Renal Health Limited

Gailey Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Inadequate
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 23, 24 and 26 June 2015 and was unannounced. This was the first inspection of this location under the current providers, Renal Health Limited who took over in September 2014.

Gailey Lodge is the only location owned by Renal Health Limited and is based in Whitley Bay. The provider owns a sister home nearby, operated through a separate registered company. Gailey Lodge provides accommodation for up to 22 people with physical disabilities and/or mental health issues, who require assistance with personal care and support. At the time of the inspection there were 17 people using the service.

At the time of the inspection the home did not have a registered manager in place. This was because the previous manager had sadly passed away a few months previously. The registered manager of Gailey Lodge's sister home was in the process of applying to add the home to her registration. A registered manager is a person who has registered with the Care Quality

Summary of findings

Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home's acting manager and the provider's operations manager and nominated individual were present during, and assisted us with, the inspection

People told us they felt safe living at the home and said staff treated them very well. Staff had a good understanding of safeguarding issues and said they would report any concerns to the acting manager or senior staff. However, appropriate systems were not in place to manage people's finances safely and effectively. We found problems with the maintenance of the premises. A number of windows on upper floors did not have window restrictors that met current guidance, several areas of the home were dark because light bulbs had not been replaced, carpets were worn on stairs and corridors and recommendations made in a fire safety assessment had not been actioned or planned.

The acting manager told us staffing levels had been reviewed to support the individual needs of people living at the home. However, people living at the home and staff told us that at times there were not enough staff, especially between the hours of 5.00pm and 10.00pm. Proper recruitment procedures and checks were in place to ensure staff employed at the home had the correct skills and experience. People living at the home were able to input into the recruitment process for new staff.

Medicines were stored effectively and records were up to date. Medicines were administered safely. We found some issues with the cleanliness of the home. Not all areas were able to be cleaned effectively because of worn or broken working surfaces. We witnessed a boiler used by people to make drinks also being used to fill a mop bucket. There had been no legionella assessment carried out at the home.

Staff told us they were able to access a range of training and we saw that a number of training events had been provided recently. Staff told us they would benefit from additional training specific to the needs of the people they were caring for. They said that until recently they had access to regular supervision sessions and had an annual appraisal. The operations manager told us that supervision sessions would be recommenced in the near future and showed us pre-meeting forms people had been asked to complete.

People told us they enjoyed the food provided at the home and we saw that it was hot and looked appetising. People had access to a kitchen so they could prepare their own hot and cold drinks; although some people raised concerns about restrictions on the availability of milk.

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 acting manager told us one person was subject to a DoLS. However, we found the order had lapsed and there was no system in place to review the need for a DoLS. There was no system in place to assess if other people living at the home fell within the boundaries of the DoLS legislation and required formal reviews.

Elements of the home had been adapted to promote people's independence, with ground floor rooms and lifts to other floors. We noted the decoration of the home was in need of refreshing in some areas. The registered manager confirmed a programme of refurbishment was in progress and some painting of rooms was taking place during the inspection.

People told us they were happy with the care provided. We observed staff treated people with consideration and there were good relationships between staff and people living at the home. Staff had a good understanding of people's individual needs, likes and dislikes. People had access to general practitioners, dentists and a range of other health professionals to help maintain their wellbeing. Specialist advice was sought, where necessary, and acted upon. People said they were treated with dignity and staff respected people's individual preferences. However, it was not always clear if people had been actively involved in reviews of their care and updating their care plans.

People had individualised care plans that were detailed and identified needs. However, care plans were not always up to date and had not been regularly reviewed. This meant the most up to date information about

Summary of findings

people's care was not immediately available. The acting manager told us she was replacing and reviewing all the care records documentation to ensure people's care plans were appropriate and up to date. People told us they liked to manage their own time and could do what the wished. There had been some discussion at a residents' meeting about organised activities taking place at the home. People and professionals said that recent changes at the home had restricted people's ability to go out into the community, because staff were not always available to accompany them. The provider told us they were currently discussing this issue with the local authority.

People told us they would tell the staff or the acting manager if they had a complaint, but were happy with the care they received. We saw complaints were recorded and responded to. However, there was no system to deal with people's concerns or low level complaints.

The operations manager confirmed regular checks and audits had not been carried out at the home in recent months. He told us this was something they were looking to reinstate. There was no detailed action plan of the range of work required to be undertaken at the home, although the provider forwarded us an outline plan following the inspection.

People and staff were positive about the leadership of the new management and staff felt supported in their roles. They told us there had been a lot of change in recent months and acknowledged that change was always difficult. Staff meetings took place to discuss the running of the service and the care needs of people. People told us they were also involved in meetings and could raise concerns or make suggestions and requests.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, person centred care, safeguarding and good governance. You can see what action we told the provider to take at the back 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?

Inadequate

The service was not safe.

Appropriate systems were not in place to manage people's finances and protect them from potential financial abuse, because checks on accessing people's back accounts and cash balances were not overseen. People told us they felt safe living at the home and staff had undertaken training and had knowledge of safeguarding.

Some windows on upper floors did not have appropriate window restrictors fitted. Carpets on some stairways were worn and in need of replacing. Not all recommendations from a fire safety assessment had been undertaken or planned. Medicines were stored and handled safely.

Proper recruitment processes were in place. People told us that during the day there were enough staff but felt there could be more staff available in an evening. Some areas of the home were not clean and some areas were damaged and could not be cleaned effectively.

Is the service effective?

Requires Improvement

The service was not always effective.

A range of training had been provided. Some staff told us they would welcome additional training in specific areas directly related to the care they delivered. Staff had received regular supervision and annual appraisals in the past and future appraisals had been programmed for the near future.

One person had been subject to a restriction of their liberty under the Deprivation of Liberty Safeguards (DoLS), part of the Mental Capacity Act (2005) which had lapsed without the home's management being aware. Other people at the home had not been assessed to see if they fell with the boundaries of DoLS

People enjoyed the meals provided and had access to a range of food. The home had been adapted to aid people with limited mobility through the establishment of ramped entrances and a lift.

Is the service caring?

Requires Improvement

The service was not always caring.

People were happy with the care and support they received and enjoyed living at the home. Staff supported people with kindness and consideration and there were good relationships between them. People had not always been actively involved or consulted in the planning and reviewing of their care.

Summary of findings

People had access to a range of health and social care professionals for assessments and checks to help maintain their health and wellbeing and were encouraged to attend appointments.

People's dignity and privacy was respected. They people were able to reside in their own rooms if they wished and staff always sought permission before entering their rooms.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans contained a range of details but had not been regularly reviewed and did not always contain information that reflected the current care being delivered. Professionals told us staff supported people well, including people with more complex presentations.

Most people at the home liked to follow their own interests. People and professionals raised concerns about a recent change at the home, which meant people could not be accompanied by staff when they went out in the community.

People told us they were happy at the home and had no current complaints about their care. Complaints records were available, with no recorded complaints in the last 12 months.

Is the service well-led?

Requires Improvement

The service was not always well led.

Checks and audits on the quality and safety of the home had not been undertaken since December 2014. The acting manager was still assessing what needed to be done at the home before restarting regular checks. As yet there was no detailed action plan, with defined timescales, to monitor progress.

Staff told us there had been a great deal of change at the home but talked positively about the support they received from the acting manager. People and staff talked about the team atmosphere at the home. People felt the new managers were making a positive influence at the home, although again highlight the period of change as being unsettling.

There had been some meetings with staff and people who lived at the home so they could contribute to the running of the home. Records were not always complete and up to date, although daily records contained detail of people's day to day activity.

Gailey Lodge 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 checked 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 23, 24 and 26 June 2015. The first day of the inspection was unannounced.

The inspection team consisted of an inspector and a specialist adviser who has expertise in the type of care the home was providing.

Because of the change in the home's registered provider they were not requested to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the 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 five people who used the service to obtain their views on the care and support they received. We talked with the acting manager, the operations manager, the registered provider's nominated individual, a senior care worker, three care workers, the chef and a member of domestic staff. The home's administrator showed us systems involved in the running of the service. Additionally, we conducted telephone interviews with three care managers and a district nurse.

We observed care and support being delivered in communal areas, including lounges and the dining room, looked in the kitchen areas, the laundry, bath/shower rooms, toilet areas and checked people's individual accommodation; this was carried out with people's permission. We reviewed a range of documents and records including; five care records for people who used the service, nine medicine administration records, four records of staff employed at the home, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who lived at the home and a range of other quality audits and management records.

Is the service safe?

Our findings

We looked at how the service was supporting people to manage their finances. The administrator showed us that each person had an individual file to keep their available cash in. She said if people purchased items or asked for cash, then a receipt was completed and signed by the individual. All staff working at the home could access the safe and would provide money to people when they needed it. The administrator told us staff often forgot to write out receipts when they provided people with cash and that once a week she reviewed the money remaining in people's files and checked it balanced with receipts. She said she was the only one who carried out these audits and no one else in the service checked her calculations were correct and that all monies were accounted for. We checked people's financial files and noted balances were correct and cash available tallied with starting balances and receipts available. The administrator held bank cards and PIN numbers for nine people who lived at the home. She told us she used the cards and PINs to withdraw additional funds for people and that no one audited this process.

We saw people's files contained documents assessing their capacity or detailing their agreement to their finances being handled by the home. However, it was not clear from the documents if people's care managers had been actively involved in supporting these decisions. We also noted agreements had not been regularly reviewed to determine if they were still appropriate. We spoke to the home's operational manager about this. He told us he was aware of the situation and acknowledged the system was probably not safe; putting both people who lived at the home and the administrator at potential risk. This meant people were at risk of financial abuse because proper checks were not in place to audit and review personal finances at the home.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13(2). Safeguarding service users from abuse and improper treatment.

During our inspection work was being undertaken on the decoration of some parts of the home. However, the majority of the home still required work to be carried out. The main lounge had a carpet which was heavily stained in places and the stair carpet had worn through areas. On the ground floor we found a toilet had a bucket placed behind it which was half full of water. It appeared the toilet was leaking. We asked the staff and operations manager about this. They were not aware of why the bucket had been placed there or that the toilet appeared to be leaking. Vinyl in some areas of the home was worn and in need of replacing. Furniture in the main lounge area was dirty and worn or torn in places and in need of repair or replacement.

We noted that a range of recommendations had been made in the fire risk assessment, but not all of them had been actioned or completed in the suggested timescale. For example, the assessment had highlighted the need for a new fire system to be installed, with a suggested timescale given of six months from September 2014. The provider told us they would be considering this as part of refurbishments planned in the next six months. We also saw the need for a cut off valve for the gas in the kitchen area had been highlighted in both the fire report and on the gas safety certificate. The provider confirmed this work had not yet been actioned. This meant safety advice from qualified professionals had not always been followed.

We noted some windows in the home had window restrictors which did not meet current guidance from the Health and Safety Executive on window safety in care homes. Some windows were restricted with simple chains secured with screws. These could be easily unscrewed using a knife or other implement. We found in one person's bedroom the chain had been detached. UPVC windows at the home only had internal restricting hinges, although we could not easily disengage them. We spoke with the provider about this. They told us they were not aware of the current guidance but would look into the matter as soon as possible.

We also noted several areas of the home were dark because of missing or broken light bulbs. For example, in the dining room only two out of six light bulbs were working. In a downstairs corridor leading to a bathroom and toilet there were no lights working and the only illumination in this area was from the home's emergency lighting. This posed a risk to people using the area in that they may not be able to see effectively.

The provider had an electrical certificate for fixed electrical systems at the home and the lift and hoisting equipment had been subject to Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks. We noted visual checks on small electrical equipment had been

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carried out in June 2014 but could find no indication of more up to date checks. Portable Appliance Testing (PAT) stickers indicated a number of appliances were outside the test period. We asked if confirmation of up to date test was available but evidence of this could not be found.

The acting manager and the nominated individual told us they were aware the home was in need of a range of updating and improving.

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

The acting manager told us the home currently employed a housekeeper who worked from 8.00am until 2.00pm, Monday to Friday. We spoke with the housekeeper who told us she carried out the cleaning and laundry duties at the home. She felt she had enough time to clean the home and carry out her other jobs but did not have a formal check list to monitor the work that required completion but followed an informal system. A care manager told us that despite the look of the home he felt cleanliness had improved in recent months.

We found some parts of the home were not clean. Bath equipment had a build-up of dirt and lime scale in places. A working surface in a bathroom area was broken leaving a raw edge that could not be cleaned effectively. The working surface in the general kitchen had a hole drilled through it, leaving a raw edge of chipboard that could not be cleaned. Not all toilets had waste bins for the disposal of hand towels and the waste bin in the kitchen area was not foot operated, meaning contamination could be caused by touching the bin when dealing with food. We witnessed the housekeeper filling a mop bucket, used for cleaning floors, from the boiler used to make hot drinks; holding the bucket against the spout and on the kitchen working surface. The operations manager told us this should not have happened. There had been no legionella assessment carried out at the home.

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

People we spoke with told us they felt safe at the home. One person told us, “I feel safe here. I’ve no reason not to.” Another person said, “I feel safe and secure living here. I’ve always felt safe here. In the early days I used to rush to get back here; it was a safe place to be.”

Staff told us, and records confirmed they had undertaken training in relation to the safeguarding of adults. They were able to describe the action they had taken when safeguarding issues had arisen in the past. These were in line with local procedures. Staff told us they would report any concerns to the senior on duty. A senior care worker we spoke with told us that either he or the manager would then take the formal steps to log the incident and notify to appropriate authorities.

A range of risk assessments had been carried out at the home, including fire safety and control of substances hazardous to health (COSHH). People’s care files contained copies of a personal evacuation plan. This contained good detail about the type of support people may need to exit the building in the event of a fire.

Incidents and accidents at the home had been recorded by the provider. There were details about the type of accident or event and the action that had been taken to deal with the matter. For example, people had been seen by a general practitioner or taken to hospital for a check-up. However, it was not always clear whether the events had been reviewed in relation to any possible lessons that could be learned from the event, or any changes in care.

The acting manager told us there were currently three senior care workers and eight care workers employed at the home. In addition, there was also an administrator, a chef, a housekeeper and a handyman. The administrator also had care qualifications and was available to support care delivery at the home, if necessary. For each shift there was a senior care worker and a care worker on duty, although a senior care worker was currently on long term leave and another had recently left the service. This meant staffing was currently reduced and the home was using agency staff on a short term basis.

People living at the home told us that during the day there were enough staff at the home to support them with their needs. However, they highlighted the period between 5.00pm and 10.00pm as being a time when, as there were only two staff on duty, there were potentially insufficient staff readily available. People told us one person required two care staff to support them with their personal care and this could sometimes take 40 minutes. This meant there were no staff supporting the remainder of people at the home during this period. In addition, staff on the later shift were also required to manage heating and serving the teatime meal, as the chef did not work evenings. People

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told us they thought staffing had been reduced slightly in recent months and staff seemed to spend a lot of time in the office completing paperwork, rather than being with them. They said it was now more difficult to get support to go out into the community or to pop to the local shops for items. People felt that being able to go out should be part of their overall care.

We spoke with the nominated individual about this. He told us he had noticed the evening period often seemed very busy for staff and he was looking at how this could be managed. Also, that they had stopped providing one to one support in the community because they felt this element of care was not covered by local authority funding. He said they were currently in discussion about additional funding for this type of support. A care manager told us this change had caused a problem, as it was implemented suddenly and they had been unable to find alternative ways of supporting people who lived at the home.

Staff personal files indicated appropriate recruitment procedures had been followed. We saw evidence of an application being made, references being requested, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. We noted that as part of the interview process people who used the service had been asked to be part of the interview process, or had met the applicant prior to the interview and their opinion sought about the person's suitability to work at the home.

We examined the Medicine Administration Records (MARs) for people who lived at the home. We found MARs had photographs attached to ensure people could be correctly identified and there were no gaps in the recording of medicines being given. Medicines were provided by a local pharmacy in sealed trays over a four week period. Each tray had a photograph of the person attached and other identifying information. We also noted some people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. Where this was the case specific care plans or instructions were in place to indicate when these medicines should be given. People who were prescribed creams or lotions had body map diagrams to indicate where the cream should be applied. People told us there were no problems accessing their medicines. We observed people receiving their medicines and noted it was given when they requested and they were supported appropriately.

Is the service effective?

Our findings

The acting manager and operations manager told us one person at the home was subject to a Deprivation of Liberty Safeguard (DoLS) order, under the Mental Capacity Act (2005) (MCA), to restrict their ability to leave the home. He told us the person regularly went out of the home and into the local community, which would contravene the DoLS order. When we checked the person's care records we found the order had been granted for only three months and had expired the previous month. The operations manager told us they were not aware of the situation and understood the local authority would either renew the order or contact them about it. He told us the person had not been reassessed to see if the DoLS remained appropriate. This meant that the person could have been restrained from leaving the home unlawfully, because the home was not aware the order had lapsed.

We spoke to the local authority safeguarding adults team who confirmed the order was no longer in place. We also spoke to the person's care manager who told us the individual concerned did access the community locally, without supervision, and she as unsure if the DoLS remained appropriate. The acting manager told us a small number of people at the home were living with dementia and may not have capacity to make decisions at times. We could find no evidence in people's files that assessments had been undertaken to ascertain if these people should be considered under DoLS guidance. We spoke to the provider about this, who told us they he did not have any specialist knowledge of the MCA or DoLS and it was something that needed to be looked at.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13(5). Safeguarding service users from abuse and improper treatment.

People told us they felt supported by the staff at the home and they had the right skills to help them. One person told us, "You get support and encouragement from the staff." A care manager told us she thought the staff at the home had the skills to support people. She told us, "It can be difficult and challenging at times, but they seem good at coping."

Staff told us they had access to a range of training and records showed that some refresher training had taken place in areas such as; first aid, fire safety, food hygiene and moving and handling. The acting manager showed us a copy of the last available training matrix; a list of when training had been completed and those areas that were due to renewal. We saw the matrix had not been updated since 2014. We asked staff if they had received specific training regarding issues such as alcohol dependency, challenging behaviour or supporting people with dementia. They told us they had received no training in these areas and said they dealt with a situation as it arose. One staff member told us, "Training around alcohol would be very good and the different forms of dementia, as we have people with the condition." They told us support from senior staff was available, if necessary. They felt it would be helpful to have additional knowledge and skills in these areas, to better support people who lived at the home.

Staff told us they had received regular supervision and appraisals from the previous manager. The acting manager told us they were in the process of reinstating regular supervision for all staff. Staff had been asked to complete a pre-meeting questionnaire highlighting any issues or concerns they may have, or areas they wished to discuss. We saw copies of these documents and staff confirmed supervision meetings were planned in the near future. Recently employed staff told us they had received an induction when starting work at the home and had been able to work with more experienced colleagues in the early part of their employment.

People living at the home were encouraged to give their personal consent. We saw staff knocked on people's bedroom doors before entering and asked people's permission for us to view their bedrooms as part of the inspection process. Staff told us they tried to work with people and encourage them to participate in events or to attend appointments; however in the end they could only support people if they agreed. We saw some care records contained consent forms and agreements signed to say people agreed to the care described or the procedures implemented in the home.

People told us they were happy with the food at the home and praised the chef. Comments from people included, "I think there is enough to eat; ten out of ten for the cook" and "Generally the food is okay; can't fault it. The hotpot is absolutely brilliant." We spoke with the chef at the home. She told us she had access to enough food and was able to provide of choice of two meals each day. If people did not like the available choices then alternatives were provided.

Is the service effective?

She was also aware of special requirements for some people. For example, one person was diabetic and required a special diet. Other people at the home had been assessed by a speech and language therapist and required their food to be cut up into small pieces. These people were supported individually at meal times.

People had open access to a kitchen area at the home so they could make hot drinks when they wished. Some people had also been out to local shops and bought their own bottles of soft drinks, which they kept in their rooms. We saw from minutes of both staff and residents' meetings that there had been an issue of access to milk for people making drinks. Staff meeting minutes suggested that people could be restricted to having hot drinks only at certain times of the day because of this. Some people told us they bought their own milk and kept it in their rooms.

The operations manager told us that restricting hot drinks had only been a suggestion, but he would review the overall food budget at the home and if additional milk could be provided would look at how to best support this.

The home supported a number of people who used wheelchairs for mobility. Most of the ground floor was accessible to people and outside areas had ramps to access the community or garden area. The outside of the home was generally in a good state of repair. The provider told us that more work was planned for the garden and the provision of a smoking shelter was also scheduled, to replace the current indoor smoking room, which allowed smoke to pervade other parts of the home. Toilets had been raised on plinths to make them more easily accessible to wheelchair users. The home had a lift that allowed people to access all floors.

Is the service caring?

Our findings

It was not always clear from people's care records whether they had been actively involved in the initial establishment of their care needs and goals or in reviews during their stay at the home. People's files contained copies of a monthly review sheet, on which was detailed any activities they had been involved in, any health appointments or any contact with their family. However, it was not clear from the records if people had been actively involved in these reviews. We also noted care plans were not always signed by people to say they had been part of the discussion and agreement on the care to be supported. People we spoke with told us they were sometimes involved in discussions about their care, particularly when their care manager or social worker visited. However, they told us they were not always aware of their care plans and the information they contained. We spoke with the operations manager about this. He told us, "We have inherited a lot that we are not happy with." This meant it was not clear if people were actively involved in developing or reviewing their care plans as part of the overall support provided by the home.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9(3)(d). Person-centred care.

People we spoke with told us they were happy with the care provided and that staff were available to support them. Comments from people included, "The staff are good, yes" and "They have helped with everything; lifestyle and things like that. There has been good encouragement and support from the staff."

We spent time observing people in communal areas around the home. We saw in all cases staff spoke to them with respect and demonstrated positive and caring relationships. For example, one person presented at the office in a distressed state. Staff immediately responded to their distress, spoke reassuringly to them, calmed them down and tried to ascertain what the problem was. One person told us, "I have a good rapport with staff. I have a bit of banter (joking) with them, which is okay. You give it and you take it. I take the mick out of (staff member) and vice versa; but it's not malicious in any way." We saw domestic and kitchen staff engaged with people as they went about their duties, asking people how they were and what they were doing that day. One staff member told us, "I have a good relationship with all the staff and all the residents."

People living at the home had a range of abilities. Staff took time to support people with these and recognised their approach needed to be adapted on an individual basis. For example, one person had speech that was not always clear, because of their condition. Staff took time to listen carefully to what the person was saying and reflect back to them, to make sure they had understood them correctly. One staff member told us about another person who had difficulty with verbal communication. They said he communicated his needs using signs and they were able to support him the majority of time using this technique.

People were supported to maintain their health and wellbeing. We saw people attended appointments with general practitioners and other health and social care professionals. Copies of letters from consultants, speech and language therapists and other health professionals were maintained in people's care records. People we spoke with told us staff helped them with appointments and would arrange for them to see their general practitioner or other health professionals, if they requested it. Staff told us that no one at the home was currently being supported by an advocate. The acting manager told us they would contact people's social worker or care manager if they felt the person needed help or support in making decisions or making views known or understood. We saw staff supported people on a day to day basis, such as ensuring other staff understood what they would like for meals.

People told us their privacy and dignity was respected. They said they could go to their room and spend time alone if they wished. One person told us how staff supported him with showering, but did not come into the shower room unless he specifically asked, but kept an eye on him, "just in case." During our observations of people and staff we noticed that there was enough space for people to socialise and talk with friends, as well as find their own space if they wished to. People who smoked had a designated room to use. One person told us, "Everyone likes their own free time and I can come up here when I want."

Is the service responsive?

Our findings

People's care plans contained personal information about their next of kin, general practitioner and other significant individuals. Most records also contained a photograph to aid with identification purposes. However, we noted the quality of these photographs was not always good.

People had care plans relating to their identified needs. However, the care plans were not up to date and in some cases had not been reviewed for over 12 months. This meant it was not always clear what the current care needs were and whether they were being addressed. For example, we noted one person was receiving regular allocations of alcohol throughout the day, to help them cope with their addiction. There was no record in the care plan of whether the person was still actively participating in the programme and whether there was a plan to reduce the amount of alcohol they consumed. We spoke to the acting manager about this and they said they were unsure. We spoke to the person themselves. They told us they were still participating in the programme and that a worker came to see them at the home. They told us they were working to limit their own use of alcohol. This meant care records did not reflect the current needs of the person and staff were not up to date on care being delivered.

We noted another person was diabetic and was receiving a low dose of two units of insulin twice a day. The MAR record did not record the actual units of insulin and a dose was not specified on the packets of insulin received from the pharmacy. We looked at the person's care records. We saw their care plan for diabetes was dated March 2014. The plan suggested they should be receiving 18 units of insulin in a morning and 14 units in an evening. We asked a member of staff where it was recorded that the person should be receiving two units of insulin twice a day. They told us it should be in the care plan, but were unable to find it. We eventually found a letter, dated July 2014, from a diabetic consultant, filed amongst a range of documentation about nutrition. This indicated the person should be receiving two units of insulin twice a day. This meant that although the person was receiving appropriate care, there was a risk staff may give the wrong level of insulin because the care plan had not been reviewed in line with the latest advice from health professionals.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17(1)(2)(b)(c). Good Governance.

We spoke with the acting manager about the care plans and how they had not been recently reviewed or updated. She told us she were aware of the deficits and were looking to introduce new care records of a type currently used in the provider's other home. She showed us copies of the intended format.

People told us staff at the home responded to their needs and supported then in their day to day life. Comments from people included, "The staff are alright, they are there when you need them"; "If you have a problem you just go to the staff and it is sorted" and "If you ask and it's in their means it's there for you. Medication, meals, room; everything is okay."

Professionals we spoke with told us they thought the home was responsive and supportive of people's needs. One care manager told us, "They have complex and quite difficult needs, but the service have taken them on and I've found it to be really good support." Another care manager told us, "They took them on as an emergency, but dealt with it really well. I've been asked questions and challenged by staff on how (person's) needs can be best met." Another health worker told us, "They are very good at identifying needs, such as personal care, which can be an issue."

Staff told us there were no formal activities at the home and that most people spent time as they wished. We saw people spent time in their rooms, in the main lounge or in the smoking area. Some people went out into the local community unaccompanied. Minutes from the last residents' meeting indicated some discussion had taken place regarding organised events taking place in the home, which people were enthusiastic for. One person told us, "I like sitting downstairs with my mates. I go and visit (relatives) once a fortnight and sometimes go to North Shields." Another person told us how he did what he wanted, including going out to nightclubs. He told us, "I can go out when I like and come back anytime."

People and care managers raised concerns about a change by the home's new provider, which had resulted in people not being able to go out in the community accompanied by staff. A care manager told us the change had been brought in quickly, meaning it had been difficult to discuss the changes and make alternative arrangements. People told

Is the service responsive?

us they could not always go out because there were not always enough staff at the home. They said it sometimes restricted their personal shopping. We spoke with the nominated individual about this. He told us his understanding was that agreements with local authorities had not included funding for one to one support and so they had to withdraw this facility. He said they were in discussion with people's care managers about future funding.

People were able to express their individuality. They were able to socialise with who they wished and those able to do so independently were able to go out to meetings or events. One person told us how they went regularly to a club where they could take part in activities such as art.

They showed us some of the painting they had completed. People's rooms were decorated in a way that reflected their individual personality and interests, with pictures, personalised bed linen, books and ornaments.

People told us they had not made any complaints and formal records showed there had been no complaints about the service since August 2014. We saw this complaint had been investigated and a response made to the person who raised the concern. People told us, "I've no complaints. It serves my needs for the time being" and "The staff are great; no complaints." We asked how informal complaints or internal disputes were dealt with or recorded. Staff told us there was no formal system for dealing with lower level concerns and any issues would be recorded in people's personal files.

Is the service well-led?

Our findings

At the time of this inspection the provider had appointed an acting manager and an operations manager to manage the home. The acting manager was already registered as a registered manager for another location, also owned by the provider. Our records showed she had made an application to add Gailey Lodge to her current registration. The acting manager and operations manager were present on all days of the inspection; the provider's nominated individual was also present for the first two days of the inspection.

People told us they had been deeply affected by the recent events and that it had impacted on people who lived at the home and staff. All the people we spoke with talked positively and affectionately about the previous manager. The acting manager and operations manager told us there was, "a lot still to pick up" from the previous registered manager's systems to continue to improve the home.

We saw that the checks carried out on care and safety at the home had ceased in November or December 2014. These checks included audits on the building, some audits of medicines and people's care records. There had been no further audits or checks on the quality of the service after these dates including since April 2015, when the acting manager and operations manager came into post. They told us they had not carried out any audits as they were still finding out about the home. They said time needed to be invested in the service, but there was a lot to do and they were still looking at how to prioritise all the elements. They said one of the things they were looking to do was to introduce a deputy manager role to the home to help oversee the care and developments.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17(1)(2)(a)(b). Good Governance.

We talked to the nominated individual about the improvements that were required to be undertaken at the home and the fact the provider had been running the home since September 2014. He told us he felt the individual care at the home was good and there was a homely feel to the property. He told us this was one of the reasons they had decided to take over the running of the home. We asked if there was an action plan which set out the range of matters that needed to be addressed and identified timescales for the work to be undertaken. He told us he had identified a list of work that was required but had not formulated a detailed action plan, designed to improve and develop the home. He added, "We know we are not in the best possible place with Gailey Lodge, but it is a process that needs to be addressed. We are under no illusion that we are a long way from sorting things out. We should be able to sort things out in a short time." The nominated individual subsequently sent us a brief action plan with indicative timescales and identified individuals responsible for taking thing forward.

Staff told us they were happy working at the home, but felt there had been a great deal of change over recent months. Comments from staff included, "I'm happy with work at the moment. It's been a bit difficult over the last few months. We've only known what (previous manager) did, so there is a lot of change. It is getting used to different people and different systems"; "It's a home from home. I never grumble when I get out of bed in the morning"; "We are still getting to know each other. No one likes change but I think change is good"; "The best thing is the people who live here. They seem very appreciative of the support they receive and seem very happy." People who lived at the home told us, "(Previous manager) was great. The new people are alright. The owners are great; I get on with them no bother. It's taking a bit of getting on with; finding out about each other" and "It's been quite a difficult period. I've no problems with (acting manager and operations manager). They handle what they are doing very well."

Staff told us there was good team work at the home and they felt well supported. They said they enjoyed their work. Comments from staff included, "We work as a team. There is a lot of team work. Management are trying their best with what they have. It is a work in progress"; "The new manager is fine. They were very supportive of me with my change of hours. They were very good and found a way round it"; "(Acting manager) is really great and has a lot of ready information; she is really knowledgeable. She usually knows the answer or will make time to find out. She always prioritises the needs of people who live here" and "I'm happy here. It's a nice group of people to work with and the residents are nice."

Staff told there had been two staff meetings since the acting manager started working at the home. We saw copies of minutes from these meetings and saw a variety of issues had been discussed, including new shift patterns

Is the service well-led?

and the introduction of in-house activities. We noted some staff had suggested the introduction of a communications book to improve handover information. We saw managers had supported the suggestion and the system was in place.

People we spoke with told us there had been one residents' meeting since April 2015. A member of staff had attended the meeting to deal with any queries, although people had suggested that one of the providers should also attend. We saw people had raised issues such as access to milk for drinks and the reduction in staff support restricting some people being able to go out into the community. The staff member in attendance said they would look further into the issues. People told us they organised the meetings and, although they were planned to take place monthly, they could call a meeting anytime they had something to discuss.

Professionals we spoke with told us they had only had limited contact with the new management team at the home. They said their impressions were that they were helpful and responsive. They felt the home could have communicated better over the change in individual supported time.

Records at the home were not always kept up to date. People's care plans had not been reviewed and updated, weekly fire safety checks had not been completed since May 2015 and checks on people's rooms had not been updated since August 2014. Daily records kept about people's day to day activities were generally up to date, although some gaps were evident. The acting manager told us the home's handyman was currently absent which had led to the gaps in fire and other safety checks in recent weeks.

The nominated individual told us he felt practical things had been achieved at the home in the past few months. He told us, "Are there things which need addressing? Yes, I think there are." He said he thought the new provider had brought about small but subtle changes at the home.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not in place or operated effectively to prevent potential financial abuse of service users. Regulation 13(2). Checks had not been undertaken to ensure people were not unlawfully deprived of their liberty. Regulation 13(5).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Systems were not in place to ensure that premises used by the service provider were safe. Systems were not in place to ensure that equipment used for providing care was safe. Regulation 12 (d)(e). Systems were not in place to assess the risk and control the spread of infections. Regulation 12(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Systems were not in place to support people to participate in making decisions relating to their care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

Systems were not in place to monitor and mitigate risks relating to the health of people who use the service and accurate, complete and contemporaneous records were not always maintained.