

AUM Care Limited

Marlowe House

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

Marlowe House provides accommodation for up to 20 older people who required a range of personal and care support. Some people lived independent lives but required support for example with personal care and mobilising safely. People were able to stay at the home for short periods of time on respite care or can choose to live at the home permanently. Staff provided end of life care with support from the community health care professionals but usually cared for people who needed prompting and minimal personal care support. At the time of the inspection 10 people lived at Marlowe House.

People spoke well of the home and told us they were happy living there. There is a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 17 and 18 August 2015.

The provider had not ensured the home had been properly maintained it did not ensure people's safety or enhance their well-being. Servicing contracts were not in place for electrical and gas services. There were no environmental audits to identify where maintenance was required. Individual and environmental risk assessments to maintain people's health, safety and well-being were not in place for everyone and therefore placed people at risk.

There were no quality assurance systems in place. Therefore the provider had not identified the shortfalls we found. Risks to people's safety, the management and quality of the home had not been identified. People and staff were not given the information they needed and there was a lack of communication and involvement from the provider regarding issues that affected their lives and work.

The provider had not responded to people's feedback when they had identified areas for improvement. People had identified they would like to have an outside seating area however this had not been addressed.

During the inspection medicines were managed appropriately and people received the medicines they had been prescribed. However, staff told us about practices that may not be safe. We recommend the provider should take into account the National Institute for Health and Care Excellence (NICE) guidance 2014, Managing medicines in care homes.

Although there were enough staff on duty to look after people there was a reliance on staff covering each other's roles and there was no flexibility in the staffing rota. Recruitment procedures were not in place to ensure staff employed were of good character.

Staff did not receive the appropriate training they required to meet people's needs. They had not received recent training in relation to safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Therefore staff did not fully understand their responsibilities in relation to these areas.

People were looked after by staff who knew them well, were kind and caring. However, care plans were not updated to reflect people's current needs and there no evidence people had been involved in developing their care plans.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences. People had access to appropriate healthcare professional and staff told us how they would contact the GP if they had concerns about people's health.

The overall rating for this provider is 'Inadequate'.

This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action.

There were a number of breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Marlowe House was not consistently safe.

The provider had not ensured the home had been properly maintained it did not ensure people's safety or enhance their well-being.

Risks were not always safely managed. Individual risk assessments to maintain people's health, safety and well-being were not in place for everyone and therefore placed people at risk.

There were enough staff on duty to look after people, however there was a reliance on staff covering each other's roles. We identified this as an area that needs to be improved.

Effective recruitment procedures were not in place.

Staff were not fully aware of their responsibilities to safeguard people from abuse.

During the inspection medicines were managed appropriately and people received the medicines they had been prescribed. However, staff told us about practices that may not be safe. We recommend the provider should take into account the National Institute for Health and Care Excellence (NICE) guidance 2014, Managing medicines in care homes.

Inadequate



Is the service effective?

Marlowe House was not consistently effective.

Staff did not receive the appropriate training they required to meet people's needs.

Staff did not fully understand their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

People were supported to maintain good health and had access to on-going healthcare support.

Requires improvement



Is the service caring?

Marlowe House was caring.

People were treated with the respect they deserved.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them.

Everyone was very positive about the care provided by staff.

Good



Summary of findings

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Marlowe House was not consistently responsive.

Staff knew people well but care plans did not always show the most up-to-date information on people's needs and choices.

There was a complaints policy in place but this did not contain all the information people needed to make a complaint.

The provider did not support people to maintain their independence or involvement in the community.

Requires improvement



Is the service well-led?

Marlowe House was not well led.

The provider did not demonstrate an understanding of the principles of good quality assurance.

There was no business plan in place to drive and develop the home

Staff felt supported by the registered manager.

Inadequate



Marlowe House

Detailed findings

Background to this inspection

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

This was an unannounced inspection on 17 and 18 August 2015. It was undertaken by an inspector 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.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people who contacted the commission. We looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff files including staff recruitment,

training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with 10 people who lived at the home, and seven staff members including the registered manager and a visiting healthcare professional. Following the inspection we spoke with the provider and two healthcare professionals.

We met with people who lived at Marlowe House and observed the care which was delivered in communal areas to get a view of the care and support provided across all areas. This included the lunchtime meals. The inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Marlowe House was last inspected in October 2013 and we did not identify any concerns.

Is the service safe?

Our findings

The provider had not ensured the home had been properly maintained and did not ensure people's safety or enhance their well-being. The provider did not have a schedule in place to ensure maintenance tasks were completed when required.

We looked at the maintenance and servicing records for the home. There was a gas boiler in the manager's office on the first floor of the home. The provider could not provide any evidence of any service having taken place. There was an electrical inspection certificate dated October 2007, this was valid for five years however no further servicing had taken place. There was an oil boiler which had been serviced in May 2011, this was valid for one year but we could not find any evidence further servicing had been carried out. There was no evidence of any legionella risk assessment having taken place. Water temperature were recorded when people had baths however this did not include all taps at the home. There was a stair lift at the home. We saw this had been upgraded in July 2014 but there was no evidence of any servicing having taken place and a bath hoist had last been serviced in 2013. A fire risk assessment had been carried out in 2012 but no further risk assessments had taken place. The registered manager said she had previously told the provider this maintenance and servicing was required. We spoke with the provider who told us some servicing had taken place for example the oil boiler however he did not have the certificates for this. He told us he would send us copies but we had not received them at the time of writing this report. This meant the boiler may be unsafe and more likely to break down as it had not been serviced.

There was a covered smoking area to the side of the building at the front. The paving was cracked and uneven and presented a trip hazard to people who used the area. To the side of the building we saw the garden had been divided into two areas with a fence. The front part of the garden was overgrown and unkempt. We were told the provider was planning to build an extension to the home. The ground work had commenced 18 months previously when the garden had been divided but no further works had taken place. Staff told us the rear part of the garden was inaccessible to people as it was not safe. The ground was uneven and there was a tree stump which could cause a trip hazard in addition to the area being poorly

maintained. There was a shed and we could see through the window this was used for storing mattresses. Staff told us the equipment in the shed was for disposal and would not be used in the home.

We looked in ten people's bedrooms and saw there were no window restrictors in place in six bedrooms and the window restrictors were broken and unusable in the other three bedrooms. There were no risk assessments in place to demonstrate window restrictors were not required. This meant that people's safety and security had not been maintained.

In one person's bedroom the window handle was broken and the window could not be securely closed. Ground floor windows were open and the home could be accessed from the outside as the garden was not secure. People who lived on the first floor could be at risk of falling from an open window.

The provider had not ensured the home was properly maintained and suitable for the purpose for which it was being used. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw regular portable appliance testing, emergency lighting and fire alarm tests took place. Personal emergency evacuation plans were in place. These are to ensure staff and emergency services are aware of people's individual needs and the assistance required in event of an emergency evacuation.

Care plans did not include all the information about people's care needs. Risk assessments did not provide appropriate guidance and did not reflect all the identified risks. Assessments identified some people were at risk of developing pressure sores. There was guidance for staff to 'observe' but no information about when or how this should be done. There was no information about how to prevent pressure sores developing or what actions staff should take if they were concerned. Skin integrity care plans informed staff if people required topical medicines such as a cream these were to be applied. However, there were no body maps or further guidance to inform staff where the creams needed to be applied. Staff told us they were informed in handover who needed what cream but there was no guidance in place to ensure consistency.

Some people smoked and although we saw people smoked outside the home information in one person's care

Is the service safe?

plan demonstrated they had on an occasion smoked in their bedroom. There was no risk assessment in place to identify if this person was able to manage their own cigarettes safely or what actions staff should take if this person continued to smoke in the home. If staff are not aware of the risks associated with this person or what actions to take to minimise the risks this could leave them and other people at risk of harm or injury.

There were no environmental risk assessments to identify other areas of the home that were unsafe or may leave people at risk of harm or injury. For example one bedroom on the first floor was used to store mattresses, bed frames, walking aids and chairs that were currently not in use. This room was not locked and people could enter if they chose to. There was no risk assessment to demonstrate it was safe to leave the door unlocked. This could present a hazard to people if they entered the room.

The medical information for one person informed staff they were allowed only a specific amount of fluid to drink each day. Information in the care plan informed staff of a different amount of fluid and documentation from within the additional information notes included details of when this person had consumed extra fluids. There were no risk assessments or guidance for staff to ensure a consistent approach to supporting this person.

Falls risk assessments showed if people were at risk of falls. When people fell there was information about what actions had been taken and if the person had sustained an injury. However there was no information about what had been done to prevent a reoccurrence. For example one person's care plan informed staff to, 'monitor closely and report concerns'. Care plans did not contain appropriate guidance to keep people safe. This could leave them at risk of harm or injury.

People were weighed when they moved into the home and then regularly to monitor for any weight loss (or gain). Nutritional risk assessments identified if people were at risk of malnutrition however these were not accurate as people's body mass index (BMI) had not been recorded. BMI is a measure of whether people are a healthy weight for their height. Therefore staff could not identify if people were underweight or overweight which may put them at risk of associated healthcare conditions.

The lack of assessment and care planning in relation to risks to people's health and safety is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at recruitment records, these included application forms, identification and an employment history. Although disclosure and barring checks (DBS) to identify if prospective staff were suitable to work at the home not all appropriate checks had taken place before staff commenced work. One application form did include a full employment history. Two files did not include any form of identification, although we were told identification had been seen at the time DBS applications were made. References for two staff did not include professional references and references for one set of references were not dated. This could leave people at risk of receiving care from staff who were not of good character or appropriate to work with people who lived at the home.

Recruitment procedures were not operated effectively to ensure that staff recruited were of good character. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told although there were enough staff on duty to meet people's care needs there were not enough care staff employed at the home. We observed people were tended to in a timely way during the inspection. However people told us staff were busy. There was a reliance on staff covering each other's roles. For example during our inspection a senior member of care staff was working as the cook, and the housekeeper was working as a member of the care staff. There was no form of dependency assessment to determine how many staff were needed to look after people and staffing levels were based on discussions with staff and observations of people's care needs. The registered manager told us more staff were needed to ensure there were enough care staff employed. She told us due to the lack of staff employed it was difficult to provide a rota for staff in advance of when they were working. She said currently staff were taking leave over the summertime and as a result other staff's requests for days off could not be accommodated due to lack of flexibility in the rota.

During our inspection we observed, in the staff office, a number of empty medicine pots and people's names written on individual pieces of paper. Staff told us if people did not want to take their medicines when they were

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dispensed they would be left for them to take later and the named papers were put into the medicine pots so that people could identify their own medicines. There were no risk assessments in place to show this had been assessed as safe to do. Although we did not observe this practice during the inspection this is not safe practice. **We recommend the provider should take into account the National Institute for Health and Care Excellence (NICE) guidance 2014, Managing medicines in care homes.**

During the inspection we saw medicines were stored, administered, recorded and disposed of safely. We observed medicines being given at times people required them and at lunchtime; these were given safely and correctly as prescribed. Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN protocols were in place in the medicine administration record (MAR) charts. These provided guidance about why the person may require the medicine and when it should be given. Prior to administering PRN medicines people were asked if they had any pain or required any pain relief. Where people received varying doses of medicine there was guidance for staff to ensure people received the appropriate treatment.

People told us they chose to have their medicines administered by the staff rather than administering their own. They said they were given their medicines regularly and were able to ask for them at different times (providing it was appropriate to do so). Most people we spoke with knew why they were taking their medicines.

Staff told us they had received safeguarding training in the past. They were able to tell us about how they would identify someone who was at risk of abuse or harm. They all told us they would report any concerns that a person may be at risk of abuse to the registered manager or provider. Some staff were not aware of their own responsibilities to refer such matters to external agencies such as the local adult safeguarding team. This is an area which requires improvement to ensure all staff are aware of all of their responsibilities for safeguarding people who may be at risk.

Whilst we found areas that were unsafe in the home, people we told us they felt safe living at Marlowe House. One person said, "I'm not worried about anything," another, "I feel very secure here which I didn't feel at home." A further person said, "The people (staff) here make me feel safe."

Is the service effective?

Our findings

People told us the staff were well trained. One person told us, "Most staff are well trained." Another person said, "Staff have acquired knowledge and don't have much time for training." Without exception people told us the food was very good. One person said, "It's lovely and there is a happy atmosphere at mealtimes." However we found some aspects of training that required improvement.

Staff told us they had received training and this included safeguarding, infection control, moving and handling and fire training. Certificates in staff files confirmed staff had received some training. However, there was no plan of what training and updates staff were required to complete or how often this should be. Staff had not received any training in relation to mental capacity assessment or deprivation of liberty safeguards and no recent safeguarding training updates. The provider could not be sure staff had the training and development to enable them to provide appropriate care and support to people. This is an area that needs to be improved.

The registered manager told us staff received annual updates in first aid and moving and handling. These were planned for September 2015. A number of staff had undertaken health and social care diploma training and some had recently completed distance learning courses in dementia care and end of life care. One member of the care staff told us they had enjoyed the courses and said, "It points us in the right direction so we know how to deal with situations in the right way." Other staff had been identified through supervision as required to do these courses however further training had not yet been put into place. Supervision took place every three months and included an element of observation and discussion. For example staff were observed supporting people with personal care and their meals. Where areas for improvement were identified these were discussed with staff at the time.

When staff started work at the home they completed an induction period and spent some time shadowing other staff. The induction included observation of care being delivered, how to maintain people's dignity whilst delivering care and emergency procedures. These were signed by the staff member and inductor when completed to demonstrate the member of staff had an understanding of the needs of people and how the home was run.

Staff had some knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, they had not received training and did not fully understand its principles or what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Assessments in people's care plans informed staff if people had some memory loss and staff were aware of this. However, there was no information about how people were able to make decisions or where they required support to help them make decisions. This is an area we discussed with the registered manager that needs to be improved.

DoLS concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. At the time of the inspection there were no DoLS authorisations required.

Staff said they always asked people for their consent prior to offering assistance and we heard and observed staff doing this during our inspection.

We observed lunchtime to be a relaxed and sociable occasion. The dining tables were attractively set with napkins and condiments available for people to use. People chose where they wanted to sit but tended to remain in their own friendship groups. A new person moved into the home during the inspection and staff re-arranged the dining tables to enable this person to sit with people who they had be-friended. Drinks were served with the meal and some people were enjoying a glass of beer. There was a choice of two main meals but if neither was wanted, the cook provided an alternative such as an omelette or fish. The food was freshly cook, well presented and good size portions. The cook and staff had a good knowledge of people's dietary needs, choices, likes and dislikes.

During the day hot and cold drinks served regularly and staff checked there were cold drinks available at all times.

Is the service effective?

There were tea and coffee making facilities available in the dining room for people to make their own drinks and we saw staff encouraged people to do this throughout the day. People were able to eat their meals independently however staff told us how they would support people and specialist equipment was available if this was required.

People were supported to maintain good health and received on-going healthcare support. They told us they could see the GP when they wanted to. Records confirmed that staff liaised effectively with a wide variety of health

care professionals who were accessed regularly. This included the community nurse, GP and chiropodist. Healthcare professionals we spoke with told us staff provided good care to people and referred people to them appropriately. They acted on the advice given. One healthcare professional told us they had supported staff with some training and staff had used this information to provide improved care to people. This meant people received care and treatment from the appropriate healthcare professionals.

Is the service caring?

Our findings

People spoke very highly of the staff, they told us staff were caring and kind. One person said, “We get on well with the staff, they are very sympathetic.” Another person told us, “They are friendly and always cheerful.” They said the staff were caring and patient at all times and they knew each other well. They told us staff, “listened to residents.” One person said they enjoyed the “fun banter” they had with the staff. However, we found aspects of the service were not caring.

There was a happy and friendly atmosphere at the home. People were involved in decisions about their day to day care and support. Staff told us people chose how to spend their time each day. For example one person liked to spend their morning in the lounge and return to their bedroom during the afternoon. Another person liked to remain in their room or spend time engaging with staff. Some people had developed their own friendship groups and enjoyed spending time together. We observed people and staff were welcoming to new people who moved into the home. They supported and encouraged them to develop their own friendships and join others. Information about friendship groups was recorded in people’s care plans.

It was clear staff knew people well; they treated them as individuals and were able to tell us about their choices, personal histories and interests. People were aware of their care plans and although they didn’t usually see them they were aware they could view them if they wished. They told us they were able to decide what care and support they required. However, there was limited evidence to show how they or their representatives had been involved in the development or reviews of care plans.

Staff were caring, sensitive and calm. They treated people with kindness and respect. When staff supported people they did so with patience and worked at the person’s own pace. When staff walked past people they acknowledged them, and stopped for a chat. They were interested in people, their families and what they were doing. We observed conversations and interactions that were kind and considerate.

Staff supported people and their privacy and dignity was respected. People were able to spend time in private in their bedrooms as they chose. Bedroom doors and curtains were kept closed when people received support from staff and we observed staff knocked at doors prior to entering and called people by their preferred name.

People’s bedrooms had been personalised with people’s own belongings such as photographs and ornaments. The registered manager was passionate about ensuring the home was decorated in a way that people wanted. People were involved in decisions about how they wanted their bedrooms decorated. This included colour schemes and matching bedding. The communal areas were pleasantly decorated throughout with decorative murals and accessories.

Healthcare professionals told us staff were, “Very caring,” and knew people very well. One healthcare professional said, “Staff are amazingly caring.” Care plans reminded staff to respect people’s choices, dignity and privacy and we observed this throughout the inspection. One member of staff told us, “This home should be like a hotel to people, they should always have clean sheets, good food and their clothes ironed and it is. It’s how I would want my family treated.” Another staff member said, “This is a homely home, we know people, they know us.”

Is the service responsive?

Our findings

People told us they were not happy with the state of the garden. The front part of the garden was overgrown and unkempt. We were told the provider was planning to build an extension to the home. The ground work had commenced 18 months previously when the garden had been divided but no further works had taken place. The rear part of the garden contained overgrown bushes and the lawn required cutting. Some people's bedrooms overlooked the garden area and we saw two people's bedroom windows were becoming covered with the overgrown bushes. There were bushes and hedges to the front of the property and these were overhanging the entrance pathway and could prove a hazard to people with limited vision. We were told people had previously enjoyed spending time in the garden but this was no longer possible. One person had enjoyed feeding the birds but the bird table and feeders were no longer accessible due to the unsafe ground. People were unable to spend time outside as there was no-where suitable for them to sit and enjoy themselves. At a resident meeting in April 2015 the outside space was discussed. It was clear from the minutes people were unhappy about being unable to spend time in the garden. Minutes from the meeting showed evidence of a discussion about developing an area in the car park to include seating, tables and planters which people could use until the garden was made accessible. The registered manager told us the provider had agreed that an outside seating area could be provided but later changed his mind. There was a discussion about the uneven driveway which people found it difficult to walk on; the registered manager told us the provider was aware of this however, there was no evidence of any action having been taken to rectify it.

The provider had not acted on feedback received to evaluate and improve the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people received the care and support they required, their current needs were not always reflected accurately in the care plans. Staff knew people really well however care plans were not personalised and lacked detail of how to manage and provide care for people's individual needs. Reviews took place but information from the reviews was not used to update people's care plans and some reviews had not taken place recently.

There was information about some people's personal histories and life before they moved into the home but this was not in place for everybody. Care plans informed staff to encourage people's religious interests but there was no information about what people's religious beliefs were or how they could be supported to maintain them.

Care plans informed staff when people required support for example one person required prompting to maintain their personal hygiene and support from one staff member when bathing. However, there was no further guidance in relation to the time of day or how often this person liked to bath. Another person required support with using the toilet. The care plan informed staff to ensure this person used the toilet on a 'regular basis' but no further guidance for staff to follow. One person's mobility needs had changed and they now required support from two staff however their care plan had not been updated to reflect these changes. This did not ensure consistency or demonstrate evidence that people's needs were met.

Daily notes and other daily records did not fully reflect the care and support people received. For example food and fluid charts were not fully completed and did not reflect what people had eaten and drank throughout the day. Daily records contained information about the care people received but did not include their mood or how they had spent their day. There was a lack of documented evidence that people's care needs had been identified or guidance provided for staff.

There was a complaints policy at the home however this did not include current information about who people should contact if they were not happy with the response from the provider. There had been no formal complaints recorded in the complaints book, however we saw information related to a complaint in one person's care file. We saw appropriate action had been taken however this had not been recorded in a way that gave the provider oversight of concerns that had arisen at the home to identify a theme or trend. There was not an accurate, complete and contemporaneous record in respect of each service user. We raised this with the registered manager as an area for improvement.

People told us they could choose how they spent their day and staff supported them to maintain their own hobbies and interests. Some told us they would like to go out more often. They said they were able to go out for a walk if they chose however there were no shops within walking

Is the service responsive?

distance of the home. However, people told us there was not enough staff to support them to do this. Other people told us they enjoyed spending time talking with the staff. One person said, "They just haven't got enough time to talk to us." Another person told us, "We fit in with the staff because they are so busy." Someone else said although staff were busy they had more time to spend with them during the afternoons. The registered manager told us, "People's care needs come first, even though we need more staff I make sure there are enough staff on duty to look after people." Although there were enough staff to meet people's physical care needs their social and psychological needs were not being met. This could leave people at risk of social isolation and loneliness. We raised this with the registered manager as an area that needs to be improved.

We saw one person enjoying their knitting and embroidery, they were provided with their own space in the lounge. This enabled them to continue with their hobbies and remain with their friends in the communal area of the home. Another person enjoyed listening to music and we

observed staff supporting this person to listen to music of their choice. There was a local club which people who chose to could attend. The registered manager told us she was in contact with the club organiser to ensure people were aware of what the activities were before they attended to ensure it was something they would enjoy. In the lounge there were books, games, DVD's and music available for people to enjoy. Staff told us people had developed their own routine for activities. For example they enjoyed watching television quizzes during the afternoons.

Staff knew people's friends and relatives well and encouraged and supported people to maintain these relationships. From discussions with people and staff it was clear visitors were welcome at the home whenever they wished to visit. People told us they were happy at the home and did not have any complaints at the moment. One person said, "I've got nothing to complain about". People told us if they did they would speak to the registered manager or other staff. They also said they could raise concerns at residents meetings.

Is the service well-led?

Our findings

There were no quality assurance systems in place to identify risks to people's safety or monitor the management and quality of the home. There had been no recent fire risk assessment or electrical service and there was no ongoing maintenance plan to identify other areas of the home that needed work and improvement. There was no schedule in place to ensure the provider was aware of routine servicing that was required. Staff had not received ongoing training and development and had limited understanding of MCA and DoLS. The registered manager had a limited knowledge of recent changes in legislation and had not received any training in relation to duty of candour or recent safeguarding and mental capacity assessment training. Individual risk assessments did not identify all assessed risks. Care plans did not include all the relevant information about people and were not updated when changes in people's needs occurred. There were a range of policies in place however these were dated 2010 and had not been updated to reflect the current regulations.

The provider and registered manager did not demonstrate an understanding of the principles of good quality assurance and the service lacked any drive for improvement. There was no business plan in place to drive and develop the home. Where areas had been identified by the registered manager no action had taken place to address these. For example there was no evidence the registered manager had undertaken any learning to update herself in relation the new Care Act 2014 and changes in regulation. Although there were regular staff and resident meetings there was no evidence of action being taken for example in relation to the lack of outside space for people.

The registered manager and staff told us staff morale was very low at the time of inspection. There were ongoing concerns about the management arrangements and financial viability of the home. The registered manager told us she did not have a budget to manage the home and all expenses had to be approved by the provider. There were no ongoing servicing contracts with external maintenance companies or local suppliers which staff told us was due to financial constraints. For example the weekend prior to our inspection the tumble drier had broken. The registered manager was unable to request a repair therefore staff took laundry home to dry.

There was no budget for food. All supplies were requested through the provider. However, when the shopping was delivered there were often essential items, such as potatoes, missing. Staff told us when food was not available they would buy food themselves although the provider would reimburse their money. One staff member said, "We'd never let people go without and we get our money back but it's not right." Another staff member said, "Sometimes I buy people little treats, I don't ask for money back I know it would be considered a luxury." During the inspection we observed a light bulb was not working, the registered manager told us she did not have any spares and would need to request these through the provider.

Although the registered manager met the provider regularly there was no evidence she received any supervision to identify where further training or development was required.

Staff told us the lack of employed staff was also having a negative impact on morale. They told us there was lack of flexibility within the rota, they were unable to make no work related plans as it was not possible to plan the rota in advance. One staff member said, "I feel sorry for (the registered manager) there's not enough of us, she has to keep us happy and the owner but she still has to make sure people are looked after."

People and staff were not given the information they needed and there was a lack of communication and involvement from the provider regarding issues that affected their lives and work. Support and resources needed to run the service were not always available and there was a reliance on the good-will of staff to provide essentials for people. People and staff told us the proposed building work had not taken place and they were concerned this was due to a lack of money.

The provider had not ensured systems were in place to assess monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the residents said that there was a good atmosphere at the home. A visiting healthcare professional told us the registered manager was, "An amazing, caring and sensible manager who will go the extra mile for people."

People were encouraged to share their views on the home through discussion with the registered manager and staff.

Is the service well-led?

This took place throughout the day and through resident meetings. The registered manager advised that she maintained regular contact with people and their relatives

to facilitate communication and feedback. Recent compliments cards sent by relatives were displayed for staff to read. This ensured staff received positive feedback from people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There was a lack of assessment and care planning in relation to risks to people's health and safety.

Regulation 12(1)(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not operated effectively to ensure that staff recruited were of good character.

Regulation 19(1)(a)(2)(a)(3)(a).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered provider had not ensured the premises and equipment was properly maintained and suitable for the purpose for which it was being used.

Regulation 15(1)(b)(c)(e)

The enforcement action we took:

Warning notice

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was not an accurate, complete and contemporaneous record in respect of each service user.

The registered provider did not have an effective system to regularly assess, monitor and improve the quality of service that people receive.

Regulation 17(1)(2)(a)(b)(c)(e)(f)

The enforcement action we took:

Warning notice