

Sanctuary Care Limited

Upton Dene Residential and Nursing Home

Inspection report

Caldecott Close
Chester
Cheshire
CH2 1FD

Tel: 01244569825
Website: www.sanctuary-care.co.uk/care-homes-north/upton-dene-residential-and-nursing-home

Date of inspection visit:
14 September 2016
15 September 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 14 and 15 September 2016 and was unannounced on the first day.

Upton Dene residential and nursing home provides a range of support options including residential care, dementia care, nursing care, palliative care and respite care. It is a new and purpose built home registered in December 2015. The service has 74 bedrooms all with ensuite facilities. At the time of our inspection there were 46 people living at the service.

We were informed during our visit that the registered manager was leaving the service. 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. The service had an interim manager in place whilst recruitment for a new registered manager is undertaken.

The service had not been previously inspected by Care Quality Commission. We carried out this inspection following concerns that had been raised in regards to the safety and effectiveness of the support provided at the service.

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

People told us they received their medication at their preferred times. However, we found that the management of medicines was not safe. Concerns with administration had not been identified or highlighted by the staff. Records relating to medicines were not accurate and were not kept up to date. Care plans for PRN (as required) medication were not always in place for staff guidance. Medication stock checks were not always accurate and completed in line with the registered providers own policy and procedures. This meant that people were not protected from the risks associated with unsafe practice in regards to medicines. We asked the registered provider to provide us with an action plan within 12 hours of our visit addressing the immediate risks regarding the poor practice and unsafe management of medicines which we had identified.

The management team were currently implementing regular supervision and appraisal for all staff. However, the registered provider had not taken the appropriate steps to ensure that staff who looked after people had received the appropriate competency assessments and training required for their role and responsibilities.

Staff understood the needs of the people they cared for. Records on the residential unit and the unit for those living with dementia evidenced people's preferences for support. This helped staff to deliver person

centred care. However, care plans and supporting documentation on the nursing unit did not always accurately reflect the current care needs of those people to whom support was provided. Care plans were 'task orientated'. This meant that there was a risk that staff less familiar with the person they would not be able to deliver care required.

Quality assurance systems in place were not effectively used to assess and identify the improvements needed to ensure the quality and safety of the care provided. Issues we raised during our inspection relating to care planning and the safe management of medicines had not been identified or fully addressed through the registered provider's quality assurance processes.

The service was clean and checks of the environment and equipment were completed. However, records showed that these had not always been completed in line with the registered providers own timescales. Actions had been taken by the registered provider to address this.

People told us they felt safe living at the service. Staff understood how to identify abuse and were aware of the action to take if abuse was suspected or reported. We saw safeguarding procedures had been followed when incidents had occurred.

The service provided support for people who are living with dementia. We found that the environment was dementia friendly and adaptations had been made to aid and support people with wayfinding. The overall décor, colour schemes of the flooring, walls and accessories such as curtains had been carefully considered and created a warm, calm and welcoming environment across the service.

People were complimentary about the food and told us that they enjoyed the options that were available. People were given the option of having a second helping of food if they still felt hungry and alternatives were sourced if they did not like the choice of meal presented. Staff offered appropriate support where people required assistance with eating.

Staff were caring and treated people with kindness and respect. People and their family members were happy with the overall care that they had received. Observations showed that staff were mindful of people's privacy and dignity and encouraged people to maintain their independence. Consent was sought by staff prior to support being undertaken. Staff understood the principles of the Mental Capacity Act (2005) and how this would be applied to their work.

People told us that they would feel confident in making a complaint, and felt their concerns would be addressed. The registered provider had received a number of complaints and records showed that these had been appropriately addressed. People and their family members had written 'thank you' cards in response to the quality of the service they received.

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 safe

The management of medicines was not safe or effectively managed at the service.

Risk management plans and assessments were in place. Checks on pressure relieving equipment were not recorded.

There was a lack of suitable and competent staff on shift at the service.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

People were cared for by staff who had not always received appropriate competency assessments and training to undertake their role.

People were appropriately referred to specialist healthcare professionals when needed.

Staff understood the importance of seeking consent from people prior to support being delivered.

Is the service caring?

Good ●

The service was caring

People and their relatives told us and we observed that staff were kind and caring in their approach.

People's dignity and privacy were respected at all times. Staff understood the importance of promoting peoples independence.

People were provided with good information about the service they could expect to receive from the registered provider.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

Care plans on the nursing unit were task orientated. Plans did not always accurately reflect the care and support that people required.

People were supported with hobbies and interests as outlined in their plan of care.

People and their relatives knew how to complain and were confident their complaints would be resolved.

Is the service well-led?

The service was not well led

The registered provider had a quality assurance system in place at the service but this was not used effectively.

People's opinions and views were valued. The registered provider undertook regular surveys to review the service they provided.

The registered provider had a number of key policies and processes in place to enable staff to work with current legislation and best practice.

Requires Improvement 

Upton Dene Residential and 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 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 visited the service on the 14 and 15 September 2016. Our inspection was unannounced on the first day and the inspection team consisted of two adult social care inspectors. On the second day of our visit a pharmacy specialist inspector attended the inspection.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding. Concerns had been raised regarding the safety and effectiveness of the service.

We contacted local commissioners of the service and the local authority safeguarding team to obtain their views. We were informed that there had been a recent change in management at the service and some improvements had started to be progressed. Health watch who had previously visited the service in June 2016 raised no concerns about the service. Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

As part of the inspection we spoke with eleven of the people living in the service, four family members and visitors and six staff. We also spent time with the regional project manager and deputy manager. We reviewed a number of documents at the service. We looked at seven people's care records, medication records, training information and quality assurance processes in relation to the running of the service.

We observed staff supporting people throughout the day. We used the Short Observational Framework for

Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas and staff interaction with people during a mealtime.

Is the service safe?

Our findings

People who lived at the service told us that they felt safe. Comments included, "I like it here, I feel very safe in my room" and "I feel safe here and the home is well equipped to meet my needs" Family members told us, "There can sometimes be a slight delay in call bells being answered, but staff do come to see [my relative] as quickly as they can" and "I know [my relative] is safe when I leave here. The staff are very good and let us know if anything has happened or is wrong straight away".

The service supported people with their medication. One person told us "My medication is given to me at my preferred times. They organise all the reordering for me, it works really well". Medication was administered by senior care staff or nurses at the service. The registered provider had a robust policy and procedure in place and staff had access to relevant codes of practice relating to the safe management of medicines. However, during our inspection we found a number of concerns relating to the management of medicines.

Records showed that between June 2016 and September 2016 fifteen safeguarding alerts were raised by the service with the local authority relating to the management and administration of medicines. Concerns raised included medicines omissions, duplicate doses of medicines given and medicines that had been administered to the wrong people. An example we saw was where one person had not received their medication for a period of 5 days due to an error in the ordering of medication. This had not been identified by staff who were responsible for the administration of medicines. This meant that people were placed at unnecessary risk of harm due to poor practice in relation to the management of medicines.

Where people had a plan of care regarding the management of pressure ulcers, catheter care or the use of enemas the MAR chart did not always outline the correct equipment or medicines that were required to be used. An example of this was where gel and dressings required for the treatment of a pressure ulcer were not recorded on the MAR chart. Staff practice in relation to the changing of a pressure ulcer dressing for one person's was not completed in line with the instructions recorded on the MAR chart. The MAR chart stated that this should be completed on a daily basis, however records showed that the dressing had been changed a total of eight times over a fifteen day period. Nursing staff told us that the pressure ulcer was redressed when the dressing came off and this can be due to position changes or after the provision of personal care. This was poor practice.

Records showed a number of signature gaps in the medication administration recording sheet (MAR) and other records such as the warfarin administration records. Records had not always been completed as required. Where staff had signed the MAR sheet to confirm that medication had been administered, we found a number of medications that had not been removed from the blister pack. A blister pack is a preformed plastic packaging used to store medication in. The registered provider had an audit system in place for identifying and investigating any gaps on MAR charts to ensure administration documentation was clear. However this was not being completed. This meant that staff could not be confident people received all of their medication as prescribed and staff practice was poor. The health of people living in the home is placed at unnecessary risk of harm when medicines records are inaccurate.

Some medicines were stored in the fridge. Records showed that medication fridge temperatures on one unit had last been recorded on the 22 August 2016 and there were a number of gaps in recording on another unit. This was not in line with the registered providers policy and procedural guidance which stated that medicine fridge temperature checks should be completed on a daily basis.

Some people had "as required medication" (PRN). We found that where PRN medication was prescribed not all people had a PRN care plan in place. Those care plans that were in place contained limited information to support the safe administration of PRN medicines. There was no clear guidance for staff as to when, why and how much of these medicines should be given. We noted that for three people living at the service there were no records in place to confirm that the GP had been consulted about how the PRN medication should be administered. This meant that there was a risk that a person could be administered more medication than was deemed safe and new or inexperienced staff may not have had enough information about how this person liked to take their medicines.

Medication stock checks had been completed at the service. However, we reviewed records and medication stock at the service and found a number of inconsistencies. We found that stock quantities in the medicines trolley did not always match the signed for doses on the MAR charts. The recording of stock levels on MARs were not always completed or accurately recorded in line with the registered providers own policy and procedures. This meant that the registered person would not be able to identify if people had received their medicines as prescribed.

The registered provider's Medication- Care and Support Procedure had been updated in June 2016 and a total of 25 changes had been made. Staff responsible for administering medication were required to re-read and sign the procedure to ensure they had up to date knowledge relating to the management of medicines. The regional project manager and deputy manager were unable to provide documentation to confirm staff administering medicines had read and understood the updates to this policy.

We told the provider about our concerns on the day of our inspection and they submitted an action plan following our inspection which outlined what steps they would take to immediately address concerns we raised.

This was a breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) because the registered provider failed to have a proper and safe system in place for the management of medicines.

We saw that the storage for controlled drugs (CD's) were in line with legal requirements. Staff had a good understanding of people's individual preferred methods to have their medication and we saw that people had their medication at different times throughout the day.

People's needs were assessed and where risks had been identified there was a risk management plan in place. Assessments included risks associated with pressure care, skin integrity, nutrition and hydration and falls. Four people's care plans identified that they were at risk of pressure damage due to poor mobility, skin integrity and health needs. People had the required equipment in place and some were supported on pressure relieving mattresses. Our observations confirmed that people were being repositioned as required.

However, we found that one person's pressure mattress was set at an incorrect pressure level according to their recorded weight. We spoke with the staff on duty who immediately corrected the pressure setting on the mattress. There was no documentation in place to indicate to staff the correct pressure settings that were required on the mattresses. Staff confirmed that checks were completed to ensure that mattresses

were working properly but this was not recorded at the service. This meant that people were at further risk of developing pressure ulcers if the settings were incorrect or faults were not identified and corrected quickly.

People told us, "Staff always use the hoist to transfer me from my bed to the chair. They are very reassuring with me when this happens, they tell me everything that is happening step by step". Staff had a good knowledge of people's individual support needs and care plans contained information regarding the equipment that was required to support people with moving and handling. Comments such as 'full hoist with yellow sling to be used for transferring [name]' were recorded in care plans. However, where changes in equipment had occurred through a review of care needs, we noted that care plans had not always been updated to ensure staff were provided with accurate information on how to safely support people. This meant that people were at risk of receiving care and support that was not appropriate to meet their needs if staff who were not familiar with their care such as agency staff were at the service. We raised this with the regional project manager who informed us that records would be reviewed and updated following our visit.

Prior to our inspection we had received concerns that the service was at times operating short staffed. We observed during our visit that there were enough staff on duty to meet people's needs. However, a number of staff were still in the induction phase of their employment and shadowing more experienced staff on duty. We raised concerns with the regional project manager and deputy manager regarding safe levels of suitably trained and competent staff at the service. Following our inspection the registered provider shared staff rotas which confirmed that suitable levels of trained and competent staff were now in place at the service until the end of October 2016. The registered provider had a process in place to deal with situations of short notice sickness occurring and a senior member of the team was able to be contacted and would attend the service for additional support if required.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and a record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

We viewed accident and incident reports and these were recorded appropriately and were reported through the provider's quality assurance system. Each accident or incident that occurred was reviewed and a post incident analysis was completed. This enabled the service to identify any risks and trends and to help minimise the risk of an incident occurring again.

Records relating to the safety and maintenance of the service were up to date. Equipment used at the service such as hoists and bath chairs had been tested to ensure their safety and safety checks on gas and electrical equipment were conducted by external specialists. The service had contingency plans in place to deal with emergencies such as a fire, flood, gas leak and loss of power to the home. Personal emergency evacuation plans (PEEPS) were in place for each person living at the service. PEEPS identify what support individuals would require in the event of an evacuation. Staff knew where and how to access these documents in the event of an emergency.

A Legionella risk assessment had been completed and was up to date and in place at the service. Records for 'weekly flushing' identified that this had not always been completed in line with the registered providers own timescales. Dates recorded showed that monthly checks had been carried out. However, where checks had occurred there was information recorded to confirm the outcome of any checks and any actions required to be taken, by when and by whom.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked to ensure they were effective. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection.

Is the service effective?

Our findings

People living at the service told us that they could always ask if they wanted the GP to come and visit them. Comments included, "My privacy is respected by staff if I want to speak to the Doctor on my own". Some people felt that access to health professionals could be made more quickly. One person told us, "I am a bit disappointed that I have not seen a physiotherapist yet as I need this support so I can go home".

The registered manager had recently left the service. The regional project manager and deputy manager told us that a piece of work was underway to ensure that all staff received regular supervision, training and support within their roles. Records confirmed that supervisions had commenced in June 2016 and discussions had been held regarding staff roles, responsibilities and any training and support required. Staff confirmed that they had not always received regular supervisions whilst working at the service, but felt confident to speak to someone if they had a problem or were not sure of something to do with their role.

We raised concerns with the registered provider regarding staff competency and training in the management of medicines. The registered provider had reported 15 medication errors that had occurred at the service since May 2016 to the local authority. We checked staff training and competence records. We found where staff had made medicines errors there was no documentation to demonstrate their competence to administer medicines had been re-assessed. This meant assurance about staff competence and capability to administer medicines could not be provided.

A comprehensive programme of training was provided to ensure that staff were supported to gain the skills they required to be effective in their roles. The registered provider's policy and procedure stated that essential training in areas such as safeguarding, health and safety, infection control and dementia were to be undertaken by staff within the first six weeks of starting employment at the service. However, staff confirmed that training had not always been accessed within this timescale. Two staff we spoke with confirmed that they had not received an induction to the service when they first started, but new staff commencing work now had to attend a formal induction. The training matrix identified a 79% compliance with this essential training. The regional project manager and records confirmed that all training had been reviewed and where people had not attended training this had now been allocated for attendance.

Staff were knowledgeable about the care and support people needed. They were able to explain their responsibilities for monitoring people's care, for example people's weight and emotional wellbeing. Staff explained how they would report any concerns they had about a person's health or wellbeing. Appropriate referrals for people were made to other health and social care services. For example staff had noted a change in a person's continence needs and had arranged for a re-assessment to be completed with the continence nurse. Staff had identified people who required specialist input from external health care services, such as speech and language therapists and where appropriate staff obtained advice and support. We saw that people had a care plan for their identified healthcare needs.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered provider had a policy and procedure in place to support the implementation of the principles of the MCA and DoLS. The staff training matrix showed that the majority of staff at the service had completed MCA and DoLS training. The regional project manager confirmed that there was an ongoing training programme which ensured that any new staff would access this training as part of their induction process.

The regional project manager, deputy manager and staff had a good understanding of the key principles of the MCA. People told us that staff always asked for consent prior to providing care and care plans clearly outlined this practice. Where people were not able to verbally consent, staff described how they would understand implied consent through actions or behaviours displayed by a person. Observations confirmed that staff always sought consent from people prior to supporting them with any care and support needs.

The provider had clear assessment and recording systems in place for when people were not able to make decisions about their care or support. Staff followed these by consulting with relatives and professionals (where appropriate) and documenting decisions taken, including why they were in the person's best interests. Where residents were given medicines covertly (in food or drink without their knowledge) a mental capacity assessment and a best interest's decision meeting had been held that included relatives and a representative from the local safeguarding team. This meant that where people were unable to make complex decisions for themselves, any decisions made were in their best interest in line with legislation. We noted that on some MCA assessment records the specific decision to be taken had not always been clearly recorded. The regional project manager ensured that records would be updated and in the future clearly outline the specific decision to be taken.

Applications had been made to the local authority on behalf of eight people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations. There was a mental capacity assessment in place that considered the deprivation/restriction proposed. The regional project manager informed us that they were waiting for assessments to be completed by the Local Authority.

People's nutritional and hydration needs were met well. People told us, "The food is very nice here, they do a nice selection and I would recommend it" and "The food is as good as in any restaurant and better than most". We observed a pleasant lunchtime experience for people; they were relaxed, happy, chatting and singing with staff and each other. Tables were set with appropriate equipment and condiments were available for people to use. Staff provided clear explanations to people when needed and visual choices where appropriate. Choices and preferences were listened to and if someone wished to have an alternative meal this was provided.

The environment at the service was well designed. On the first floor dementia service, adaptations had been considered to ensure that the environment was dementia friendly. Clear signage was in place which used both pictures and words to help aid the orientation of people living at the service with dementia. Items of interaction and stimulus were placed in the environment for people to access at their leisure and these were also used to support reminiscence. Items such as pictures of local areas and favourite pastimes of people supported created an opportunity for conversation and interaction with others. Memory boxes were in place outside each person's bedroom to assist with wayfinding and were personalised by people as they chose. The décor, colour schemes of the flooring, walls and accessories such as curtains had been carefully

considered and created a warm, calm and welcoming environment. This meant that the risk of increased confusion, distress and loss of independence had been reduced as the environment had been adapted to cater for people's diagnosis of dementia.

Is the service caring?

Our findings

People who lived in the service told us they were happy with the overall service they received, but there could still be further improvements made. They told us, "It's excellent here, I am treated well and it couldn't be better and they couldn't improve on it" and "It's pleasant enough here, I am happy although it will never be as good as being at home".

People told us, "The staff are lovely, they are patient and kind, what more could you ask for" and "The staff are very nice, very kind and very helpful". One person commented that there had been improvements recently with the staffing and described previous staff support as "Variable" with some "Who didn't know what they were doing". Another person stated that on occasions they had rung the call bell to ask for a cup of tea and some staff made them one but others didn't.

Interactions we observed between the staff and people who used the service were timely, positive and relaxed. People confirmed they were treated with dignity and respect. Staff were respectful of people's choices and decisions and understood the importance of ensuring people's privacy was respected. Throughout the day we observed staff knocking on bedroom doors prior to entering to ensure people had privacy. One person told us, "They always help me to keep covered up with a towel when they are supporting me with my personal care, that is very important to me" and "They always close the door and the curtains before helping me with anything, and they always give me time alone if I need it". Staff were confident in describing how they protected people's dignity as far as possible in the way that they carried out personal care and support.

One person told us, "The staff know my routine for the day and they help me with some things, but they know I can still do a lot of things for myself. It's important for me to still have that sense of independence, they understand that". Another person commented, "I am always supported in my own time. I never feel rushed, I have the time I need to do as much for myself as possible". Observations and discussions with staff showed that they understood the importance of promoting people's independence at all times possible and they gave clear examples of how they would encourage people to be independent. This included helping people to do as much for themselves as possible, such as making choices about clothing, meals, how they wanted to spend their time and who with.

Staff were able to describe people's preferences in relation to their routines, likes and dislikes and activities they wished to engage in or be supported with. During our inspection we saw that staff sought and acted on people's views and preferences. For example, one person preferred to eat their meal in their own bedroom at lunchtime and another person wanted to sit with other people in the dining room. This showed that staff understood and were respectful of people's right to choice in how they were supported.

People's wishes for the end of their lives (where appropriate) was recorded in their care plans and gave guidance for staff so that people's wishes could be followed.

The registered provider had received a number of thank you letters and cards and these reflected that staff

had treated people with kindness and concern for their wellbeing.

People who used the service had been provided with a 'resident information guide' which outlined information about the service and standards they should expect from the registered provider. The guide included details about the registered provider and their values of care and other key pieces of information such as how to make a complaint, confidentiality and maintaining people's safety and security.

People's confidentiality was maintained. Records containing personal details were stored securely in a locked office.

Visitors told us they were always welcomed at the service and offered refreshments. There were a number of quiet private spaces where people and their visitors could go to enable them to have conversations without being overheard.

Is the service responsive?

Our findings

People told us that they received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Comments included, "If I need anything I can just let them know" and "They are very good as I have recently had surgery and they make sure I have everything I need".

Prior to any support being delivered, an initial assessment of need was completed with each person and/or their relevant others. This information was used to form the basis of care plans for staff to follow in order to deliver the support a person required. Information gathered included people's specific health and support needs, preferred method of communication and/or any difficulties in this area and mobility support needs. However, we looked at initial assessment records for four people living at the service and found that they were not always completed in full or signed and dated. Questions such as 'current pressure risk/relieving aids in use', 'mobility and dexterity summary assessment' and 'expressing sexuality' had no information recorded next to them. This meant that people living at the service could be at risk of not receiving the correct care because the pre-assessment checks had not been completed appropriately.

Care plans contained varying levels of information about people's history, their likes, dislikes, routines and how they preferred their care and support to be given. We found that care plans for people who lived on the nursing unit did not reflect a personalised approach to care; plans focused on health and nursing care needs rather than the individual person. Plans were task orientated with statements such as '[name] is dependent on carers for all moving and handling tasks' and 'create a safe environment which will help to increase physical activity' and '[name] is dependent on two carers for personal care to their lower body and back' recorded. We saw limited information recorded as to how staff would promote a person's independence and choice and plans were not always descriptive about how people's needs should be met

Care plans on all units were reviewed on a regular basis, but we found that they had not always been updated to reflect changing needs of people. An example of this was where a person had received a new style of sitting chair and wheelchair to aid with their mobility, but their care plan still referred to the use of old equipment to meet their needs. Staff were able to tell us what care and support people required, but there was a risk that if staff did not know the person well they would not be able to provide safe and effective care. We were informed following our inspection that care plans would be reviewed and updated at the service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered provider had failed to ensure that accurate, personalised and contemporaneous records were held in respect of each person. Records had not always been signed and dated as required.

We saw that supplementary charts used to record fluid intake for people clearly identified the amount of fluid that people required and had drank. Comments such as '330mls of tea taken' or '200mls of lemon juice' were recorded by staff on a daily basis. Supplementary charts were totalled each day to provide a clear overview of how much people had drank during the staff visit. This meant people were adequately protected

from the risks of dehydration.

Care plans for people living on the residential and dementia units were person centred and highlighted how people could be involved in their care and support. Statements such as, '[name] likes to be asked if you can help them with their personal care, they will push you away if they don't want help' and 'Don't overwhelm [name] with too many questions. Make sure you take your time, so that [name] has time to respond with their decision' were recorded in care plans. People's preferences were included in care plans for example their preferred times for getting up or going to bed, and preferred food choices. Care plans showed that people and their relatives had been consulted about how they wished to be supported. Monitoring records were in place for people as needed for example those at risk of falls, pressure ulcers or dehydration and completed in detail. The service used the 'Abbey pain scale' to enable staff to effectively assess and monitor people's requirements for pain relief. The abbey pain scale is a tool designed to assist in the assessment of pain for people who are unable to articulate their needs.

During our visit we saw a number of activities taking place at the service which included a singing entertainer, a movement and exercise group and a cinema afternoon. All of these events were well attended by people who lived at the service. They told us, "I join in all of the activities, we had a singsong today which was lovely" and "The activities coordinator is very good. There is always lots of things you can join in with here. They always let us know what is going on. I'm never bored". We noted that staff were respectful of people's choice not to participate in group activities. One person told us, "I don't join in with the big activities through my own choice. However, I do like to have a chat and a cup of tea when it's a bit quieter". Through a review of care plans we saw information relating to meeting people's activity and social needs recorded on an activity log. Comments such as, '[name] made shortbread biscuits today and we had a lovely chat' and '[name] enjoyed the knitting circle and played dominoes this afternoon' and '[name] came to the gentleman's coffee morning today and enjoyed a recital another resident gave' were recorded.

People told us, if they had any concerns or complaints, they would speak with the manager, staff or their relatives. Family members confirmed they would be confident in raising any concerns they had directly with the management team. One person described how they had concerns regarding staffing levels, so they had reported it and action was being taken. The provider's complaints policy and procedure was made available in the service and information about how to make a complaint was included in the 'resident information guide'. A copy of the guide was provided to people when they started using the service for their review and reference. Records showed that complaints received had been investigated in line with the registered provider's policy.

Is the service well-led?

Our findings

Some people who used the service told us that they knew who the regional project manager and deputy manager were and others were not sure. One person commented, "I doesn't bother me really, I know I can speak to the staff if I need anything". Family members told us, "The staff are great, but we have had concerns over the leadership here. Communication hasn't always been the best".

The service has a registered manager in post and she has been at the service since December 2015. We were informed during our visit that the current registered manager was leaving the service in September 2016. An interim manager had been introduced to take over the day to day running and management of the service whilst recruitment of a new registered manager would be taking place.

The registered provider had a range of quality assurance systems in place to assess and monitor the service. The registered manager and named leads within the service were responsible for the day to day audits / checks including reviewing accidents and incidents, care plans and medication. However, we found that the staff did not use these effectively, to highlight address and resolve concerns. Our inspection found issues that had not been identified by the audits carried out. For example, the medication audits for July and August 2016 had recorded that medication stock counts had been recorded accurately on the MARS sheets. In addition, the audit stated that PRN care plans/protocols were in place for all people as required and information included dose to be given and specific symptoms to recognise. This was not reflective of our inspection findings. This meant that there had been a lack of accountability and oversight by the registered manager and the registered provider to ensure the quality and safety of the service provided to people.

Monthly audits completed in July and August 2016 identified gaps in care plan information such as 'no personal history in place' or 'no review of MCA care plan completed'. We found that no action plans had been put in place to demonstrate what improvements were required, a time scale for remedial action to be completed or to acknowledge when information had been updated. Care planning audits had not identified people's care records were not always accurate in reflecting the care being provided. Records had not always been signed and dated to show that the nurse or senior carer had audited and reviewed the information recorded. This meant that people may have been at risk of receiving care and support that was not appropriate to their needs as recorded information had not been analysed and reviewed effectively.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care.

Customer feedback forms were used to ask people for their views and opinions of the service. The majority of comments received were positive about the service. People said, "I feel a lot better in myself now. Thank you for your help through a very complex care service" and "I am now able to ask for help with confidence. The service I have received from you has been very good". The registered provider had started to recognise the importance of this feedback and used it to further develop and improve the service provided to people. We noted that people had expressed their views in relation to the improvements in communication and

staffing at the service following their feedback.

Prior to the inspection, we reviewed the statutory notifications that the registered provider had submitted to the CQC. Notifications enable CQC to monitor any events that affect the health, safety and welfare of people who use the service. The registered manager had not always notified CQC and other relevant agencies of incidents that had occurred at the service. The deputy manager had completed a piece of work to ensure that any outstanding notifications were submitted retrospectively to ensure transparency from the registered provider. Following the findings from our inspection we requested that the registered provider notifies CQC of all medication errors/omissions that occur at the service for our review and records.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with access to a staff handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available online and in the main office which ensured that staff had access to relevant guidance when required.

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 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The register provider did effectively use systems and processes in place to assess, monitor and improve the quality and safety of care. People were at risk of receiving care and support that was not suited to their needs as care plans did not contain personalised, up to date and accurate information. 17(1)(2)(a)(b)(c)(f) |

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 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The management of medicines was unsafe. The registered provider failed to ensure there was an effective system in place to identify and manage the risks relating to the safe management of medicines. 12(1)(2)(b)(c)(f)(g) |

The enforcement action we took:

We issued a warning notice and told the registered provider to be compliant by 15 December 2016.