

Moorlands Holdings (N.E.) Limited

Ravensmount Residential Care Home

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

This inspection took place on 6 and 7 January 2015 and was unannounced. A previous inspection, undertaken in August 2014 found there were breaches of three regulations relating to cleanliness and infection control, maintenance of the premises, and quality monitoring and we took enforcement action against the provider. This inspection was to assess of how the provider had responded to our concerns.

Ravensmount Residential Care Home is registered to provide accommodation for up to 30 people. At the time of the inspection there were eight people using the service, some of whom were living with dementia.

The home has not had a manager registered since May 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there were continuing breaches of regulations in relation to the maintenance of the premises and the cleanliness of the home. We found some emergency lighting remained broken; there had been no plans made for refurbishment of the exterior of the home or to upgrade the fixed electrical systems. A key pad lock also remained broken affecting the security of the building. Some unused rooms remained unsecured and some windows did not have restrictors fitted that met current national safety standards. Work had been undertaken to repair some areas of the property, specifically in relation to areas considered a fire risk

We did find the overall cleanliness of the home had improved; there had been an increase in domestic staff hours, which meant they could spend time on cleaning rooms more thoroughly and the kitchen area had been reassessed by the environmental health service and had been awarded a five star rating.

People told us they felt safe at the home and protected by the staff. Staff had a good awareness of safeguarding and told us they would report any concerns to the interim manager or the safeguarding adults service. We found lifting equipment had not been checked and safety certificates were out of date. People told us there were enough staff at the home and we observed there was a good ratio of staff to people using the home. Medicines were dealt with safely.

The interim manager told us a full review of staff training had been undertaken and we saw documents confirming training sessions had been booked with appropriate companies. Staff told us they received regular supervision and appraisals. People also told us they were happy with the standard and choice of food available and we saw people were supported to take an adequate diet and sufficient drinks.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately

restrict their freedom. The interim manager and provider's representative told us they had not yet instigated a process to assess whether people had their freedom restricted, as defined by the Mental Capacity Act (2005) and the DoLS guidance.

People told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with ready access to general practitioners, dentists and district nurses. People said they were treated with respect and staff were able to explain how they maintained people's dignity during the provision of personal care.

People had individual care plans and the interim manager told us these were being revised into a new format. However, we found that reviews of care had not always taken place. People told us they could raise concerns and complaints with the interim manager if they needed to.

We found there were continuing breaches of regulations in relation to quality monitoring at the home. Quality monitoring documents remained limited in their content and did not contain any action plans or dates for work to be completed by. In relation to cleanliness, we found there were still no regular cleanliness and infection control audits being undertaken, water temperature checks had only recently commenced and worn toilet seats had not been replaced. Other audits on care records and fire safety were also not up to date. Accidents and incidents were recorded but not fully analysed, to identify any trends or concerns.

People and staff told us the interim manager was making improvements to the home. Staff told us the overall management of the home was much better and they felt support had increased.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to consent to care and treatment, safety and suitability of equipment, cleanliness and infection control, safety and suitability of premises, assessing and monitoring quality and records. You can see what action we took at the back of the full version of this 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?

The service was not safe.

People told us they felt safe living at the home. Staff had knowledge of safeguarding issues and appropriate recruitment processes were in place

We found there were continuing issues with the upkeep and safety of the premises and there was no evidence action had been taken to address issues raised at our previous inspection. Not all vacant rooms were locked and window restrictors that did not meet national safety standards were in use.

The cleanliness of the home was much improved and the kitchen had recently been awarded a five star rating by the environmental health inspector. There was increased domestic staffing hours. However, we found there were not cleanliness or infection control audits undertaken.

Inadequate



Is the service effective?

The service was not always effective.

We found that some staff training was out of date, including training on the safe handling of medicines. The interim manager told us a full review of staff training had taken place and staff received regular supervision and annual appraisals.

The manager was aware of the Mental Capacity Act (2005) and the need to determine if care or treatment was being provided in people's best interests. However, there had been no assessments undertaken of people's capacity and no applications to the local safeguarding adults team to determine if people had their freedom restricted as defined by the Deprivation of Liberty Safeguards.

People told us food and drink at the home was plentiful and of good quality. Staff were aware of people's special dietary requirements and supported people to take an adequate diet.

Requires Improvement



Is the service caring?

The service was caring.

People and their relatives told us they were happy with the care they received and were well supported by staff. We observed staff supporting people appropriately and recognising them as individuals.

People's wellbeing was effectively monitored. They had access to a range of health and social care professionals for health assessments and checks.

Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Good



Summary of findings

Is the service responsive?

The service was not always responsive.

Care plans were in place to reflected people's individual needs. However, plans were not always reviewed and updated as people's needs changed.

There was no dedicated activities staff at the home. Care staff engaged people in a range of activities and people had choice to participate or not. However, the choice of activities was limited and was not always tailored to the individual needs of people living at the home.

People were aware of how to raise any complaints or concerns but there had been no formal complaint within the last 12 months. People told us they could speak with the interim manager at any time.

Requires Improvement



Is the service well-led?

The service was not well led.

The registered provider undertook monthly checks on the home. However these were limited in detail. There were no action points or timescales to determine if changes had been carried out appropriately. Other audits were not always carried out, such as care record audits, and there were no regular audits of infection control or cleanliness and some worn toilet seats had not been replaced. Checks on equipment used at the home had failed to identify that safety certificates had expired and checks on emergency lighting had not been undertaken, failing to recognise that a significant number were broken or required replacement.

The interim manager told us there were no meetings with people who used the service or their relatives, although people could speak to her at any time. Relatives told us they had completed questionnaires in the past, but had not completed anything within the last six months.

Staff talked positively about the support they received from the interim manager and talked confidently about how staff worked as a team. People said there had been improvements at the home in recent months.

Inadequate



Ravensmount Residential Care 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.

This inspection took place on 6 and 7 January 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with six people who used the service to obtain their views on the care and support they received. We also spoke with three relatives who were visiting the home on the day of our inspection. We talked with the provider's representative, a member of the consultancy team working at the home, the interim manager, three care workers, the cook, the maintenance person and a member of the housekeeping team. Additionally, we spoke with a specialist nurse in challenging behaviour who was visiting the home on the day of our inspection.

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 being delivered in communal areas and people's individual accommodation. We reviewed a range of documents and records including; five care records for people who used the service, eight medicine administration records (MARs), five records of staff employed at the home, duty rotas, complaints records, accidents and incident records. We also looked at minutes of staff meetings, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Is the service safe?

Our findings

At our inspection carried out in August 2014 we were concerned about the upkeep and maintenance of the premises, including issues around fire safety measures at the home. We told the provider they were in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We deemed this to have a moderate impact on people and took enforcement action against the provider. We wrote to them highlighting areas they must improve.

At this inspection we found some of the matters we had raised with the provider had been dealt with. We saw some work on fire systems had been undertaken and estimates had been obtained for the leasing of a new gas cooker. However, a number of issues had not been addressed or actions instigated to deal with the concerns. In addition we identified further issues in relation to the safety of people living at the home.

At this inspection we could find no evidence that action had been taken to address a number of issues with the fixed electrical systems. The provider's representative told us he was sure some action had been taken, but was unable to show us any emails or estimates. We had also raised concerns about the upkeep of the exterior of the building, but could find no indication that progress had been made with this matter. The provider's representative told us a scaffolding company had been approached for an estimate, and this was sent to us after the inspection. However, the provider could not show us any estimates for maintenance work to be carried out or any work plans for the upkeep of the building.

At the last inspection unoccupied rooms had been left unlocked and windows in some of these rooms did not have window restrictor safety devices fitted. These unsecured rooms and windows presented a potential hazard to the safety of people living at the home. At this inspection we found empty rooms remained unlocked and window restrictors had not been fitted. We also found in some instances ordinary door chains had been used as window restrictors, which did not comply with national safety standards. The provider's representative told us this should not have happened and arranged for all unoccupied rooms to be locked immediately. We ensured

immediate action was taken to secure doors and windows and reported the matter to Northumberland County Council Public Protection Services who carried out their own inspection of the premises.

At the last inspection we observed discarded equipment and large glass panes had been left in an area of the garden accessible to the public, posing a safety risk to people living at or visiting the home. At this inspection we saw that whilst some equipment had been moved, the glass was still present and old televisions had now been disposed of at the same site. The provider's representative agreed that this was inappropriate and arranged for the items to be removed by the second day of the inspection.

At our August inspection we saw a key pad entry lock was broken, allowing unrestricted access to the home, compromising the safety of people and staff. We found the keypad continued to be faulty and access to the home remained unsecured. The provider's representative agreed this should have been fixed and said he would arrange for this work to be completed as soon as possible.

We had also previously found a number of fire safety issues at the home and had referred our findings to the Northumberland Fire and Rescue Service, who undertook their own inspection of the premises. They told us most areas of concern had been addressed, but were still awaiting confirmation that emergency lighting had been repaired. We were told after our visit that 15 out of 30 emergency lights were faulty.

We found there had been no fire drills undertaken at the home since the last inspection. Staff confirmed they had not undertaken any evacuation drills and the interim manager told us she was not aware of any practice evacuations since her arrival on the 27 October 2014.

One person told us, "I wouldn't mind the fees going up if my room was maintained." She also said, "It rained into my room through the roof and the gutter broke outside and cracked my window." We saw the person's window remained cracked, although not dangerously so.

This meant there was a continuing breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

At our inspection carried out in August 2014 we were concerned about the cleanliness of the home and issues around infection control. We told the provider they were in

Is the service safe?

breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We deemed this to have a moderate impact on people, took enforcement action against the provider and wrote to them highlighting areas that required improvement.

At this inspection we found the majority of issues had been dealt with. We found the home was much cleaner and domestic staff contracted hours had increased from 12 hours to 41 a week. We found the laundry area had been moved indoors and was now tidy and all equipment functioning. The interim manager told us the home's kitchen area had been reassessed by environmental health services and had been given an improved 5 star grading, from a previous rating of 3 stars.

However, there remained no infection control audits or regular checks on the cleanliness of the home. We noted that whilst there had been a legionella assessment undertaken, regular checks on water temperatures had only begun the previous week. The maintenance person at the home told us he had only recently been informed these checks should be carried out weekly. We found worn toilet seats we had previously identified as being an infection risk, because they could not be cleaned appropriately, had not been replaced. The provider's representative told us he was not aware of this and would action the replacement.

This meant there was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe living at the home. Comments included, "I feel safe here. I like it here. I like the company and I don't want to go home" and "It's not a bad place to live in. I feel safe and the staff look after me." Staff told us they had undertaken safeguarding training and were aware of the homes policies and procedures, which were available in the office. They were able to describe the appropriate process they would follow in the event of any allegations of abuse or if they witnessed something untoward. Staff were also aware of the provider's whistle blowing policy, although we did not see information displayed on notice boards or in the office areas.

The provider had in place risk assessments in relation to safety at the home, for example, in relation to control of substances hazardous to health (COSHH). However, we found that Lifting Operations Lifting Equipment Regulations (LOLER) checks on equipment, including hoists

and mechanical baths were out of date. LOLER checks are required on all lifting equipment on a six monthly basis. The interim manager and the provider's representative told us they were not aware these certificates had lapsed.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

People's care plans contained individual evacuation plans, detailing how they should be assisted in the event of a fire or other emergency. However, we noted that individual risk assessments in people's care plans, such as a malnutrition universal screening tool (MUST), were not always completed or completed in full. This meant that people's care and welfare was at risk because records detailing their assessed needs were not up to date.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We saw accidents and incidents were recorded both in people's individual care plans and in the home's accident book. Records showed that following a fall or accident people were checked for injury and appropriate action taken, such as asking the district nurse or general practitioner to review them. We asked the interim manager and provider's representative whether analysis of falls and accidents took place. The provider's representative told us that individually each accident was looked at and any changes made, but there was no overall analysis to track issues or trends.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

One person told us they would like more staff at the home. They told us, "I would like more company; there are not enough staff here." However, all other people and relatives we spoke with said they felt the home had sufficient staff to assist people with their care needs. Staff told us they felt there were enough staff at present. The interim manager told us there were 13 staff at the home directly employed by the provider, which included care staff, domestics and some kitchen staff. She said there were a number of other staff, including herself as interim manager, who were

Is the service safe?

working at the home but were employed by an agency. We saw there were three care staff on duty to support the eight people on both days of our inspection. We saw people received prompt care and did not have to wait long periods for assistance.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made and notes from an interview process. Two references had been taken up, with one from the staff member's previous employer, and Disclosure and Barring Service (DBS) checks had been made. We found one instance where an issue had been highlighted on a person's DBS check. We spoke to the interim manager about this. She told us the matter had been discussed at interview and the risk determined to be minimal, because the incident occurred when the staff member was younger. The interim manager confirmed there were no disciplinary matters taking place at the current time.

We observed senior care staff administering people's medicines. We saw people were given their medicine

appropriately. We examined all the medicine administration records and found there were no gaps in the recording of medicines. We saw in some instances the appropriate code had not always been used when people had declined their medicines. We brought this to the attention of the interim manager, who said she would remind staff about the correct procedure.

We noted a number of people were prescribed "as required" medicines which are those given only when needed, such as for pain relief. We found two people had care plans linked to the giving of "as required" medication for pain. However, for other people and other medicines there were no care plans in place detailing when these medicines should be given and the permitted amounts. This meant there were no specific care plans or instructions in place to indicate the maximum dose that could be given, or action to take if the medicines were not effective or too much was accidentally given. We spoke with the interim manager about this who told us this would be addressed when the care plans at the home were replaced.

Is the service effective?

Our findings

People told us they felt staff had the right skills and knowledge to support their care. One relative told us, “I think they understand her needs very well.” A specialist worker with the challenging behaviour team told us, “They are a small team and have worked well. They have passed on knowledge between themselves; so they are all working together.”

Staff told their training was not fully up to date. One staff member told us their safe handling of medicines training was out of date and they had raised this with the interim manager. Staff files contained copies of training certificates. We saw some were in date but others had expired and required updating. We spoke with the interim manager about this. She told us she had completed an audit of all staff training needs and was in the process of arranging a variety of training and update sessions. She showed us a copy of a training plan which identified all staff and their training requirements against booked courses. We also saw copies of emails from training providers confirming training was either booked or could be provided on given dates.

The interim manager told us supervision had been a priority and staff were being offered this on a regular basis. Staff confirmed supervision sessions were being provided and we saw a list of supervision dates in the office area. We also saw copies of supervision records in staff files. We saw a range of issues had been discussed, such as personal circumstances and future training needs. Staff who had started working at the home recently told us they had been given an induction to the home and had shadowed other staff as part of the process.

Staff told us they had not received any training on the Mental Capacity Act (2005) (MCA) or the Deprivation of Liberty Safeguards (DoLS). The training plan developed by the interim manager did not include this training but she told us this was something that needed to be looked at. The MCA sets out how people should be supported to make decisions about their care and what action staff should take were people lack the capacity to make decisions for themselves. Although staff understood about supporting people to make choices and decisions there was no evidence of best interest decisions being taken or documented on people’s care plans. For example, we saw that one person was receiving covert medicines. Covert medicines are sometimes given in drinks or food to make it

more palatable for the person to take. We saw there was information from the person’s general practitioner agreeing to the use of covert medicines, but no indication of a best interest decision or meeting taking place to confirm this was the most appropriate course of action. The interim manager confirmed that no wider meeting had taken place.

When speaking with staff, we identified a number of people who lived at the home who might require an assessment, to ascertain if they fell within the threshold for a DoLS application. The interim manager told us she was vaguely aware of the recent Supreme Court ruling on DoLS, but had not had time to fully review the issues. She told us no one at the home was subject to any restrictions under the DoLS legislation and that no reviews of people’s mental capacity had been undertaken in relation to DoLS. This meant people’s rights against inappropriate restriction of liberty were not protected because appropriate measures were not in place to make the required assessments and applications, in line with MCA and DoLS legislation. We spoke with the interim manager and the provider’s representative about this who said they would look into the issue.

Staff were aware of the need to seek people’s consent before delivering care. We witnessed they approached people and sought their agreement before delivering care or supporting them. For example, people were asked if they wished to move to the dining room for lunch or if they would like assistance going to the toilet. However, we found agreements and consent forms in people’s care plans had not always been completed. Staff told us some of this was down to the change in care plan documentation being introduced.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they enjoyed the food and they had enough to drink and eat. Comments from people included, “The food is good and plenty of it”; “The food is good, but my last cup of tea before bed is too late at 9.30”; “The chef blends my food for me” and “I always get a special diet due to medical problems.” We observed meal times and saw the food was hot and looked appetising. Pureed meals were well presented with individual items identifiable and the meal contained both meat and vegetables. Where necessary, people were encouraged to eat or were

Is the service effective?

supported if they could not immediately help themselves. Between meals we saw people had regular access to drinks and snacks. People's weight was regularly monitored and action taken if there were any concerns.

Kitchen staff showed us they had information about people's individual dietary requirements, including special diets and people's likes and dislikes. For example, we saw in one person's care plan they were allergic to certain foods and this information was also available to kitchen staff. We

found a good supply of fresh, frozen and dry goods at the home, including homemade cakes. This meant people's specific dietary needs were catered for and staff monitored people had adequate food and drinks available to them.

The home was fully level on the ground floor, allowing access to all areas for people with mobility difficulties. There was also a lift to all floors. Showers were also accessible for people who may have restricted mobility. However, a number of people at the home were living with dementia and there was limited adaption to support these people, such as pictorial signage for toilets, bathrooms or the dining area.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care provided. One person told us, “The staff always remember to cut up my food as I can’t cut it up myself.” One relative told us, “I think they (staff) are excellent; they are absolute angels.” Another relative told us, “I was recommended the home by a relative of two residents (for respite care). When I went to collect my father he wanted to stay.”

We spent time in the lounge area observing how staff interacted with and treated people who used the service. We saw people were treated appropriately, patiently and individually. We saw one person was offered a hot lemon drink by one of the care workers because they had a tickly cough. We also spent time observing how people were supported over the lunchtime period. We saw interactions between staff and people were good. Staff were attentive to people’s needs, refilling glasses or encouraging them to eat. People were welcomed to the dining room and offered choices of both meals and drinks.

We saw people looked well cared for, wearing clean clothes and with their nails neat and well-manicured. One resident told us, “I am happy with the way they do my laundry. I am very fussy about my clothes. I just put my clothes on the chair and they collect them and then bring them back clean.” A relative told us, “He is clean and tidy and it’s just what he wants.”

Staff told us no one living at the home had any particular cultural or religious needs. People we spoke with told us they felt their religious requirements were supported and a local priest visited the home to provide holy communion for those who wished to participate. One person told us that she now lived too far away from her normal church, but arrangements had been made for a local vicar to visit her at regular intervals. This suggested people’s religious and cultural needs were recognised and addressed.

People and relatives told us they felt involved in their care and had issues explained to them. One relative told us, “I can visit anytime and stay as long as I want.” Another relative told us that her relative had been at the home for approximately three weeks. She said the staff kept her well informed of his progress and she was happy with the way they looked after him.

We saw people’s wellbeing was monitored and maintained. People’s care plans indicated they had access to general practitioners, opticians, dentists and other health professionals. For example, we saw in one person’s care plan they had a plan in place to deal with breathing difficulties. We saw advice had been taken and strategies put in place for helping the person, including an increase in staff and a change of room to reduce the distance they had to walk to reach other areas of the home.

We spoke with a specialist in challenging behaviour who had visited the person on the day of our inspection. They told us, “The senior staff are really responsive and really listen. They are also aware of how challenging behaviour can fall out into other aspects of X’s care. They have put plans in place to deal with this.” She also told us how they had ensured they monitored food and fluid intake, as part of the integrated care package, and employed various distraction techniques when they became distressed. Another person had a care plan for insulin administration which provided clear and detailed information. Staff told us they had been provided with training from the diabetic nurse.

The interim manager told us no one at the home currently used or accessed an advocate or advocacy service, although this would be arranged if they required such support.

People and their relatives told us staff treated them with respect and supported their right to privacy. Staff had a good understanding of people’s needs and understood about treating people with dignity. We saw where people were receiving personal care in their rooms the door was closed. We also witnessed curtains being opened, after they were closed during the provision of personal care to people in their bedrooms.

We saw people who were independently mobile were free to move around the home and were able to sit where they wished, with some people sat in the main lounge area or in the conservatory. We also noted a number of people returned to their rooms where they sat reading, watching television or rested on their beds. One person told us that she was able to go out and visit friend when she wished.

Is the service responsive?

Our findings

People and their relatives told us they felt involved in their care. One relative told us, “The staff ring me if they need to discuss my (relative’s) care.”

We saw people had individual care plans in place to ensure staff had information to help them maintain their health, wellbeing and individuality. The interim manager told us she was in the process of improving the care plans and had introduced a new format. She said she was currently transferring information from people’s old style care records into the new format. We saw because of this not all the key information and assessments had been updated. For example, DoLS assessments, MUST assessments, risk assessments and consent to care forms were all partially completed.

We saw people’s needs had been assessed prior to them coming to live at the home. One relative confirmed that prior to admission a member of staff from the home had visited their relative in hospital and carried out an assessment.

The quality of care plans varied and staff told us they were trying to rewrite and revise them, but did not feel they always had the skills to complete the new care plan format. One staff member told us, “The acting manager has agreed to help me with the plans and I am keen for this to happen, as it will help me make sure I am recording things correctly.”

We saw in one person’s care plan there were details about how staff should support and care for the person in relation to his skin integrity, breathing, and diabetic care. However, there was no plan in place to detail what care was required in maintaining his urinary catheter. The interim manager told us some of this information was available in older files. Staff told us they were able to support this person with his catheter and had received training and instruction from the district nurse. In other care plans there was better detail about how people should be supported with care. For example, in a care plan for a person’s medicines it was noted, “Likes paracetamol cut in half, when required.”

We noted there was no use of a dependency rating tool and therefore it was difficult to ascertain what level of support people required with their care. Some people’s care plans were updated on a monthly basis. However, we found one care plan that had not been reviewed since July 2014. This

meant effective assessments, planning and reviews of care were not always in place and records were not always available to support staff in delivering the best possible care to people.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

The interim manager told us there was no dedicated activities staff at the home, because of the low number of residents, but care staff supported people and engaged them in activities throughout the day. People told us they sometimes played games or dominoes with staff in the lounge and occasionally a singer or other entertainer would visit the home. One person told us they would like to see something more structured at the home in terms of activities. Another person told us, “I just have to ask and someone will talk to you, or play games. I have just had a game of dominoes with one of the staff.” One relative told us staff did engage with people in activities but she would like to see more regular provision at the home. One relative told us, “I would like to see an entertainments officer, as there is nothing on a regular basis to entertain them.” We witnessed staff sitting talking to people, playing cards or dominoes on both days of the inspection.

People told us they had choice about their care, activities in the home and other aspects of support they received. One person told us, “It’s not regimented here. I can sit and watch TV in the lounge and chat with staff as long as I want.” A relative told us, “I bring my lovely dog Honey here. (Relative) loves to see her and she is made welcome by all the staff.” We saw one person wished to remain in the dining room after lunch and was still there at 3.00pm. Staff told us they had enquired if he would be more comfortable in the lounge, but told us he had decided to stay in the dining room.

The interim manager told us there had been no formal complaints recorded during 2014. We saw the provider had a complaints policy in place and this was on display around the home. People and their relatives told us they were aware they could make complaints and said they would not hesitate to speak to the manager if they had concerns. One person told us, “I made a complaint once, about the way they served my dinner. It didn’t happen again.”

Is the service responsive?

People and their relatives told us there had been no residents' meeting at the home since our last inspection.

They told us they could speak to the interim manager anytime if they wished to raise anything. The interim manager confirmed no meetings had taken place since her arrival at the home.

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in place. Our records showed there had been no registered manager formally registered with the CQC since May 2014. Furthermore that person had only remained in post for two months and the service had a very long history of being without an established registered manager.

The provider's representative told us a paper application had been made in June 2014, but appeared to have been lost by the Commission. We checked our records and could find no indication that an application had been received into the Commission. An interim manager working at the home, provided through an agency, supported the inspection and the provider's representative was present for part of the inspection on both days.

At our inspection carried out in August 2014 we were concerned about the management and quality monitoring of the service, including issues around auditing of the care provided and the environment of the home. We told the provider they were in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We deemed this to have a moderate impact on people, took enforcement action against the provider and wrote to them highlighting areas that required improvement.

At this inspection we found some of the matters we had raised with the provider had been dealt with. We saw that some regular maintenance checks were starting to be undertaken, although checks on water systems had only recently started and emergency lighting checks had not identified the scale of issues highlighted in the formal inspection. The interim manager told us a maintenance person worked regularly at the home. We also saw work had been undertaken on determining and planning staff training needs.

At the last inspection we had identified that the quality of management reviews of care and services was limited with no clear action plans detailed. At this inspection we found management review systems remained unchanged. Simple hand written reviews were still being used, which lacked detail and showed no clear action plans or action dates. For example, we saw forms specifically mentioned

legionnaire's issues as being in order, when no water temperature checks were being carried out. The checks had also failed to identify that LOLER certificates were out of date and required renewing.

We saw there had been no formal checks on call buttons to ensure people could summon assistance from staff when in their rooms. We checked the system to ensure that it was working and found no issues in the areas we tested.

We had previously identified issues with management audits of care records, to ensure they were up to date and all appropriate assessments had been recorded. The interim manager told us she had introduced a new audit document to review care records. We saw that some care records had these documents at the front of the files. However, we saw in one person's care plan the audit had highlighted, 'All care plans to be reviewed monthly' and 'All assessments to be reviewed monthly', but we saw that no reviews had taken place since July 2014. The interim manager said these issues would be addressed when the new care plan format was fully in place.

We found that despite some evidence of improvements, mainly led by the interim manager, the provider had failed to gather information about the service which identified their continuing non-compliance with the regulations. They were unable to reassure us or demonstrate their own action plan to achieve compliance and had disregarded our previous evidence of their regulatory breaches.

This meant there was a continuing breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us that things had improved at the home since the arrival of the interim manager. One staff member told us, "(Interim manager) is okay; I find her alright. She is very supportive and gets things done." People and their relatives also told us they had seen improvements at the home in recent months. One relative told us, "Since the new management started there have been some improvements. They have really upped their game."

The interim manager told us the home now had an administrative worker for 20 hours per week. This was helping to get systems in place and files in order, to make it easier to review items. The administrator told us she was currently reviewing staff files and registering all staff with a

Is the service well-led?

training agency to ensure they could access on-going training that was appropriately funded. We saw a note on the staff notice board asking staff to bring in identity documents to update staff files and details.

The interim manager also showed us an action plan she had developed, when first arriving at the home in October 2014, to try and detail all the items that needed to be tackled. She told us she had originally set timescales for the completion of the work, but these had slipped because she had been overwhelmed by the range of items that needed to be dealt with. She told us she was intending to review the plan and set herself new timescales in the future.

We saw the interim manager had undertaken regular staff meetings to ensure all staff were aware of what was happening and any changes that were being implemented. Staff told us there was good communication from the interim manager and they felt things were improving. They told us they valued having support from people who understood the issues related to providing care. They told us morale had improved at the home over recent weeks. One staff member told us, "To me things are much better. I've no concerns or worries at the moment."

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 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 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment

People were not protected from the risks associated with unsafe equipment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, consent of service users in relation to the care and treatment provided for them.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

People were not protected from the risk of unsafe or inappropriate care and treatment due to a lack of information or failure to maintain accurate records.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

How the regulation was not being met: Following the issuing of a warning notice to on 21 October 2014 the provider had not taken steps to ensure compliance and effective systems were not in place to protect people against the risks associated with unsafe or unsuitable premises. Regulation 15 (1)

The enforcement action we took:

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

How the regulation was not being met: Following the issuing of a warning notice to on 21 October 2014 the provider had not taken steps to ensure compliance and effective systems to identify, assess and manage risks relating to health, welfare and safety were not in place. Regulation 10 (1)(a)(b)(2)(e)

The enforcement action we took:

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

How the regulation was not being met: Following the issuing of a warning notice to on 21 October 2014 the provider had not taken steps to ensure compliance and effective systems were not in place to ensure people were protected against the risks of exposure to health care associated infections. Regulation 12 (1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.