Four Seasons 2000 Limited

Hungerford Care Home

Inspection report

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Date of inspection visit: 17 July 2014
Date of publication: 28/01/2015

Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The Hungerford Care Home provides accommodation and nursing care for up to 59 older people who have nursing or dementia care needs. There were 52 people living at the home when we visited.

Summary of findings

People gave us complimentary comments about the service they received. People felt happy and well looked after. However, our own observations and the records we looked at did not always match the positive descriptions people and relatives had given us.

People's safety was being compromised in the home. Some equipment was not cleaned or well maintained, procedures to control the spread of infection were not robust, and there was insufficient support for people who became distressed or who were unable to make their needs known.

People's health care needs were assessed. However, staff did not always provide support and care in an effective way. People were not always supported to eat and drink enough to meet their nutrition and hydration needs. In some cases, this either put people at risk or meant they were not having their individual care needs met.

Although people told us they felt their privacy and dignity was respected and made positive comments about staff, we saw that care was mainly based around completing tasks and did not take into account people's preferences. Some people living at the home were not engaged in meaningful activities or did not have opportunities for social engagement. People who use the service were not always treated with consideration, and their privacy and dignity respected while receiving their care and support.

The provider had a system to assess staffing levels and make changes when people's needs changed. The rota demonstrated the provider had the right numbers of staff on duty to support people. However, they could not be sure that at all times the staff had the appropriate knowledge and qualifications to meet people's needs.

Staff training records included mandatory training considered by the provider as being appropriate training for the staff. However, not all staff were up to date with, or had received their mandatory training. We saw evidence that learning was not always put into practice when staff supported people.

Staff were following the principles of the Mental Capacity Act 2005 (MCA) when supporting people who lacked capacity to make decisions. The manager was knowledgeable about Deprivation of Liberty Safeguards (DoLS) and MCA. They had taken appropriate action with the local authority to ensure where restrictions were placed on people, these were reviewed and agreed. Where people's liberty was restricted, this was carried out in the least restrictive way in order to help protect people's rights and freedom.

The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure. Most people and relatives told us they did not have any complaints. One person told us they had made one complaint and it was responded to appropriately. People and relatives told us they knew they could speak to staff or address the issues with the manager.

The manager had a system in place to assess and monitor the quality of care. However, we saw this system did not work effectively to identify all issues or concerns with the home and practices. Without an effective system the home was not able to make improvements where and when necessary so that people could receive support and care they needed.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take 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?

Requires Improvement

The home was not always safe. People were at risk because equipment was not always cleaned, and cleanliness and hygiene standards had not been maintained at all times to prevent cross infection. People's individual needs were not supported at all times.

There were enough staff on duty to meet people basic needs. However, staff did not spend time engaging with people and staff did not always have the training or knowledge they needed to support people safely.

Staff knew how to recognise and respond to abuse. People, relatives and staff were confident issues or concerns raised would be dealt with appropriately. The manager was knowledgeable about Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). They had taken appropriate action with the local authority to make sure people's rights and liberties were safeguarded.

Is the service effective?

Requires Improvement

The home was not always effective. Staff were not consistently following the care plans to ensure people's health needs were met. Important information about people's care and welfare was not always recorded or available. Staff received supervision but not always the required training that would be put into practice and enable them to meet people's needs effectively.

People who may not be able to speak up had access to advocacy services to represent them if needed.

People were not always supported to eat or drink appropriately to maintain their health. However, people enjoyed the care home's food and people could choose what they ate and where to eat.

Is the service caring?

Requires Improvement

The home was not consistently caring. People were positive about the care they received, but this was not supported by some of our observations.

Care mainly focused on getting the tasks done and did not take account of people's individual preferences. People were not always supported with kindness, care, respect and dignity.

People who use the service, and those that mattered to them, could make their views known about care, treatment and treatment and this was addressed.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not responsive to people's needs. Care plans did not always show the most up-to-date information on people's needs and care. Staff did not always interact with people or respond appropriately to people if they became distressed.

The service managed complaints that had been raised. People, relatives and staff told us they knew how to make a complaint or raise a concern.

People were able to make everyday choices, but we did not see this consistently happening during our visit. There were not enough meaningful activities for people to participate in as groups to meet their social needs.

Is the service well-led?

Requires Improvement

The service was not always well led. People were put at risk because systems for monitoring quality of the service and risks were not always effective.

Some monthly audits were carried out on a regular basis but they did not always pick up issues or improvements needed. There was no evidence of action plans or action taken where a concern had been highlighted.

People, relatives and staff had opportunities to discuss various topics and raise any concerns with the manager on a regular basis.

Hungerford Care Home

Detailed findings

Background to this inspection

We visited the home on 17 July 2014. During the visit, we spoke with 17 people living at Hungerford Care Home, seven relatives, three nurses, 11 care staff, three ancillary staff, the registered manager and the area manager. We observed how people were cared for and supported. We looked around the home and at a range of records about people's care and how the home was managed.

The inspection team consisted of two inspectors, a specialist nursing advisor and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before we visited the home we checked the information we held about the service and the service provider. We reviewed the Provider Information Record (PIR), statutory notifications sent to us (a notification is information about important events which the service is required to send us by law) and previous inspection reports. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and which identified areas of good practice. We also contacted commissioners of this service and health professionals who visited people in the home to obtain their views. No concerns have been raised and the service met the regulations we inspected against at their last inspection in May 2013.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

Although people who use the service said they felt safe and well looked after and relatives were satisfied with the care people received, we observed people were not always safe.

People were not always protected from the risk of infection because not all areas of the home were kept adequately clean. We reviewed cleaning schedules and staff's training for infection control. The arrangements were in place to record the cleaning however it did not always work to keep the home clean and safe from risk of cross infection. Carpets in some parts of the home had a strong unpleasant odour. Taps in people's rooms had not been cleaned properly and had a build-up of lime scale. We found a mattress that smelled strongly of stale urine. A bathroom chair, the trolley used by nurses for dressings and a commode not cleaned properly. It was difficult to get to one sink used for hand washing because there were items stored in front of it. The bins used for clinical waste should have been locked according to the home's procedure, however they were not. Staff did not always wear gloves when handling soiled items or bodily fluids as gloves were not always readily accessible. We observed a staff member who, after carrying out a personal care task, did not remove their gloves when supporting that person to walk back to the lounge. There was no contract in place for servicing the washing machines. Staff did not know how to check if the temperature of washing water was set at a temperature high enough to deal with soiled items. They could not be sure that clothes were washed appropriately to reduce the risk of infection.

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

People and their relatives told us there were enough staff on duty to meet people's needs. People told us they were happy and had no complaints: "I have everything I want, I am very happy". People told us they felt safe. Relatives were complimentary of the support and care provided: "It is a brilliant home, nice room, lovely view, my family member is well treated and she is happy." We observed how staff responded to call bells. These were attended promptly, although on a few occasions people had to wait longer, sometimes more than 5 – 7 minutes.

The provider used a system to analyse people's needs and calculate appropriate staffing levels. The provider had staffed according to analysed needs. However, the organisation of staff and their work meant that people's needs were not always met. Staff told us they felt more staff were needed. They were concerned about staffing levels and tasks they needed to carry out on a daily basis. The manager was aware of this, had considered this feedback and was in the process of recruiting for more staff.

People were protected from abuse. People said they felt safe and did not have any concerns about abuse or bullying from staff. Relatives felt their family members were kept safe and were satisfied with the care they received. Care staff knew how to identify potential abuse and understood their reporting responsibilities in line with the service's safeguarding policy. In addition, we saw evidence the registered manager had notified the local authority, and us, of safeguarding incidents. Members of staff were familiar with the whistle blowing policy and knew who to go to in order to raise a concern. There were a few staff who were not sure if there was someone else they could report their concerns outside the service. One staff member told us they had raised a serious concern and that the complaint had been taken seriously. This had resulted in the manager taking prompt and appropriate action. The provider's recruitment process and checks were not always as thorough as they should be. The provider had not explored and recorded all gaps in people's employment history. Other checks such as proof of identity, Disclosure and Barring Service checks, references and health questionnaire had been completed.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager was knowledgeable about DoLS and the Mental Capacity Act 2005 (MCA). They had taken appropriate action to ensure people's rights and liberties were safeguarded. The provider had worked together with the local authority to review people who use the service to make sure their rights and liberties were protected. We looked at the risk assessment process to help staff support people and make sure they were safe without their freedom being restricted. For people who needed their liberties restricted to keep them safe, this had been carried out in the least restrictive way. At the time of our inspection one person was lawfully being deprived of their liberty through a DoLS application. Staff had a good general understanding of what mental capacity meant. They told us: "It's about the way a resident understands you at that moment", "Helping people to make decisions at that point in time" and "To find out if

Requires Improvement

Is the service safe?

they can cope with what you are asking". People and relatives told us: "They do really look after me. They care about me", "It's been a good experience" and "I am here because I chose to be".

Requires Improvement

Is the service effective?

Our findings

People did not always receive effective care. Improvements are needed in relation to staff training, management of some healthcare needs.

We reviewed the latest training matrix given to us on the day of inspection. Not all staff had completed all of their training or done updates, for example, although the nurses were trained, 10 care staff did not have basic life support update or training. The registered manager told us this was considered mandatory training for all care staff. Five staff did not have moving and handling training. The registered manager also explained all training including medicine needed to be updated annually. The training records supplied on the day showed six senior staff did not have all their medication training or updates. We did not always see staff responding to people's individual needs. People were at risk of receiving inadequate care and not being adequately supported to undertake daily tasks and activities. Staff did not always receive appropriate training and professional development to enable them to deliver care and treatment to people safely and to an appropriate standard.

This was a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010.

Training for staff in moving and handling and the administration of medicines assessment were carried out face to face. During our inspection we observed how a gentleman was supported to get up after a sudden fall after standing up from his wheelchair. Two senior members of staff supported him appropriately to get back on his feet and go to his room. The lifting process was carried out with skill and sensitivity. The person was talked through the process and was asked for constant feedback to enhance reassurance. We were told trained senior staff acted as 'hoist' trainers for the newer members of staff. Real time supervised training was a requirement for staff.

Other training was done as e-learning courses. For example, basic life support, equality and diversity, fire safety, first aid awareness, infection control, and health and safety. We saw there was no training around specific needs, for example, dementia or Parkinson's disease. There was also no specific training in strategies for caring for people who were distressed or agitated. Some staff were unclear about how to support someone who was distressed or showing behaviour that may challenge. We observed that not all staff were supporting people and responding to their needs appropriately. For example, we observed staff supporting someone with Parkinson's disease but they did not recognise the person was struggling to undertake daily tasks. People were not always offered the opportunity to engage in activities or to carry out simple tasks. We spoke with the manager about staff's training as we did not always observe their skills and knowledge gained from the training were effective. The registered manager said they were observing staff, however they did not have any formal records of it.

People who lived at the home did not always receive effective care. The home used a Malnutrition Universal Screening Tool (MUST) to identify people at risk of being malnourished or obese. Not all MUST information was completed to date. A set of scales were out of use therefore two immobile people had not been weighed since May 2014. Without current MUST and weight information there was a risk that any weight gain or loss would not be acted on appropriately. There was a policy that everyone living in the home must be assessed for the risk of choking. We found these assessments were carried out. However, some staff were unsure of what to do if a person started choking. We raised this with the manager who took immediate action to ensure staff received training to improve their knowledge and practice.

We found it was difficult to know which wing we were going into and out. It was not clear how people could orientate in the home or find their rooms because we did not see any signage being adapted for people with dementia or visual impairments. There was a risk people were not able to move about the home as freely and independently as they might.

The day of our visit was one of the hottest days of the year and extra measures were put in place to ensure people had a constant supply of drinks. We observed there were jugs of water or squash in every person's room. However, we saw some people needed support with pouring their drinks. We had to ask staff a few times to help people pour themselves a drink as staff did not always recognise when people needed assistance. We also saw staff were encouraging people to drink and stay hydrated. One relative told us: "My

Requires Improvement

Is the service effective?

relative is in very poor health but the carers know about his needs and how to take care of him. If I have any worries I can talk it through with staff and they are very responsive to his needs."

We saw areas of good practice. People's care plans included risk assessments for pressure care, falls, personal safety and mobility. We saw evidence of pressure area management and assessment to make sure people's skin remained intact and prevented them from getting pressure sores. Staff used these to provide people with appropriate care and support. People had regular access to healthcare professionals, such as GPs, physiotherapists, chiropodists, opticians and dentists and had attended regular appointments about their health needs.

People were referred to other healthcare agencies so received comprehensive care, treatment and support in a timely manner. A social care professional told us staff knew people's needs well and seemed caring. They said they felt staff kept people safe. The staff contacted the local authority to request assessments, for example with an occupational therapist for equipment. Relatives told us if they had any real concerns about health issues they would speak to the nurse. We contacted service commissioners for their views. They were positive about the way home addressed issues raised and worked together to provide care and support. We received feedback from two health professionals, as well. They gave complementary comments about the home, the way people were supported and health issues picked up and addressed. Health professionals were always welcomed in the home and provided with information needed regarding people's health.

We talked to people and relatives about the food and drinks at the service and observed the mealtimes. Staff working in the kitchen were aware of different people's diets, likes and dislikes and specific dietary needs, for example diabetes. We saw records confirming this. One lady who required a pureed meal told us: "This is a lovely meal, it is really tasty. I enjoy eating the food here." People's comments were: "I really like the food here but the gravy is a bit runny", "Very tasty I like it. I like their puddings best and we can always have more!". A relative told us that: "Mum enjoys her food and really looks forward to meal times" and "Too much sometimes but it is lovely."

There was evidence that staff received regular supervision. Staff said they found these supervisions very beneficial and they helped with their development and to fulfil their roles effectively.

Requires Improvement

Is the service caring?

Our findings

There was a lack of consistency in how people were cared for, supported and listened to that had an effect on people's individual needs and wellbeing. As staff did not always focus on people's comfort, there was a risk of people receiving inappropriate care, treatment or support. We also observed people who found it difficult to initiate contact were given very little time and attention throughout the day.

Although we saw some good staff interactions with people, we also saw that people were not always supported in a caring way. Staff did not always recognise when some people became agitated or distressed and did not treat them in a caring manner. Some people did not get any attention from the staff even though they were trying to ask them for help. Staff had received training in how to manage behaviour that may challenge. We saw situations where this training was not put into practice. For example, one person was showing signs of worry and mistakenly thought a member of staff was their mother. The person looked very distressed. Staff would occasionally ask if she was "alright". However, no staff came to sit down and find out what the person wanted or why they were feeling this way. The person threw their food on the floor and pushed their drink off the table. They were offered some fruit but still did not eat and started sucking on the bowl. One member of staff noticed this, took away the bowl, and placed it back on the table saying: "Eat your banana" and walked away. We had to intervene and ask staff to help her with food and drink. We saw this member of staff brought some new food and drink, and the person started eating.

This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

During lunchtime we observed some good interactions between staff and people they were assisting with their meals. Staff chatted with people, held their hand and did not rush the meal. Staff read the body language well when the person was ready to take some food in or have a drink. However, we also saw that one staff member did not talk to the person while helping them eat. They occasionally referred to the person by name and put food or drink in their mouth without describing or explaining what it was. We could see a few people sitting on their own were not comfortable and needed some support with food or drink. Staff did not recognise people needed support until we asked them to help people. A few staff were helping others but could not support everyone in the room.

Staff were task focused and did not always treat everyone with respect, kindness and compassion maintaining their dignity. For example, one person was not comfortable sitting in the chair and tried to get up pushing the table away from themselves. Staff occasionally came to this person and asked if they were "ok" but walked away without helping them. Another person became distressed and agitated while in the garden. Staff observed but had not recognised this and did not come to help the person to cope with their distress and to calm them down. We also saw one person wished to go outside and we asked staff to help them. Staff did not interact with the person while outside and they came back inside very soon although the person said they wished to stay longer. We observed one person was supported to walk back to the lounge. A member of staff had a sanitary bag in their hand, the content of which was visible. There were other people, visitors and staff around who could clearly see this. This person's privacy and dignity after using the toilet was neither maintained nor respected.

This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010.

However, we also observed staff interacting positively with people and saw some examples where staff were helpful and kind. Relatives knew some staff well and staff responded to them in a courteous and reassuring way. During the day we also saw staff were sensitive to the needs of people and spent time reassuring them, involving them in what was happening and moving them safely. Where people declined help there was a degree of encouragement but people's wishes were respected.

We observed lunch in different areas of the home. In one dining room we observed a group of people who had physical care needs. People who needed support with their meals received this care in a timely manner. One person pulled the cloth off the table. Staff treated the person with great sensitivity and care. The issue was resolved without the person's dignity being compromised.

We looked around the home to observe the environment and where things were stored. We looked in store cupboards in the corridor. They were locked and contained

Requires Improvement

Is the service caring?

archived records. They were organised and the deputy manager was able to locate documents we asked for. The records were stored safely and appropriate levels of confidentiality maintained.

People who use the service were encouraged to take decisions and then given the appropriate level of support. For example, one lady wanted to move places in the lounge so she was helped to her feet but then encouraged to walk to her chosen seat independently. Another person was offered a meal while sitting in the garden. The person agreed and asked for some help. Staff sat with them and supported them to have their meal while chatting with the person. People told us they could choose when to go to bed and were supported by staff. Relatives told us staff were friendly and caring and did not see anything negative. The registered manager told us advocacy services were available to people who use the service. They told us two people who lived in the home currently had an advocate.

Requires Improvement

Is the service responsive?

Our findings

Care plans did not reflect that care and support was provided in accordance with people's individual preferences. We reviewed people's daily notes of care and support provided. This was not recorded in detail and there was no record of other activities undertaken, for example, "[Name] was assisted to wash and dress". There was also no other information about their physical health or emotional wellbeing or how they spent their day. Therefore, important information could be missed and not communicated to staff, relatives and health/social care professionals.

The home had some systems to engage people in meaningful activities, maintain their social skills and achieve emotional wellbeing. Activities were listed on display boards throughout the home, for example, a musical quiz, board games, knitting club and hands and nails. There was a church service coming in, visits by a 'pat dog' and activities designed to stimulate memory such as famous faces, and 'now and then' sessions. The hair dresser visited the home once a week to do people's hair. One relative said: "Mum loves the pat dog, she comes alive when he comes in and she can stroke him." The staff were aware of special events and days in the life of people and we saw these were celebrated. One relative said: "They will do anything for us. We had a birthday party for my mum. It was so wonderful."

However, these systems seemed to primarily accommodate the needs of people who could express their social preferences and engage with activities. There was a limited variety of activities on a day to day basis and some people told us they would have liked more things to do. We saw little evidence of individualised activities. We did not see staff encouraging a past skill or engaging in activities meaningful to people. We noticed two people were left in front of the television in one of the lounges. We did not see any staff interacting with them or sitting together. The registered manager told us the activity co-ordinator was on leave. We asked them who was responsible for activities, when the coordinator was away. The registered manager told us: "It's up to staff to do it". Even though the service had a programme of activities for people, some people were not protected from isolation and there was a lack of stimulation for them. People who use the service were not always helped to maintain their wellbeing and encouraged to participate in an activity suited to their needs.

People's care records were not always complete. For example, one person had a urinary catheter. We could not find evidence of catheter changes or when the next change was due. We asked a senior member of staff to find where this information would be. They were unable to find any record of catheter care for this person. The person was at risk of not receiving appropriate care and support with their catheter.

We observed a number of people who use the service were unable to reach a call bell because their chair was some distance from the call button. One person was distressed and their call button had slipped to the floor. Staff responded promptly when we made them aware. We spoke with one lady who was in a recliner chair but her legs were not elevated as the recliner did not work. The person told us that they would be more comfortable with their legs elevated. The person had been unable to call staff because the call bell was behind the bed. She said: "I would have to shout" to contact staff. We rang the call bell and the response was very prompt. We asked about the chair and staff told us it had not worked for a long time. When asked staff promptly assisted the person to elevate their legs. They did not receive the care and support in accordance with their individual preferences.

This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

Staff knew how to respond to complaints and understood the complaints procedure. People and relatives told us they were aware of who to go to if they had any concerns or issues: "I have not needed to complain but if I did then I know the procedure and I would be prepared to take the complaints to head office if necessary" and "I have no complaints". People and relatives told us this would be addressed appropriately. One person told us they had made a complaint, that staff listened and took action to address the concern raised. Another person told us staff listened to them: "I was really hot in here so they gave me this fan."

Annual questionnaires were used to seek the views of people who used the service, relatives and other stakeholders. People and relatives were encouraged to give

Requires Improvement

Is the service responsive?

feedback and share their experience and concerns. There was a residents/relatives meeting held on a quarterly basis. Most relatives had been to at least one meeting, some were regular attenders. We spoke to one relative who felt that: "The meetings give me a chance to have my say, but most people just listen. I think that they are useful for raising general issues and finding out about things but if I have a private issue I would not talk about it in the meeting." People and relatives were confident the feedback would be taken seriously and any issues addressed.

Requires Improvement

Is the service well-led?

Our findings

We reviewed systems the home used to assess and monitor the quality of the service. These were audits, quality monitoring visits and meetings with people and their relatives, and staff.

We reviewed the Provider Information Return (PIR). This had identified some areas for improvement. However, we saw other areas at the home that also needed review and improvement. For example, responding to people's needs in a caring way, making sure staff were using assessments tools correctly, and being involved in meaningful activities.

Some monthly audits including infection control, staffing records, training, and Health and Safety were carried out on a regular basis. There was a monthly care documentation audit including initial assessment, current needs and personal care details. These were check lists which had been completed. However they had failed to pick up all the issues, for example, infection control and cleaning, building and equipment safety.

We saw the staff training audit carried out in June 2014 indicated only one staff member had expired training. However, when we reviewed the latest training matrix, there was more than one staff member who, prior to June 2014, had needed to complete or update their mandatory training. The audit had not been effective to identify staff who needed to complete or refresh their training. There was a risk people would be supported by staff who did not have up-to-date knowledge and skills. We also looked at the most recent Boots medication audit which was completed on 18 June 2014. There were several recommendations from the audit but there was no evidence that actions had been taken.

We discussed with the registered manager our concerns about the quality monitoring processes. The registered manager showed us an action plan, which was reviewed daily. However, they were unable to show us an example of a concern that had been identified and fully addressed. They told us they carried out a range of monthly quality monitoring audits. However, the audits were ineffective. For example, infection control was monitored in three different audits but these did not identify the issues we found at this inspection. The system for assessing and monitoring the quality of the services did not show evidence appropriate actions were taken where a concern was highlighted. The manager told us they had reported it to head office but nothing had been done.

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

The provider had policies and procedures in place. However, we saw not all policies and procedures matched the practice in the home, for example all people living in the home had been assessed for risk of choking. However, there was no guidance for staff if a person should start to choke. The guidance for an emergency health situation stated when appropriate use a defibrillator and mask, however the provider had removed the equipment. The policy had not been updated so staff had no guidance on what procedure to follow in such a situation.

We saw staff had meetings and discussed different topics including practice at the home, care and support of people who use the service, care planning, medicines and record keeping. Annual questionnaires were used to seek the views of people, relatives and other stakeholders. However, when we asked to see the results from October 2013, we were told "it was lost". New survey results carried out in May 2014 were not available yet. The service had systems to seek information about the quality of care and support in the home. However, we were not able to judge it if it was effective and any actions taken to address the information provided as this evidence was not available at the time of our inspection.

We saw incidents and accidents were recorded and monitored. Actions were taken to address them and identify any trends so the actions could be taken to reduce the risk of reoccurrence. We asked to see an incident report. The staff member had written a detailed account of actions taken. The system monitored the service and events happening that may have a negative impact on people, staff and the service. This helped to identify any remedial actions required.

Staff had clearly defined roles but did not always understand their responsibilities in ensuring the home met the desired outcomes for people. Not all staff were working towards the same values of keeping people comfortable and ensuring they felt important and included. Staff did not always understand the importance of respect, dignity, kindness and compassion. We saw examples were this was

Requires Improvement

Is the service well-led?

not put into practice. Staff in the home worked together as a team but did not seem to motivate each other to provide people with the support and care they wanted. We observed some good practice. We also observed some not so well managed practice taking place during our inspection. This may not always have had a positive impact on people's lives.

People, their family and staff were involved with the service in a meaningful way to help drive improvements. People and relatives had regular house meetings where they had an opportunity to discuss things that matter to them, issues or concerns, share any ideas or experiences or make requests. People, relatives and staff said they could address any issues with the management.

The quality of the service was monitored but not all issues identified and addressed promptly. We saw the culture in the home was not always open and encouraging which may have influenced a positive effect on people, their families and staff's relationships and communications. We observed the values of kindness, compassion, dignity and respect were not always put into practice.

The service had made some improvements. The home had introduced a programme for planning care that involved all staff in the home and relatives to ensure all care needs were met for each person. There was also a Six Steps programme introduced which included end of life care. The goal was to make sure all staff were aware of the support and care people need at all stages in their lives and to receive accreditation once the programme was complete. We spoke with the registered manager about any improvements that had been made already or were planned for the home. They told us there had been some redecoration and restructuring in the home for people living here. They also told us the garden had been re-done and a slope had been put in to make an easy access for everyone living in the home to go out and sit in the garden.

We asked people and relatives what staff did well. They told us staff treated the most vulnerable people with respect and enabled them to maintain their dignity. We spoke with staff and overall the feed back was positive in many areas. All enjoyed their jobs, but their concerns, almost universally, were around training and not having face to face discussions during training. They were also concerned about staffing levels and time to carry out their roles. However, they also told us that supervisions were very informative and they could discuss different areas and bring up any issues.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving unsafe or inappropriate care because they had not taken action to ensure the welfare and safety of service users and that people's individual needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who use service were not protected from unsafe or inappropriate care as the registered person did not operate effective systems to regularly assess and monitor the quality of services provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person did not ensure that people who use the service and staff were protected against identifiable risks of acquiring an infection by not maintaining premises fully clean and not using appropriate personal protective equipment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

This section is primarily information for the provider

Action we have told the provider to take

People who use the service were not always treated with consideration, privacy and dignity respected and not enabled to participate in the decision of their care and support on a daily basis.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The provider did not have suitable arrangements in place in order to ensure that all persons employed for the purpose of carrying on the regulated activity received appropriate training and professional development to enable them to deliver care to service users safely and to an appropriate standard.