and senior care workers. CHAPs are care staff who have undertaken additional training to enable them to complete and support nursing care tasks. The registered manager who was a nurse was on duty Monday to Friday. She also worked occasional weekend shifts when required. A deputy manager was in post. She was not always supernumerary and carried out nursing shifts as part of her role.

During the inspection, we identified delays in seeking advice from health and social care professionals. We also identified shortfalls in record keeping. One member of staff told us, "They [nurse] cannot deal with everything. It's not going smoothly... we're fire fighting."

On the final day of our inspection, the regional manager told us the deputy manager was going to be supernumerary which meant they would be able to oversee the clinical care. The registered manager also told us that two new nurses were in the process of being recruited.

We took this feedback into consideration; but due to the lack of clinical oversight at the time of the inspection; the size of the service; complexity of people's needs and new staff not being fully recruited; we considered there were insufficient staff deployed to ensure care was delivered as planned.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Staffing.

There were safeguarding policies and procedures in place. One staff member raised a whistleblowing concern. We passed this information to the registered manager and also made a safeguarding alert. Following this allegation, the registered manager organised further whistleblowing training for staff.

Staff had referred other safeguarding incidents which had occurred between people who lived at the service to the local authority safeguarding adults team. However, they had not notified CQC of all safeguarding incidents in line with legal requirements. This omission meant that CQC did not have oversight of all safeguarding allegations to make sure that appropriate action had been taken.



We raised five safeguarding alerts during our inspection. These related to the management of people's medicines, concerns raised by a relative about their family member's care and a whistleblowing alert raised by a member of staff. We will monitor the outcome of these safeguarding alerts and action taken by the provider.

We visited the home at night to ascertain how care was delivered at night. A night manager oversaw the delivery of care. Staff spoke positively about them and the support which was provided. Several night staff said that more staff would be appreciated. We observed that night staff were busy, however, we did not observe anyone's needs not being met.

We looked at how medicines were handled and found that the arrangements were not always safe.

Records relating to medication were not completed correctly placing people at risk of medication errors. For medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. Where staff used the non-administration code 'F' on the MAR, they had not always recorded the reason for this. We also saw for one person, no record had been made of the quantity of medicines carried forward from the previous month.

The guidance and records that confirmed the application of creams and other topical preparations were incomplete. Incomplete record keeping means we were not able to confirm that staff were applying these as prescribed.

We saw that two people were regularly refusing medicines. There had been a delay in seeking advice from the GP about this issue. This meant that people had not always received their medicines as prescribed.

We found the individual guidance to inform staff about when medicines prescribed to be given only when needed, was not always available, was not person centred or had not been updated when a medicine was changed. For example, one person was prescribed a medicine for anxiety; there was no information on when this would be used, the time between doses or maximum daily dose. In addition, we found staff did not always record the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect.

For pain relief medicines that staff administered as a patch, a system was in place for recording the site of application; however, they were not fully completed for two people whose records we looked at. For another person who was prescribed a medicated patch for the treatment of dementia, there were incomplete records in place to show where the patch was applied and the application site was not rotated in line with the manufacturer's guidance to prevent side effects.

We checked the arrangements for giving medicines at the right time in relation to meals and found that one person was prescribed medicines that should be given 30 to 60 minutes before food. However, these were administered with other medicines at mealtimes. This meant that the person may not always get their medicines at the right time to make sure they were fully effective.

Risk assessments were completed, however, these were not always accurate. One person was self-administering their medicines. However, we were told that care staff were transferring medicines from the pharmacy supplied container into an unlabelled compliance aid. This had not been risk assessed or documented and was not in line with good practice guidance.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations

## 2014. Safe care and treatment.

Following our inspection, the regional manager sent us an action plan which stated that these issues had been addressed. In addition, the GP had visited all people who were regularly refusing their medicines and the times of their medicines had been changed to help enhance compliance.

Checks and tests had been carried out on the premises and equipment to ensure their safety. The registered manager was unable to locate the electrical installations safety certificate during the inspection. She sent a copy of the certificate following our inspection. This stated that the electrical installations were 'unsatisfactory.' We spoke with the registered manager about this issue. They told us the provider had recently changed to a new facilities management company who were in the process of addressing the deficits highlighted in the electrical installations report.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Safe care and treatment.

We identified concerns with certain aspects of infection control. On the first and second days of our inspection, staff told us they were using different coloured flannels for personal care. They told us that wipes were not easily accessible and they were using purple coloured flannels for the genital and anal areas. The same coloured flannels, were being used for catheter care. The flannels were not specific for each person and were washed and redistributed around the home. This was a risk of cross infection.

Following our inspection, the regional manager stated that this practice had stopped and wipes were now being used.

Recruitment checks were carried out prior to staff starting work. These included obtaining a Disclosure and Barring Service [DBS] check and two references. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people. There was a system in place to ensure nursing staff were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

## Is the service effective?

### Our findings

Most staff told us there was sufficient training available. The CHAPs spoke positively of their training opportunities and explained they were supported to maintain and enhance their skills through reflective accounts.

Several staff told us that more training would be appreciated. One staff member said they would like to undertake wound care training. Another member of staff said, "I did an end of life course which was good. I haven't done diabetes; I want to do my first aid."

Concerns had been identified by health and social care professionals in relation to the monitoring of one person's diabetes management. We also identified shortfalls with regards to a person's wound care. In addition, one person required nutritional support via a Percutaneous Endoscopic Gastrostomy (PEG) tube. A PEG is the procedure whereby a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. We found that records relating to this individual's PEG care were not well maintained.

We asked the registered manager for evidence of clinical training and competency checks for nursing staff in areas such as diabetes management, PEG management, venepuncture [taking of blood] and tissue viability. She was unable to locate evidence of nurses' training and competencies with the exception of one nurse's catheter care certificate. She told us that due to the nurses' recent revalidation with the NMC; most of the nurses probably had their certificates at home. This meant there was a lack of evidence that staff were suitably trained and competent. Revalidation is the process where registered nurses and midwives are required every three years, to demonstrate to the NMC that they remain fit to practice.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Staffing.

Following our inspection, the regional manager wrote to us and stated, 'An NMC reflective account form is now to be completed by the nurses in the home whenever a health specialist such as TVN [tissue viability nurse] has visited and provided 1-1 with the nurse. This will capture the additional "training" and "increased knowledge" that they are getting. Home manager will monitor this closely and ensure these are also recorded upon the training matrix.' They also told us that supervision sessions were being arranged for diabetic management.

A training coordinator was employed and worked alongside staff. They spoke enthusiastically about her role and the training provided. She told us, "I bring in outside training and I'm organising training on confidentiality and whistleblowing. Some staff are doing training with CHESS [Care Home Education and Support Service]. They are doing the dementia, delirium and psychosis training – it's an eight week course." The CHESS service is provided by the local NHS Trust and provides a combination of education and practical support to care homes.

The training coordinator told us that some staff had attended a lesbian, gay, bisexual, and transgender [LGBT] work shop which helped them recognise and value the LGBT community. She stated they were looking to introduce a number of resources into the home to help raise awareness of LGBT issues amongst staff and people.

Staff told us and records confirmed that there was a supervision and appraisal system in place. Supervision and appraisals were used to review staff performance and identify any training or support requirements.

We checked how people were supported to maintain good health and have access to healthcare services. A GP visited the home every fortnight to review people's healthcare needs. The home was also supported by a team of clinicians known as the Care Home Team which was provided in conjunction with local GP practices and the Clinical Commissioning Group [CCG]. Nurses from this service visited regularly.

We found however, that advice from health care professionals had not always been sought in a timely manner. Staff had not monitored one person's medical condition following their return from hospital. This had led to a deterioration in their health. Another person had suffered several seizures. We noted they had been refusing their medicines which had been prescribed to reduce the risk of seizures. There was no evidence that the GP had been informed about their ongoing refusal of medicines.

Another person had lost 3kg of weight in two weeks. There was no evidence that the dietitian had been contacted to review their specialist feeding regime. We read another person's care plan and noted their wound care management was unclear. We spoke with a health care practitioner who informed us there had been a delay in contacting them and there had been a deterioration in the person's pressure ulcer.

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

Following our inspection, the regional manager wrote to us and said that protocols had been implemented following people's return from hospital to ensure appropriate checks were carried out to monitor their health condition. He informed us the GP had reviewed the care of people who were refusing their medicines. He also stated that referrals had been made to the dietitian and the tissue viability nurse had visited.

The registered manager told us that there had been communication issues with certain health care professionals. This had sometimes affected the delivery of care. As a result, a communication book had been commenced to record visits and advice from health and social care professionals.

Whilst we acknowledged this feedback, we considered that timely advice had not always been sought to ensure the health, safety and welfare of people.

At our last inspection, we recommended that the provider ensured meals at the home were suitable to meet the nutritional needs of older people.

At this inspection, the provider used a contract caterer to provide meals at the home. The contract catering company provided kitchen staff who they recruited and trained.

We received mixed feedback about meals at the home. One person put one thumb down and then both thumbs down when we asked them about the meals they received. Other comments included, "It's always some chips, but it's okay" and "I hate sandwiches, they're all the time like the soup." One person told us, "The food is good."

On the first and second day of our inspection, there was a lack of fresh fruit available. We examined the menu and noted it would be very difficult for people to obtain five portions of fruit and vegetables as recommended in the government's Eat Well Guide. On the third day of our inspection, the chef informed us that this had been addressed and people now received fruit options on the drinks and snack rounds in the morning and afternoon.

We checked the dietary arrangements for those people who required a specialised diet. Pureed diets were fortified and blended individually. They were served in separate small bowls which improved their appearance. We noted that a separate menu was not available for people who required a soft or pureed diet to ensure they received a varied choice. The registered manager told us that this would be addressed with the contract caterer. People with a dementia related condition had access to snack boxes.

We checked the kitchen and found there were supplies of cream, butter, chocolate, cheese and eggs to fortify meals. On the third day of our inspection, there was a good supply of fresh fruit.

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 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.

The registered manager had submitted DoLS applications in line with legal requirements. There was a delay in the authorisation of applications which was due to external factors and was not due to any oversight by the provider. The registered manager told us that one person's application had been recently authorised.

We saw examples of mental capacity assessments and best interests decisions. These had been carried out for any specific decisions such as any restrictions on people's movements, including the use of bed rails.

## Is the service caring?

### Our findings

Due to the concerns identified during the inspection, we could not be assured that people received a high quality compassionate service. We have taken this issue into account when rating this key question. On the first and second day of the inspection, we found that staff were very busy. Some staff told us they would like to be able to spend more time with people to meet their emotional needs. However, due to staffing levels this was not always possible.

Most people and relatives told us that staff were caring. Comments included, "They are always really kind to [relative] and they are really kind to me," "Staff are kind and very patient," "This is a lovely home here. I love this home – everybody is nice. I couldn't complain about anyone" and "The majority are caring." One relative said, "The staff do try, but I feel the care has been better in the past, that's probably down to other things going on as some good staff have left." We spoke with a volunteer whose family member had lived at the home. They told us, "My [relative] was here and the care was over and above. They didn't just look after him – they loved him and that's why I wanted to give something back."

We observed positive interactions between staff and people. One person said to a staff member, "You're very good to me," The staff member replied, "Well you're nice to me." The staff member also said to this individual, "What a lovely smile, a smile a day makes the world go around." The person repeated this quote and smiled. Another staff member visited a person in their bedroom and said, "Hello beautiful." The person smiled and said, "We call each other beautiful." A third staff member told a person, "I'm pleased to see you - I've missed you." The person replied "and I've missed you."

It was one person's birthday. The chef made them a cake and staff and the registered manager came and sang happy birthday to them. The person was so pleased and thanked everyone. There was a lovely bouquet of flowers from the person's relative. Staff organised for a photograph to be taken to send to the relative so they knew the flowers and card had been received and appreciated.

On the third day of our inspection, we observed two staff having lunch with people. Throughout the afternoon, staff took opportunities to encourage people to eat chocolates and homemade cakes.

Staff told us how they always held people's needs in the forefront of everything they did. Comments included, "I love my job, I don't have to work here – I choose to," "I love my job, I get the best from the residents. It's all about what they want," "It's just the little things that we do for the residents which makes coming into work worthwhile" and "Everyone is absolutely lovely, we're like one big family."

Staff were aware of people's needs and could describe these to us. On the final day of the inspection as we were about to leave, we heard a member of staff tell a person, "Enjoy your apple pie and whiskey."

People and relatives told us that staff promoted people's privacy and dignity. One relative told us, "Privacy and dignity – they are good." We noticed that staff spoke with people in a respectful manner and knocked on people's doors before they entered. One person indicated that they needed to use the toilet and staff

discreetly supported them to the toilet. After lunch we heard a member of staff ask a person, "Can I wipe your mouth?" This showed that people's dignity was promoted.

## Is the service responsive?

### Our findings

Some people's care records contained omissions. This meant it was not clear whether care and treatment had been provided. We looked at people's food and fluid charts and noted the total amount of fluids taken was not recorded. Three people's fluid charts recorded that they sometimes consumed less than 500mls with one entry recording only 60mls. We spoke with the registered manager about this issue. She told us that none of the people had a clinical need for fluid balance charts. We noted however, that some people were totally dependent upon staff for assistance with nutrition and hydration and had complex medical needs. It was not clear therefore, when accurate fluid monitoring was required or what action staff would take when fluid levels were low.

One person required nutritional support via a PEG. We noted that staff had only documented the care of the PEG once between July and September. The care of the PEG tube and site is important to reduce the risk of any complications. We spoke with a member of nursing staff who told us that PEG care was carried out.

Information about catheter care was not always detailed. We read one person's care plan. The details of the size of catheter and when the catheter should be changed was not included. This omission meant there was a risk that the catheter may not be changed at the correct intervals which could lead to an increased risk of infection.

Another person was subject to section 117 of the Mental Health Act [MHA] 1983. Section 117 entitles people to free aftercare support such as accommodation and treatment. Section 117 only applies if people were previously detained in hospital under certain sections of the MHA. We noted their care plan contained little information about their behavioural support and triggers to indicate there was any relapse or deterioration in their condition.

Wound documentation was not always accurate or available. One person's wound care assessment had not been completed. A wound assessment enables staff to select the most appropriate wound management strategies to promote wound healing. They also provide a baseline for staff to monitor the wound and assess the effectiveness of the wound care strategies. Another person's care plan stated their dressings should be changed every three days. However, dressing changes were not always documented.

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

Following our inspection, the regional manager wrote to us and stated that the registered manager had carried out a review and update of people's care planning documentation where we had identified shortfalls and omissions. He informed us that the registered manager and deputy manager were carrying out a review of people's nutritional status and food and fluid charts would be commenced where there was an identified clinical need. He also stated that a review of all PEG documentation had been completed to ensure staff were following the correct policies and procedures.



Some people and relatives told us that more activities would be appreciated. On the first two days of our inspection, there was a lack of activities. The registered manager told us that both activity coordinators were off due to unforeseen circumstances. Staff explained that due to staffing levels they did not have time to spend talking with people.

On the third and fourth days of our inspection various activities were held. We visited people attending an art class. This was facilitated by a volunteer whose relative had previously resided at the home. They told us, "They looked after [relative] so well, I wanted to give something back." A bible reading session was also held. An 'Oomph' class was carried out. Oomph [Our Organisation Makes People Happy] is a fitness and music program consisting of group-based exercise classes. The Oomph trainer was a care worker from the home. There were some enthusiastic leg movements from one person to the song, 'Knees up Mother Brown.' We observed another person who was living with dementia moving their hands in exact time to the music and mouthing the words to the songs.

Staff explained the importance of animals and pets to people's emotional wellbeing. They said that pets were welcome. The administrator brought their dog into the home. People appreciated seeing the dog around the home. One person had their own cat and a 'Pets as Therapy' dog and his owner visited weekly. One member of staff said, "[Name of person] has the sparkly eyes when she sees Chester [PAT dog]." An animal handling experience company had recently visited and brought in various animals for people to look at, touch and hold. The home also had a pet rabbit. One person asked a staff member where the rabbit was. The staff member said, "Look, there they are on top of their hutch, I'll move you nearer so you can see."

There was a complaints procedure in place. We noted that complaints were recorded on the provider's computerised management system. We spoke with one person who told us they had raised a recent complaint about the standard of meals and about medicines management. There was no record of these complaints or what action had been taken to resolve the issues raised. One relative raised a complaint which we passed to the manager and also referred to the local authority's safeguarding team.

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

On the third day of our inspection, the registered manager showed us a communication book they had introduced to record any concerns raised and actions taken.

## Is the service well-led?

### Our findings

There was a registered manager in place. A deputy manager was in post to support the registered manager. However, at the time of the inspection she was not always supernumerary and had to carry out nursing shifts. During the inspection, we identified delays in seeking advice from health and social care professionals and shortfalls in the monitoring of certain people's medical conditions. We considered that due to the size of the service and the complexity of people's needs, there was insufficient clinical and managerial oversight to ensure people's needs were met safely, effectively and in timely manner.

A computerised auditing system was in place which looked at all aspects of the service. However, we identified shortfalls in many areas of the service including medicines and the maintenance of records relating to people, staff and the management of the service. In addition, the registered manager did not have a full overview of certain aspects of people's care such as wound management and weight loss.

A system to monitor safeguarding concerns and ensure these were notified to CQC was not fully in place. In addition, there were no details of the outcome of all safeguarding allegations and any lessons learned.

Some staff, relatives and health professionals considered that communication could be improved at the service. One relative said, "They need a good handover." We noted that a handover sheet was used during staff handovers. Comments were often vague such as 'settled day' or 'no concerns.' There were no details of people's clinical needs, any monitoring requirements, wound care or DoLS. The deputy manager told us that she had been looking at this issue and had put together a new proforma.

There was a complaints procedure in place. However, we noted that not all concerns and complaints were documented. It was not clear therefore what action was taken to resolve complaints and identify any changes in practice to ensure continuous improvement.

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

Following our inspection, the regional manager sent us an action plan detailing the actions they had taken/planned to take to address the shortfalls we identified. He also stated, 'The deputy manager has now been made full time supernumerary to better support the home manager.' We also spoke with the registered manager following our inspection. She explained that the service had been through a "dip" due to the sudden departure of several members of staff. She said that action had now been taken and new staff was due to commence imminently.

Whilst we were satisfied, that action had been taken/commenced to address the concerns we identified; this had only been instigated after we had highlighted the shortfalls.

We identified three breaches of the Health and Social the Health and Social Care Act 2008. We rated the service as requires improvement. This meant that systems were not in place to ensure compliance with the

regulations and good outcomes for people.

Most staff told us they were happy working at the service. Comments included, "It's a nice place to work," "I love this place. I feel supported – it's nice we all like each other " "We are all a happy bunch, we all help each other out" and "I just love it, I'm just so passionate about my job." Some staff told us that staffing levels sometimes affected morale.

Meetings were carried out for staff, people and relatives to obtain their feedback and involve them in the running of the service. Heads of department meetings, known as 'Flash meetings' were held daily. Staff from the kitchen, housekeeping, maintenance and care attended. Any issues that were important for the day ahead were discussed.

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
Treatment of disease, disorder or injury	Care and treatment was not always provided safely. Medicines were not always managed safely. The premises electrical installations were unsatisfactory. The risks to people's health had not always been assessed and action taken to mitigate these risks. Regulation 12 (1)(2)(a)(b)(d)(f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were insufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. There was a lack of evidence of the clinical skills and competencies of nursing staff. Regulation 18 (1)(2)(a).

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
Treatment of disease, disorder or injury	An effective system was not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. In addition, accurate records were not always maintained in relation to people, staff and the management of the service. Systems were not fully in place to evidence that people's feedback was acted upon. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).

### **The enforcement action we took:**

We issued a warning notice