

Bellgarth Care Homes Limited

# Belgarth Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Belgarth Care Home on 26 and 27 April 2017. The first day of the inspection was unannounced.

Belgarth Care Home is registered to provide nursing and personal care for up to 47 people, including people living with dementia or mental ill health. The home is split into two main areas, one area for people with general residential and nursing needs and the other area for people who have higher dependency needs, including people living with more advanced dementia. The service is situated on the outskirts of Barrowford in Nelson, East Lancashire. At the time of our inspection there were 38 people living at the home.

At the time of our inspection the service did not have a registered manager in post. The previous registered manager had left the service in February 2017. A registered manager is a person who has registered with the 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. There was an acting manager in post who had started managing the service on 13 March 2017.

The service was last inspected on 10 and 11 August 2015, when it was found to be compliant with our regulations. As part of that inspection we made a recommendation that the provider should comply with their plans to make improvements to the home environment.

During this inspection we found breaches of our regulations relating to the unsafe management of medicines and a lack of effective staff induction and training.

During our inspection we found that there were appropriate policies in place for the safe management of medicines and staff administering medicines had received appropriate training. However, safe medicines storage and administration processes were not always followed, which meant that it was not possible to know if people received their medicines safely.

People living at the home told us they received safe care. Most people we spoke with were happy with staffing levels at the home.

Records showed that staff had been recruited safely. Not all staff we spoke with understood how to safeguard vulnerable adults from abuse or the action to take if they suspected that abusive practice was taking place. Further training was planned.

We found that people's risks, such as a risk of falling, were managed appropriately. Accidents and incidents were documented and care plans and risk assessments were updated when people's needs changed.

We found that staff did not always receive an appropriate induction when they started working at the

service. Records showed that much of the service's mandatory training had either not been completed by staff or was out of date according to the service's training schedule.

Records showed that staff received regular supervision. The staff we spoke with told us they felt supported by the manager and felt that she was making improvements at the home.

The service had taken appropriate action where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe. We found evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted. However, not all staff had an awareness of the Mental Capacity Act 2005 (MCA).

People living at the home were happy with the quality of the food provided. They told us they had choice at mealtimes and we saw evidence of this during our inspection.

People received support with their healthcare needs and we received positive feedback from community health and social care professionals about the standards of care at the home.

We observed staff communicating with people in a kind and respectful way. People told us staff respected their privacy and dignity and encouraged them to be independent.

The home had been without an activities co-ordinator for some time and there had been a lack of activities available to people at the home. The manager had just appointed a new activities co-ordinator and regular activities were planned.

The manager told us that she planned to introduce regular residents meetings and would be issuing satisfaction questionnaires to people living at the home and their relatives, once she became more familiar with people. She told us that the responses received would be used to improve the service.

People living at the home and staff told us they thought the home was well managed. They felt that the manager was approachable and was making improvements at the home

Regular audits of quality and safety were being completed and had identified the shortfalls we found during our inspection. Appropriate improvement plans were in place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people living at the home.

Most people living at the home, their relatives and staff felt that staffing levels were appropriate to meet people's needs.

Safe medicines management processes were not always followed and medicines records were not always completed appropriately by staff. This meant that people may not have received their medicines safely.

People's risks were managed appropriately, such as their risk of falling. Care records were updated when people's risks changed, which helped to ensure that staff were managing people's risks effectively.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff did not always receive an appropriate induction or effective training to enable them to meet people's needs.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications had been submitted to the local authority.

People were supported with their nutrition and hydration needs. People's healthcare needs were met and we found evidence that people had been referred appropriately to community healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives told us staff were caring. Staff knew people and treated them with kindness and respect.

People told us staff respected their privacy and dignity and we saw examples of this during our inspection.

People were encouraged to be independent. We noted that equipment was available which supported people to be as independent as possible.

### **Is the service responsive?**

The service was not consistently responsive.

Activities had not taken place regularly at the home for some time. The manager had appointed a new activities co-ordinator and it was planned that regular activities would be available at the home

There was no record of people being asked to give feedback about the care they received. The manager told us she planned to introduce regular residents' meetings and to seek feedback from people and their relatives through satisfaction questionnaires.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

The service did not have a registered manager in post.

People living at the home felt that it was well managed. Staff told us they felt the new manager was making improvements at the home.

Staff received regular supervision and we saw evidence that the registered manager addressed poor performance appropriately.

Regular audits of quality and safety were being completed. We found that the audits completed had identified the shortfalls we found during our inspection and improvement plans were in place.

**Requires Improvement** ●

# Belgarth Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 26 and 27 April 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor who supported the inspection had a background in nursing and dementia care.

Prior to the inspection we reviewed information we held about the service including complaints, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports.

As part of the inspection we contacted five community healthcare agencies who were involved with the service for their comments, including a district nursing team, speech and language therapy service and a chiropodist. We received responses from two of the agencies who both gave us positive feedback about the home. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for information.

During the inspection we spoke with five people who lived at the service and four visitors. We spoke with a nurse, three care staff, the manager and the regional manager. We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of five people living at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and safety audits completed and fire safety and environmental health records.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe at the home. One person told us, "I'm very safe here". Relatives also felt that people received safe care. One relative commented, "[My relative] is kept very safe".

We looked at how people's medicines were managed at the service. We watched staff administering medicines and saw that they gave people their medicines in a safe and respectful way. Staff explained what they were doing, sought people's consent and did not rush people. People living at the home told us they received their medicines when they should. One person commented, "I know my medication and they give it to me regularly". Relatives told us they were happy with the support people received with their medicines.

Records showed that all but two of the staff who administered medicines had recently completed training in the safe administration of medicines. The other two staff were scheduled to complete the training the week after our inspection. The manager told us that she was not aware if staff competence to administer medicines safely had been assessed regularly prior to her starting at the service, as she had been unable to find any evidence of this. Following our inspection the manager arranged for five of the seven staff who administered medicines to have competence assessments. She provided us with evidence of this. She advised that assessments for the remaining two staff had been scheduled.

The home had medicines management policies in place which included information for staff about ordering, administration, errors, storage, disposal and record keeping. We found that most medicines at the home were stored securely. However, two medicines fridges at the service were not kept locked. Records showed that temperatures where medicines were stored were not consistently checked daily. This meant that the service provider could not be sure that the effectiveness of medicines had not been compromised.

We looked at the medicines administration records (MARs) for 30 people living at the service. We found that some people's MARs did not include a photograph of them or details of their GP. Staff had not always signed to demonstrate that they had administered people's medicines, which meant that it was not always clear whether people had received their medicines as they should. Staff had not always documented the amount of variable dose or 'as required' medicines they had administered to people. This meant that staff did not know how much medication people had received or how much medication should be in stock.

The provider had failed to ensure that people's medicines were managed properly and safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the manager and the nurse in charge. They both acknowledged that improvements were needed in respect of the management of medicines at the home. They showed us recent medication audits that had been completed and we noted that the audits had identified the issues we found during our inspection. There was an action plan in place to address the areas that required improvement and monthly medicines audits were planned. We saw evidence that the service had contacted the local health service Medicines Management Team to support them with making the improvements

necessary to ensure that people received their medicines safely. Medication reviews by people's GPs had been requested and were ongoing.

We looked at staffing arrangements at the home. Most people that we spoke with felt that there were enough staff on duty to meet people's needs. One person told us, "There are always staff around if I need anything". However, one person living at the home felt that there were not always enough staff available. They told us, "They're short staffed sometimes but the ones on duty do look after me". Two relatives felt that there were always enough staff on duty. However, one relative commented, "I do feel they are pressed at times".

The manager told us that nine care staff and one nurse were on duty from 8am to 4pm and eight care staff and one nurse from 4pm to 8pm. From 8pm to 8am there were three care staff and one nurse on duty. She told us that she planned to introduce an additional 2pm to 10pm shift to ensure that there were always enough staff available to support people appropriately with their evening routine.

The manager told us that where leave or sickness could not be covered by staff at the home, agency staff were brought in. She told us that this did not happen often and the staff we spoke with confirmed this. She advised that they used regular agency staff so that they were familiar with people's needs at the home. We saw evidence of this in the agency staff timesheets we reviewed. The manager told us that the home was fully staffed, with the newest member of care staff still completing their induction.

We reviewed the staffing rotas for three weeks including the week of our inspection. We found that on most occasions the staffing levels described by the manager had been achieved and we saw evidence that agency staff had been used to cover shifts when this was needed. The staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs. During our inspection we found that there were sufficient staff on duty to meet people's needs in a timely way.

We looked at how the service ensured that vulnerable adults were protected from abuse. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. The contact details for the local authority safeguarding vulnerable adults' team were displayed on a notice board on one of the corridors, with details of how to raise an alert.

Prior to the inspection we had received a number of safeguarding concerns from the local authority and safeguarding notifications from the service. Concerns related to a variety of issues including medicines errors, staff attitude and behaviour, poor moving and handling practices, poor quality food, people being rushed, incidents between people living at the home, lack of staff training and poor management at the service. We found evidence that since starting in post, the manager had completed a number of safeguarding investigations and had taken appropriate action where shortfalls in processes and practices at the home had been identified. At the time of our inspection, some safeguarding investigations were ongoing.

We found that of the 31 nursing and care staff employed at the home, 20 had completed training in safeguarding vulnerable adults from abuse. One member of staff we spoke with confirmed that they had completed safeguarding training and demonstrated that they understood how to recognise abuse. They were clear about the appropriate action to take if they suspected that abusive practices were taking place. However, two staff had not received safeguarding training and lacked awareness of how to safeguard people and report abuse. The manager advised that further safeguarding training had been arranged for 23 May 2017.



We noted from training records that few staff had completed training in managing challenging behaviour. We discussed this with the manager. She told us that she planned to include this in the service's mandatory training, to ensure that staff were able to effectively support people whose behaviour, due to their complex needs, sometimes challenged the service. She told us that she was in the process of sourcing a training provider and arranging training dates.

Records showed that some staff had completed moving and handling training since the manager started in post. However, seven staff had not completed moving and handling training and some others had not updated their training in the previous twelve months. The manager advised that further training had been arranged for 5 June 2017. We saw evidence that some staff members' competence to move people safely had been assessed. The manager told us that further competence assessments were planned. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at how risks to people's health and wellbeing were managed. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should manage them. In the care files we reviewed, information had been updated regularly and when people's needs changed. We noted that a care plan was in place for one person at risk of pressure sores. However, a risk assessment had not been completed. We discussed this with the manager who addressed it immediately.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. These were not always signed by the manager. However, we saw evidence that the manager reviewed them monthly to ensure that appropriate action had been taken, for example a referral to the person's GP. The manager assured us that she would sign all accidents forms in future and told us she planned to introduce a monthly analysis form to identify any trends.

Staff told us that verbal and written information was handed over between staff prior to shift changes. We reviewed some handover records and noted they included information about people's personal care, continence, skin condition, food and fluids, mood, pain and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded by staff. This helped to ensure all staff were aware of any changes in people's risks or needs.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two references had been obtained for each member of staff. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found the general standard of hygiene in the home during our inspection to be high. People living at the home told us the home was always clean. One person commented, "They are very particular about cleanliness". Relatives also felt that the home was kept clean.

Records showed that fire and environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of

pneumonia. Records showed that equipment at the service was safe and had been serviced and that portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. There were personal emergency evacuation plans in place for people living at the home. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water or disruption due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

# Is the service effective?

## Our findings

People told us they were happy with the care they received at the home. One person told us, "They have nurses on day and night". Another person said, "They [staff] are competent". Relatives were also happy with the care being provided. One relative told us, "The staff seem to be competent". Another relative commented, "I'm happy with how [my relative] is looked after".

One staff member we spoke with told us they had received an effective induction when they joined the service, which included observing experienced staff before becoming responsible for providing people's care. However, three of the staff we spoke with told us they had not received any form of induction.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. In addition to the training mentioned previously in the report, we noted that some training including fire safety, nutrition and Mental Capacity Act (MCA) had either not been completed by staff or was dated. This meant that the service provider could not be sure that staff had the skills to provide people with safe, effective care.

The service provider had failed to ensure that staff received an appropriate induction and training to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about the lack of appropriate staff induction with the manager, who advised that the staff in question had started working at the service before she came into post. We found evidence that staff who had started working at the home since the manager came into post had received an appropriate induction. The manager acknowledged that a number of staff had not completed all mandatory training and that some training was out of date according to the service's training schedules. She provided dates of training that had been arranged including MCA training on 23 May 2017 and fire safety and food and nutrition training on 1 June 2017. She assured us that she was in the process of arranging further mandatory training sessions.

The manager provided evidence that some additional training, including dementia awareness and venepuncture (taking blood samples or administering injections), had been arranged for May and June 2017.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included staff performance, standards of care, staff roles and responsibilities, documentation and training.

We looked at how the service addressed people's mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any

made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. We found that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

One staff member we spoke with understood the main principles of the MCA, including the importance of gaining people's consent when providing support and respecting people's right to refuse care. However two staff had little awareness of the MCA. During our inspection we observed staff supporting people sensitively and offering reassurance when people were upset or confused. We observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one part of the home to another.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded inside the front of people's care files and described whether decisions were indefinite or whether they needed to be reviewed. This helped staff to recognise people's needs quickly and ensure that appropriate action was taken in the case of a medical emergency.

We looked at how people living at the service were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home and told us they were given plenty of choice. One person told us, "The meals are very good". Another person commented, "I am always asked if I want more".

We observed lunch taking place in both dining rooms at the service. We noted that in both dining areas, after being seated, people waited twenty minutes or longer before lunch was served or they were given a drink. In the dining room for people living with dementia, people became unsettled and agitated as a result of the wait. We also noted that the radio was playing loudly, which did not help to create a calm environment. We discussed this with the manager who assured us that she would discuss our concerns with staff and ensure that people were not left waiting for long periods for their lunch to be served. We found that the meals served looked appetising and hot and the portions served were ample. We saw that staff supporting people sensitively who need assistance with their meal and encouraged people who were reluctant to eat. People were given the time they needed to eat their meal.

A nutrition and hydration assessment had been completed for each person living at the home and any special dietary requirements were documented. People's weight was recorded monthly or more regularly where appropriate and professional advice and support, such as referral to a dietitian, had been sought when there were concerns about people's weight loss or nutrition. We spoke with the chef who was aware of people's special dietary requirements, such as people who were diabetic or required a soft diet. We noted that one person who had been referred to a dietitian due to weight loss, had not been re-referred when further weight loss had occurred. We discussed this with the manager who arranged for the referral to be completed during our inspection.

We looked at how people were supported with their health. People living at the service and their relatives told us staff made sure their health needs were met and they could see a doctor or nurse if they needed to. We saw evidence of referrals to a variety of health care agencies including GPs, dietitians, speech and

language therapy services, district nurses and chiropody services. Healthcare appointments and visits were documented in people's care records. This helped to ensure people were supported appropriately with their healthcare needs.

We received responses from two of the community health and social care agencies we contacted for feedback about the service. One community professional told us, "From what I have observed, the home appears to have improved greatly. I have not seen anything to cause concern. Staffing levels have increased. There are a lot of new carers who just need to gain experience. The food appears to be home made, lots of choice and options. I have a good relationship with the staff and they are aware they can approach me with any concerns if needed". Another professional commented, "Belgarth has a lovely feel about it and I always find all the staff helpful and friendly. There is a better staff to patient ratio than I see at other homes and therefore patients seem to get more attention. Staff develop a good relationship with them, therefore knowing each individual's preferences".

# Is the service caring?

## Our findings

People living at the home told us they liked the staff who supported them and that staff were caring. One person commented, "The staff are always nice to me". Relatives also felt that staff at the home were caring. One relative commented, "They [staff] always offer me a cuppa and I can stay for lunch if I want to".

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and respectful way and were sensitive and patient. We observed one member of staff being abrupt with a person living at the home and raised this with the manager. She told us she would address this with the member of staff.

The atmosphere in the home was generally relaxed and conversations between staff and the people living there were often light hearted and friendly. Although there were new staff at the service, most staff knew the people living at the service, in terms of their needs, risks and preferences.

People told us they were involved in decisions about their care and could make choices about their everyday lives, such as what they had at mealtimes and we saw evidence of this during our inspection. Options for each meal were displayed on notice boards in the dining rooms and we observed staff asking people what they would like to eat. People were given the time and support they needed to do things such as eating their meals, taking their medicines and moving around the home and they were not rushed.

We observed staff encouraging people to be independent and noted that equipment was available to support people to maintain their mobility and independence, such as walking aids and adapted crockery.

People living at the home told us staff respected their dignity and privacy. We observed staff knocking on people's bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines or helping people to move around the home.

We looked at arrangements for supporting people with their personal care. People living at the home told us they received support with their personal care on a daily basis. One person commented, "They [staff] always help me to have a bath". During our inspection we found that people living at the home were appropriately dressed and looked comfortable.

The manager told us that a service user guide was issued to everyone who came to live at the home. We noted that the guide included information about staff conduct, people's rights, how to make a complaint and the contact details for Care Quality Commission (CQC).

Information about local advocacy services was displayed on the wall along one of the corridors. Advocacy services can be used when people do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. Information about how to raise a safeguarding concern and the contact details for the local police were also displayed. This meant that people living at the home and their relatives knew who to contact if they had concerns about people's care

or safety.

## Is the service responsive?

### Our findings

The people we spoke with told us they received care that reflected their needs and their preferences. They told us that staff supported them when they needed them to. Relatives felt that their family members received personalised care and their needs were met.

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Pre-admission assessments included information about people's medical history, and their needs and risks, including those related to mobility, continence, communication and personal care.

The care plans and risk assessments we reviewed were individual to the person. They explained people's likes and dislikes as well as their needs and how they should be met by staff. Information about people's interests and hobbies was included. People told us their care needs had been discussed with them. This helped to ensure staff were aware of how people liked to be supported.

We noted that people's relatives had been consulted where people lacked the capacity to make decisions about their care. Relatives told us they were kept up to date with any changes in people's needs or any concerns, such as if their family member had experienced a fall or if they were unwell. One relative told us, "They [staff] will ring me if there is a problem, which is good".

During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment. They could move around the home freely and choose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with the people living at the home. Staff spoke clearly and repeated information when necessary. We observed that people were given the time they needed to make decisions. When people were upset or confused staff reassured them sensitively. Conversations between staff and people living at the home were often light hearted and friendly.

We looked at the availability of activities at the home. The manager told us that there was no formal activity plan in place and she had been told that there had not been an activities co-ordinator in place at the home for some time. She told us a new activities co-ordinator had just been appointed, who planned to join the Rossendale Activities Co-ordinator Forum, and regular activities were being introduced. She told us that the activities co-ordinator had done some baking with people the day before our inspection and had painted some people's nails, both of which they seemed to enjoy. She told us that people would be asked about what activities they would like to see available at the home.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the Local Government Ombudsman and CQC were included. Information about how to make a complaint was included in the service user guide. The manager told us that she had not been able



find any record of complaints received prior to her starting at the home. She told us that she had not received any formal complaints and would keep a record of any received in the future. The people we spoke with and their relatives told us they knew how to make a complaint and would feel able to raise any concerns.

We looked at how the service sought regular feedback about the care people received. The people we spoke with told us that residents' meetings did not take place at the home. The manager told us that she had not been able to find any evidence of residents' meetings having taken place prior to her starting at the home. She told us she planned to start holding regular residents' meetings in the near future, once she had become more familiar with the people living at the home. She told us that she had also been unable to find any record of satisfaction questionnaires being issued to residents or relatives. Again, she planned to issue these in the near future when she had become more familiar with people who lived at the service.

## Is the service well-led?

### Our findings

Everyone we spoke with who lived at the home felt that it was well managed and that staff and the manager were approachable. One person commented, "The staff are very approachable". Another said, "I have no issues at all". One relative felt that the home was managed well. Another commented, "I think the home is managed at arm's length".

The manager had started working at the home on 13 March 2017. She told us that when she started working at the home she had received a handover from the regional manager, who had been managing the day to day running of the home since the previous registered manager had left the service in February 2017. The manager informed us that she received support from the regional manager. She told us that the service provider made available the resources needed to make the required improvements at the home.

During our inspection we observed that the home was generally calm and organised. Although she had only been in post for five weeks, the manager was able to provide us with most of the information we needed quickly and easily. She explained that since starting at the home, she had spent a great deal of time investigating safeguarding concerns received from the local authority, which included allegations about poor staff attitude and conduct, and poor standards of care at the home. We found evidence that appropriate investigations had taken place and that disciplinary action had been taken against staff where appropriate.

The manager told us that there had been problems with some staff relationships at the home and these were being addressed. She told us she felt that things were gradually improving at the home. We discussed staff relationships with staff whose comments included, "The staff here are not nice to me" and "It's very cliquey here. If you say anything, they [staff] make fun of you". One staff member told us, "There's a clique of staff who used to go for breaks together and got away with a lot under the previous manager. After she left, the regional manager shook the place up a bit. The new manager's getting a sense of what's what".

The staff we spoke with felt that the manager was supportive and was making improvements at the service. One staff member told us, "The new manager is very nice and supportive. Breaks only have one [staff member] at a time which is new and works better, so residents are supported". Another said, "Things have improved since [manager's name] arrived. During the time without a manager there was lots of staff conflict".

During our inspection we observed people living at the home and visitors approaching the manager directly and saw that she communicated with them in a friendly and professional way. We observed staff approaching the manager for advice or assistance and noted that she was friendly and supportive towards them.

We saw evidence that staff meetings had taken place regularly up to December 2016 and this was confirmed by the staff we spoke with. The manager told us that she had held a number of meetings with the nurses and senior care staff to address a variety of issues and we saw handwritten evidence of this. The manager told us

that she had a verbal catch up with the nurse in charge and senior care staff every morning and read the handovers from each shift change, to ensure that she remained up to date with any changes in people's needs or concerns. She told us she planned to introduce a weekly meeting with the nurses, senior care staff and heads of each department to improve communication at the home.

A whistleblowing (reporting poor practice) policy was in place. Some staff told us they felt confident about using it if they had concerns about the actions of another member of staff. However, two staff told us they would have concerns about raising concerns about the conduct of a colleague, as they lacked confidence in the information remaining confidential. One staff member told us, "I would find it hard because if anyone does anything wrong here, everyone knows about it. I wouldn't feel I could trust anyone". We discussed this with the manager who told us she was aware of this issue and was working hard to convince staff that confidentiality would be maintained if they raised any concerns with her. She told us she had discussed the importance of confidentiality with the nurses and the senior care staff at the home.

We noted that a number of audits had been completed by the clinical lead prior to the manager starting at the service, including medicines management, laundry and care plans. Where shortfalls had been identified, action plans were in place. The manager advised that a full schedule of the provider's audits were in the process on being introduced at the home.

We noted that the regional manager also completed an audit of the home regularly, which included a review of staffing, infection control, complaints, staff training, activities and the home environment. Records showed that the regional manager had also recently completed a night time audit as part of a safeguarding investigation at the home. We saw evidence that the audits completed had identified the issues we found during our inspection. Action plans were in place to make the improvements necessary to ensure that appropriate standards of care and safety were achieved at the home.

Our records showed that the manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. This included information about safeguarding concerns and serious injuries. A statutory notification is information about important events which the service is required to send us by law.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had failed to ensure that people's medicines were managed properly and safely.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The service provider had failed to ensure that staff received an appropriate induction and training to carry out their duties.
Treatment of disease, disorder or injury	