Mr & Mrs A Ollivier

Harecombe Manor Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 2 and 4 December 2014 and was unannounced.

Harecombe Manor Nursing Home is a registered home which provides both residential and nursing care mainly to people over the age of 65. Long term, respite, palliative and end of life care services are available. People we met with had complex needs, some of which related to a risk of pressure ulceration and living with dementia or diabetes. The home is registered to accommodate a maximum of 51 people. At the time of our inspection there were 37 people living there. The service is laid out over three floors and has a large garden area at the rear.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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

At our last inspection in July 2014 we found the provider had failed to implement a quality assurance system and there was no formal mechanism to seek feedback from people about the standard of care and treatment provided. We took enforcement action to ensure necessary improvements were made.

At our last inspection we also found that staff were not fully supported to deliver care and treatment to people safely and to an appropriate standard. There was a lack of regular training, supervision and team meetings. We told the provider they must take action to improve.

At this inspection, although some improvements had been made, we identified a number of areas of practice which potentially placed people at risk of receiving inappropriate care and support. Risks had not been identified through auditing or quality assurance. We have taken enforcement action in relation to this. You can see what action we told the provider to take at the back of the full version of this report.

Inconsistencies relating to medication had not been identified. Some prescribed medicines, such as skin creams were not being administered in a consistent manner. There were no recent audits of medication. We observed staff administering medicines safely. They made sure people had taken their medicines before signing medication records.

Appropriate action had not always been taken to protect people who needed support with eating and drinking from risk associated with a lack of food and fluids. We observed a main meal and saw people were given sufficient amounts to eat and drink. People told us they liked the food and individual food preferences were taken into account.

Inconsistent infection control procedures meant there was a risk of cross infection from equipment that was not properly cleaned. There were no recent audits of cleanliness and infection control. The environment was undergoing some refurbishment. There was a plan in place to make further improvements. Communal areas and people's rooms were visibly clean.

People told us they felt their health and care needs were met. However, risks relating to people's complex needs were not always managed effectively. Care plans and risk assessments were not always clear about how to manage these risks. There were some areas of good practice. A GP was complimentary about nursing standards. There were not enough social activities. People were not able to go into the community when they wanted.

The provider was not fulfilling the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make decisions for themselves, correct procedures were not being followed. The manager reported they were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They reported there was no one at the service who required a DoLS safeguard to be in place. DoLS are safeguards put in place to protect people where their freedom of movement is restricted.

Staff told us they felt supported in their roles by the manager. A training and supervision programme was in place. However, further training was needed to support staff in treating people with complex health needs. Staff were trained in safeguarding and were confident about what they should do if they had any concerns or suspected someone was at risk of abuse.

The provider did not have all the required information to show safe recruitment practices were followed. However as the majority of staff had worked at the service for considerably longer than a year and agency staff were kept to a minimum, this had a lower significance than in a service with a high turnover of staff.

Following feedback by the inspectors on the first day of the inspection the manager had taken action and discussed the issues with staff in order to make some immediate improvements. The manager was open and receptive to the concerns raised.

Since the last inspection the manager had updated policies and procedures and introduced a new quality assurance system which was ongoing. People were being asked for their views about how the service was run.

Friends and relatives were able to visit people whenever they wanted and were made welcome by staff. We saw a number of visitors come and go during the inspection and they were greeted warmly by the manager. People were able to raise concerns and felt communication was

Summary of findings

good. The manager took account of complaints and responded appropriately to issues raised by people or their relatives. The feedback we received about the manager was positive. People told us the home was well led. There was a clear philosophy of care at the service which was understood by staff.

There were a sufficient number of suitable staff to meet people's needs. We observed staff treating people with respect and taking the time to chat with them while carrying out care and support. People told us they were looked after by staff who were caring and kind. People said they felt safe at the service.

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?

Inadequate

The service did not ensure risk to people was managed effectively to keep them safe.

Care plans and risk assessments were not always clear about how to manage the risks associated with people's complex needs. This placed people at risk of receiving inappropriate care and support.

Safe recruitment practices were not always followed. The provider had not always carried out the necessary background checks before staff began work. There were a sufficient number of staff on duty to meet people's needs.

The provider did not have a fully effective system for the safe administration of medicines. Some prescribed medicines were not being given in line with guidance. The medicines policy did not cover all aspects of medication management.

Inconsistent infection control procedures meant there was a risk of cross infection from equipment which was not properly cleaned.

Is the service effective?

Inadequate

The service required improvement to become more effective.

Although people told us they liked the food, appropriate action had not been taken to protect people from the risks associated with inadequate hydration and weight loss.

The provider was not fulfilling the requirements of the Mental Capacity Act 2005 (MCA). Correct procedures were not being followed where people lacked capacity to make decisions for themselves.

People told us they felt their health needs were met by the service. However, we found that the service had not always taken appropriate action to meet people's complex health needs.

More training was needed to support staff in treating people with complex health needs. Staff told us they felt supported by the manager in their roles. A training and supervision programme was in place.

Is the service caring?

Good

The service was caring.

People told us they were looked after by staff who were caring and kind. We observed people were treated with dignity and respect by staff who took the time to listen and communicate. Staff took account of people's preferences and people were supported to personalise their rooms.

Is the service responsive?

Inadequate

The service was not responsive to people's social needs. There was a lack of meaningful and appropriate activities and people were not able to access the community when they wanted. This was an area that required improvement.

Summary of findings

Friends and relatives were able to visit people whenever they wanted. People told us the service met their care needs. Most people said they were involved in how their needs were met.

People were able to raise concerns and felt communication was good. The manager took account of complaints and responded appropriately to issues raised by people or their relatives.

Is the service well-led?

Inadequate

The service was not always well led.

We identified a wide range of areas of practice which potentially placed people at risk of receiving inappropriate care and support. These had not been identified by the manager through auditing or quality assurance.

Since our last inspection on 10 June 2014, the manager had updated policies and procedures and introduced a new quality assurance system. People and their relatives were formally asked for their views about the service and action was taken in response.

The feedback we received about the manager was positive and people told us the service was well led. There was a clear philosophy of care, which was understood by staff.

Harecombe Manor Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 4 December 2014 and was unannounced. The inspection was carried out by two inspectors and an expert by experience who had experience of people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed previous inspection reports.

We contacted East Sussex County Council who commissioned the service for some people at Harecombe Manor. This was to seek their views as to the quality of the service provided.

During this inspection we looked around the premises, spent time with people in their rooms and in the lounge and dining room. We observed people having their main meal of the day in the dining room and some of the activities that were taking place. We looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a care home. This included five staff recruitment files, training records and the staff rota. We also looked at eight quality assurance questionnaires completed by people at the service.

We spoke with 17 people living at Harecombe Manor, four visiting relatives, four care assistants and three registered nurses. We also spoke with the registered manager, a cook, a catering assistant, a laundry assistant and a GP who was visiting the service. Some people were living with dementia and were unable to tell us about their experiences of the care they received. However, we spent time observing how the staff supported people.

Inadequate

Is the service safe?

Our findings

People told us they felt safe at the service. One person commented "I feel very safe. This is my home" and another "I feel pretty good about safety". Although people felt safe we found a number of areas which placed people at risk of receiving inappropriate care and support.

Two people had been assessed as being at very high risk of developing pressure ulcers. Neither of them had care plans which stated how often they were to be supported in changing their position in bed to reduce the risk of developing ulcers. We asked four members of staff how often these people were assisted to change their position. They gave us differing replies.

The National Institute for Health and Clinical Excellence (NICE) state that pressure ulcers, once developed, take an extended period to heal, can be very painful and may present risk of infection. Therefore the emphasis must always be on their prevention. There was risk to people as these guidelines were not being followed. Records indicated that these people remained in the same position for extended periods; on one occasion for 10 hours. One person's record was not consistently completed at the time care was given. As records were not always completed at the time care was given, their accuracy could not be assured. This meant that staff could not be certain that appropriate prevention measures had taken place.

Two people had bed rails in a raised position on their beds. Neither of these people had a risk assessment relating to the use of bed rails for them. One person had a gap between the end of the rail and bed head where a limb could become entrapped. Registered nurses told us they had not received training on the safe use of bed rails. The Health and Safety Executive has identified there is significant risk of harm to people from the use of bed rails if they are used in an unsafe way.

People who needed assistance to move using a hoist and sling were not supported in a way which maintained their safety. A person's moving and handling risk assessment did not document the size of hoist sling they needed. Staff we spoke with gave us different replies about the size of hoist slings they used for the person. If people are moved using the incorrect sling for their individual disability, there is a risk of injury to them. Both the registered nurses reported they had not received specific training on how to measure people to ensure the correct size hoist sling was used. Another person's mobility assessment and care plan had not been revised when their condition changed significantly. As the home used agency staff at times, the person could be put at risk as the information available did not reflect their current moving and handling needs.

Unclear guidance for staff on how to manage risks did not ensure the welfare and safety of people at the service. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Safe recruitment practices were not always followed. Four staff recruitment records did not hold a full proof of identity and two records did not have the required two references. This meant the home could not fully verify who the person was and their suitability for employment.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Criminal background checks had been carried out prior to employment. Recruitment records for staff all held a copy of their contract, job description and interview notes.

The provider had inconsistent systems for the safe administration of medicines. Certain aspects of the medicines policy were not being followed. For example some of the medicines administration records (MAR) had been written by hand. The medicines policy stated that where MAR sheets were completed by hand they were to be signed and countersigned. This had not always been carried out.

The medicines policy did not outline how medicines which had been prescribed on an "as required" (PRN) basis were to be managed. Where medicines are prescribed in this way, guidance is needed to direct when and why the medicine is to be administered. People did not have such individual guidance in their records. Medicines prescribed on a PRN basis included medicines which affect a person's mood.

Prescribed skin creams were not been administered in a safe way. This included one person who had a skin cream where the instructions on the container and MAR stated they were to have the skin cream applied three times a day. The person's records showed it was being applied once a day. Skin creams were also not being disposed of

appropriately. For example one person had two used skin creams in their room. One of these was past its expiry date and the other had a record on the person's MAR documenting it had been discontinued.

There were no regular audits of medicine management which meant that poor practice had not been identified.

The unsafe management of medicines placed people at risk. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All medicines were stored in a safe way, including the medicines trolleys, which were securely attached to the wall. There were records of medicines received into the home, administered to people and disposed of. Records were dated and signed.

The registered nurses administered medicines safely. The registered nurse carefully checked the MAR before dispensing tablets. They spent time with each person, supporting them in taking their medicines. They signed the MAR only after they had verified the person had fully taken the medicine.

Standards of cleanliness and infection control were variable. Hoists and trolleys had debris on wheels and undersides. This equipment was moved around the home so there was potential for spread of infection. Some laundry trolleys held dirty laundry which was spilling on to clean laundry. The potential risk of contamination had not been identified to reduce risk of cross infection. In one of the sluice rooms, commode inserts were not properly clean. Some bath hoists were not adequately cleaned underneath and one raised toilet seat was dirty on its under-surface.

There was no infection control audit process and risks had not been identified. This meant the risks of cross infection were not managed effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Disposable gloves and aprons were available throughout the service and we saw these being used by staff. Communal areas and people's rooms were visibly clean.

Since the last inspection there has been improvements made to the environment and a plan was in place for future refurbishment. A maintenance worker carried out health and safety checks around the home and in people's rooms. We looked at three of the hoists which were used to assist staff to move people. All had been regularly serviced to ensure their safety.

Staff had been trained in fire safety and there were systems to make sure that fire alarms and equipment operated effectively. A fire risk assessment was completed in July 2014. This identified areas for improvement and there was an action plan to make the necessary changes.

There were a sufficient number of suitable staff on duty to meet people's needs. As well as registered nurses and care workers the service employed ancillary workers such as a cook, cleaners and maintenance worker. The manager said when agency staff were used they usually had the same agency care workers, so they knew what they were expected to do and were familiar with the people at the service.

There were policies and procedures to safeguard people. These described what staff should do if they suspected abuse had happened or if they thought people were at risk of abuse. Most staff were confident about the actions they would take if they had any concerns, including making the local safeguarding authority aware. Although one member of staff said that they were "Not really sure" if they had received training, they added that they would discuss any concerns with the manager. We noted training on safeguarding was planned for later in December 2014. The record of accidents and incidents was well maintained and there were no safeguarding alerts recorded since our last inspection.

Inadequate

Is the service effective?

Our findings

People with complex dietary requirements were not always supported to have sufficient amounts to eat and drink. One person had thickening agent in their room. People who have swallowing difficulties may be given thickening agent in their drink to help them to swallow safely. A care worker confirmed the person could choke at times. We asked four different members of staff about how thick they made the person's drinks. They gave us different answers. The person did not have a care plan to state how thick their drinks needed to be to ensure staff supported them in a consistent way, to reduce the person's risk of choking.

This person was unable to drink without support and was not able to indicate if they were thirsty. The person did not have an assessment of their risk of dehydration. They did not have a cup or beaker by them, so staff could support them in drinking when passing their room. All of the staff reported they thought the person drank well. There was no evidence to support this, such as a fluid intake chart. This meant it was not possible for staff to know if the person had received enough fluids.

One person's records showed they had lost just over 7kgs in five months. The person's care plan review in November 2014 had not identified the person's weight loss. The registered nurses confirmed the person's weight loss had not been reported to their GP.

Appropriate action had not been taken to protect people from the risks associated with inadequate nutrition and dehydration. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt their health needs were met by the service. However, we found the service had not taken appropriate action to meet the needs of one person who was living with diabetes. This person needed regular injections to ensure the stability of their diabetic condition. The person's record of blood sugar levels showed they experienced high blood sugar levels at times. High blood sugar levels can affect a range of other medical conditions, as well as making the person feel unwell. The person did not have a care plan to show the actions staff were to take in relation to their diabetes.

The person's record showed a very high blood sugar level four days before our inspection. Neither of the registered nurses on duty knew what actions had been taken about this and there were no records of any action taken. There were also no records to show if this, or previous occasions of high blood sugar levels, had been reported to the person's GP.

Appropriate action had not been taken to plan and deliver care and treatment to ensure this person's health and welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider was not fulfilling the requirements of the Mental Capacity Act 2005 (MCA). None of the four people we looked at in detail had assessments of their capacity. Three of the people had a diagnosis of dementia and one showed signs of confusion with people and place. A registered nurse told us the manager was aware of this and would be starting capacity assessments as part of their developments in the home. This was confirmed by the manager.

One of the people we met with had a diagnosis of dementia. They could refuse nursing treatment relating to a complex medical condition at times. Staff told us when the person refused they would leave them and return later to see if they would agree, but sometimes they still refused. The person did not have a care plan about the actions staff were to take when they refused treatment. There was no written evidence to show the person's recent refusal of treatment had been reported to their GP. No steps had been taken to consider a review of the person's best interests when they refused nursing treatment.

This meant the provider did not have arrangements in place for acting in accordance with the consent of people at the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our last inspection on 10 June 2014 there was a lack of regular training, supervision and team meetings. This meant people were cared for by staff who were not fully supported to deliver care and treatment safely and to an appropriate standard. At this inspection we found improvements had been made but there were still gaps in training to support people with complex health needs.

The people we met with had complex needs, some of which related to a risk of pressure ulceration and living with dementia or diabetes. We asked staff about their training to

Is the service effective?

support these conditions. None of them reported they had received training in these areas. A nurse told us they were "Not sure" when they had last been trained in diabetes care. Another nurse told us they had received training on prevention of pressure ulcers "A long time ago."

The manager explained there was a training programme. For each training topic staff completed a workbook and test paper which was sent to a training company for marking. Staff had completed moving and handling training and were currently undertaking training in infection control. Training planned for the near future included safeguarding, dementia care and diet and nutrition.

Staff were positive about the training they received. Comments included "Training is improving. It was a concern" and "I get the training I need and will ask if I need more". A relative told us "The matron and staff are well trained".

Staff told us they felt supported in their roles. One staff member said "I like it here. There is good teamwork". Another told us "I love it here", "I had induction for a week and was able to shadow staff. I feel supported and have had meetings with the manager to discuss my progress".

The manager explained all registered nurses had completed a supervisory skills course and had been allocated care assistants to supervise. We saw there was a supervision plan to support this. Registered nurses said they had clinical supervision with the manager. Team meetings were now happening once every three months. One staff member commented "We have team meetings and can discuss ideas and come to an agreement".

People gave us positive comments about the meals. Comments included "We get a nice choice", "The food is excellent, I can't complain" and "The food is very good". There was a choice at lunchtime and in the evenings. People said if they didn't like either choice, the cook would always find them something else. The cook told us they were told each day about people's meal choices. There was a daily sheet which included details of likes, dislikes and particular dietary requirements such as soft or pureed food.

We observed the meal at lunchtime was of a good standard with enough food served. Some people had aids to support them with independence when eating.

The manager reported they had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). They reported there was no one in the service who was required to have a DoLS restriction. Not all staff had been trained in MCA and Deprivation of Liberty Safeguards (DoLS). We fed this back to the manager on the first day of the inspection and on the second day we saw this training had been arranged.

A visitor told us their relative had been very unwell when they were admitted to the service, but their medical condition had now much improved. They commented "They've done wonders with them". They added that staff were next going to ask for support from the physiotherapist to help the person improve their mobility.

We met with a person who had a urinary catheter. Records showed this person's catheter needs were maintained in full. These were in accordance with clinical guidelines on the changing of urinary catheters.

An external healthcare professional told us they were happy with the way people's healthcare needs were met.

Good

Is the service caring?

Our findings

People told us staff were kind. Comments included "I'm cared for", "I like it here", "You get very good staff here" and "Staff are very, very good, very nice indeed. Lovely people. Very kind". This was supported by relatives who told us "I think it's lovely. Staff are good" and "Mum is well looked after". A GP who was visiting the home felt that "It has a homely, caring atmosphere. People are well looked after".

The quality assurance questionnaires received from people over the past few months were also positive about the care received. Comments included "Have been happy here", "Kindness from the staff" and "Excellent care".

All staff consistently addressed people by their own preferred name when they approached and supported them. Conversations were always polite, supportive and friendly. Where people remained in their rooms, staff would either have a brief conversation with them or simply say "Hello" when passing. One of the catering staff used the opportunity of giving out water jugs to stop and hold brief conversations with people. They were kindly and approachable.

People told us staff treated them with respect. We saw staff knocked before entering people's rooms. If personal care was provided, doors were kept shut to maintain people's privacy and dignity. A relative said "The permanent staff are amazing. Staff are always friendly". The caring atmosphere was something staff were proud of. Comments from staff included "There is very good care here", "We are making a difference", "We give people respect and dignity." and "I think people are well looked after".

Most of the staff had been at the service for more than a year and had built good relationships with the people who lived there. Staff were knowledgeable about people's needs and were able to talk about people's daily routines and preferences for care and support.

People told us they could choose how they spent their days. One person reported "I can get up and go to bed when I like". Staff explained how they supported people to make their preferences known. One care worker said "We give people choice and preferences. For example what time they go to bed and what to wear". We noted people's rooms were personalised with items of furniture, pictures and ornaments of their choosing. The manager told us this was something she encouraged in order to make people feel more at home.

The manager explained how the caring culture was promoted in the home and said "Staff know I will look at care and standards. They know what I expect. I lead by example and will help out any time. Staff know this". This was confirmed by staff, one of whom told us "We aim to give the best quality of care". Another staff member explained that one of the aims was to "Maintain privacy and dignity".

The manager told us she believed people should have the very best. She spoke passionately about the need to look after people with care and respect. As an example she emphasised the importance of speaking to people whilst carrying out care. This was something we observed happening in practice and one relative confirmed this, saying "They talk with gran while they are doing things, even when she doesn't respond".

Care workers and registered nurses were aware of their responsibility to raise concerns about care either through the manager or an external agency such as the CQC.

The manager spoke about how they supported people sensitively regarding death and dying. She explained it was important that people were able to say how they want to die and what they wanted to happen. There were no people receiving end of life care when we inspected.

Inadequate

Is the service responsive?

Our findings

People were not supported to take part in meaningful and appropriate social activities. A number of people spoke about the lack of activities at the service. Comments included "They don't do anything", "Nothings provided that I want to do", "I don't get enough activities. There are no outings and I would like to go out" and "There aren't any activities or outings". A relative said the shortage of outings was noticeable. She said her relative "Would love just to go to Waitrose for a cup of coffee, nothing extreme". A member of staff commented "Only a few people do activities in the lounge" and another told us "There is no transport so people don't get out much".

We were told staff on duty carried out activities in the afternoon. These included bingo, films, quizzes and exercises. There was no specific person employed who had training or expertise in activities provision, who could focus on supporting people with what they wished to do and get to know their individual likes and preferences.

We observed there was no organised activity in the lounge on either day of the inspection. On one afternoon people were sitting watching TV. One person was deaf but there were no subtitles on the television. A person said "I don't do much". People were largely left on their own in lounges throughout all the morning. On one afternoon we saw a member of staff sitting in lounge but they showed little engagement with the people there.

People had care plans about their social needs. These were not individualised. For example, two people's social care plans stated the plan was "To prevent social isolation and loneliness and provide an environment that supports and fulfils their needs". The care plan did not state how the person's loneliness or social isolation were to be prevented. One of these people remained in bed throughout one morning, with their television on. Staff told us the person was not able to actively express their wishes. The person was visited by their spouse and other relatives during the afternoon. The person's care plan had not involved their relatives in identifying how they wished to be occupied, such as what television programmes they preferred, or if they would like other activities, such as music, or just peace and quiet.

Appropriate action had not been taken to plan and deliver people's recreational care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Visitors were made welcome. The manager knew regular visitors by their first names and talked with them in an approachable, friendly way. One person told us they appreciated their spouse being able to come and see them regularly, adding that they sometimes came both in the morning and then again in the afternoon, which they really liked. One relative said they could come at any time and were always made welcome.

People told us they felt that the home understood their needs. Although care plans showed little evidence of involvement from people or the relatives in the planning of their care we did receive comments from people that they were involved. Two people said sometimes the nurse would come and talk about their treatment and another person told us they had discussed their care plan with a nurse. One person said "They have asked me some questions about my care". A relative told us they were able to contribute, saying "Communication is good. You know that what you say gets passed on".

The manager said care plans were discussed with people or their relatives each month. This was confirmed by a member of staff who said "We involve people in care plans. Explain what we are doing and if they want to make any changes. If they can understand we give them a copy". However, there was a lack of evidence in care plans that these monthly discussions took place. The manager told us that they were planning to change how reviews of care were completed in the future to make them more inclusive.

People told us they were able to raise issues of concern to them. One person said if they were not happy they would "Talk to one of the staff". Another person reported "If I'm not happy, I'd soon tell them". Most people said that they would speak to the manager. Relatives said they had not had a reason to complain but were confident the manager would deal with any issues.

The residents' guide included information about how to make a complaint. There was one recorded complaint for 2014. This included details of complaint and the action taken in response. Appropriate action had been taken which included talking to staff involved and an apology to the complainant.

Inadequate

Is the service responsive?

The manager had taken steps to encourage people to provide feedback. Feedback questionnaires were now being given to people and their relatives. We saw a sample of those which had been returned and a relative confirmed they had received one. The manager said she had spoken to people about whether they would like a residents meeting and the plan was to have one every three months. She added "I speak to all the residents about twice a week and chat to visitors on a regular basis".

Inadequate

Is the service well-led?

Our findings

At our last inspection on 10 June 2014 we took enforcement action as the provider had failed to implement a quality assurance system and there was no formal system to seek feedback from people who used the service. This meant the provider could not get an informed view in relation to the standard of care and treatment provided.

Although some improvements had been made to the service, the provider continued not to identify a number of areas of practice which potentially placed people at risk of receiving inappropriate care and support.

Areas which had not been identified through audit included meeting people's care and treatment needs. For example the home had not identified they were not following national guidelines on the prevention of pressure ulceration. The lack of the lack of assessment and consent for the use of bed rails had not been identified, or that the home were not following national guidelines on their use, to ensure people's safety. As weight records, nutritional assessments and care plans were not audited, people who were slowly losing weight had not been identified, to ensure appropriate action was taken to investigate reasons for the weight loss. The lack of audit of medicines meant that, among other areas, it had not been identified that registered nurses did not have up to date information available to them on currently prescribed medications. As infection control procedures were not audited, matters such as current guidelines on the communal use of hoist slings had not been identified. Additional training needs for staff in conditions where the home were currently providing care and treatment to people had not been identified. For example none of the staff we spoke with reported they had been recently trained in how to care for people with dementia, although three of the four people we met with had been diagnosed as living with this condition.

Although the provider had stated they would be compliant in their action plan, the information above demonstrates a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We have taken enforcement action in relation to this.

The manager was registered with the CQC and had been at the service for five years.

Since the last inspection the manager had updated most of the policies and procedures. One of the registered nurses had taken on the role of quality assurance manager. We were unable to speak to this nurse about this role as they were not on duty during the inspection. However, the manager explained that they were responsible for making sure feedback was received from people at the service and appropriate action taken.

The manager showed us a quality assurance manual which she was working through. This included a self-assessment of different aspects of the service and identified areas for improvement. An action plan was in place which included a target date for carrying out the action required. For example under the section 'Management policies' there was an action to display home's "mission statement" in communal areas and we saw that this had been done.

The manager explained the quality assurance self-assessment was still work in progress and some areas were still to be reviewed. Following feedback by the inspectors on the first day of the inspection about some important information being missing in care plans, the manager had prioritised this area next for review. We noted that the manager had taken action in response to the feedback and had discussed the issues with staff in order to make improvements.

People told us they felt there was an effective manager in place. One person said "It is well led". Visiting relatives agreed it was managed well and the manager was approachable. One relative said "I find it very well led and friendly". A GP told us the service was "Well run, sensible and professional" and added "The manager is excellent. Very experienced. I'm impressed. The manager has had a positive effect".

The manager told us quality assurance questionnaires were now given to people and their relatives to feed back about how they found the service. These showed where improvements were identified the manager had taken action. For example one person commented "A remark that it would be nice if the post could come earlier appears to have been acted on". Some people had said it would help if staff could wear name badges and the manager said this was being arranged. This showed people were able to influence aspects of the service.

Staff told us if they had any concerns they could go to the manager. Comments from staff included "It's improving

Inadequate

Is the service well-led?

every year" and "The manager has an open door policy". During the inspection we saw staff were able to speak with the manager at any time. We received no negative comments about the management of the service.

People and staff were given information about the philosophy and purpose of the service. Displayed on a noticeboard in a corridor was a description of the philosophy of care at Harecombe Manor. This included the importance of individuality, dignity, privacy, choice and access to information. We noted that there was a Resident Guide which also included information about the philosophy.

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 People were not protected against the risks of receiving care and treatment which was inappropriate or unsafe. This was because they did not have a full assessment of all their needs carried out. People also did not have their care planned and delivered in such as was so as to meet their individual needs and ensure their welfare and safety. Planning and delivery of care and treatment did not reflect published guidance from appropriate bodies in relation to such care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People were not supported by recruitment procedures which ensured relevant information was in place. This was because a full proof of identity on each new member of staff was not held. Also there was not satisfactory evidence of the new member of staff's conduct in their previous employment and the reasons for why their employment ended.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with unsafe use and management of medicines. This was because the home did not have appropriate arrangements for recording, using, handling, dispensing, administering and disposing of medicines.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People, staff and others were not protected against the identifiable risks of acquiring infections. This was because systems to assess the risk and prevent, detect and control infection were not effective. Also appropriate standards of cleanliness and hygiene in relation to equipment and reusable device and materials used were not maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs People were not protected from the risks of inadequate nutrition and hydration people who needed assistance did not receive the support they needed to eat and drink sufficient amounts for their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider did not have arrangements in place for acting in accordance with the consent of people at the service in relation to their care and treatment.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	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 and others were not protected against the risks of inappropriate or unsafe care and treatment. This was because systems to regularly assess and monitor the quality of the service were not effective. The systems failed to fully identify, assess and manage risks relating to the health, welfare and safety of people and others. The provider had not made changes to people's treatment or care to reflect guidelines from appropriate professional, expert bodies and the CQC

The enforcement action we took:
A warning notice has been issued. The service is to be complaint by 16 February 2015.