

Dr Muhammad Ashraf Chohan

Quinta Nursing Home

Inspection report

Quinta Nursing Home
Bentley
Farnham
Hampshire
GU10 5LW
Tel: 01420 23687
Website:

Date of inspection visit: 14 and 15 April 2015
Date of publication: 27/05/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 14 and 15 April 2015 and was unannounced.

Quinta Nursing Home is registered to provide nursing care for up to 41 older people. At the time of the inspection there were 40 people accommodated.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2014 and associated Regulations about how the service is run.

The service was inspected in August 2014 and was found to be non-compliant in relation to suitability of the premises, cleanliness and infection control and the service lacked an effective health and safety system to assess risks to people. Following the August 2014 inspection the provider sent us an action plan to tell us

Summary of findings

they would make the required improvements in relation to cleanliness and assessing the safety of the premises by 31 October 2014. The service was last inspected on 27 October 2014 to follow up on a warning notice served on the provider in relation to the safety and the suitability of the premises. We found improvements had been made in relation to the premises but further improvements were required to fully achieve compliance. Following the 27 October 2014 inspection the provider sent us an action plan to tell us they would become compliant with the suitability of the premises by 31 January 2015. During this inspection we looked to see if all of the required actions had been completed and we found that they had.

Staff had undergone relevant pre-employment checks as part of their recruitment to their role. This ensured people were cared for by staff whose suitability to work with vulnerable people had been checked by the provider. However, there were insufficient care staff to ensure people's call bells were answered in a timely manner. There was a reliance on agency care and nursing staff. The registered manager had been providing nursing care and therefore could not ensure management tasks had been completed effectively. Although the cleaning of the service was adequate there were insufficient cleaning hours for staff to clean to a good standard.

There was a lack of evidence to demonstrate all staff had undergone the care industry standard induction requirements. Staff had not all completed ongoing training to ensure they kept their knowledge and skills up to date. Distance learning did not meet the needs of staff in relation to moving and handling, as they were unable to see a practical demonstration of techniques to move people safely. Not all staff had received training in the Mental Capacity Act 2005. The training of agency care staff had not been robust. Staff had not received an appraisal of their work and care staff had not received regular supervision. People were cared for by staff who had not received adequate training or support to undertake their role effectively.

People's records did not always contain all of the required information to enable staff to provide their care safely and effectively. Records were not always easy to locate.

Risks to people had been assessed and actions taken to manage any identified risks to them. When incidents occurred these were recorded and reviewed by the

manager to ensure learning took place. People's medicines were stored and administered safely. People were safe as potential safeguarding incidents had been reported to the registered manager by staff.

People's consent had been sought in accordance with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had received training in the Mental Capacity Act (MCA) 2005 but was unaware of a Supreme Court judgement which widened and clarified the definition of deprivation of liberty. They may not have understood when an application should now be made for people. We have made a recommendation that the registered manager access further information on the judgement in relation to DoLS.

People had received appropriate support to ensure they received adequate nutrition. Staff knew who required a specific diet. People were supported to have their healthcare needs met by a range of professionals as required.

People provided positive feedback about staff and told us they were caring and kind towards them. One person's relative told us "Staff are caring and patient." Although staff were very busy they did not rush people when they provided their care. People were treated with dignity and respect by staff. Staff consulted people about decisions relating to the provision of their care. People's care plans identified their communication needs.

People's needs had been assessed prior to them being accommodated but records of their needs prior to being offered a service could have been completed more comprehensively to ensure their needs were accurately documented. People had care plans in place to meet their assessed needs. Staff understood people's care needs, but had limited time to spend with people when not providing their care. People's care plans were regularly reviewed by staff but there was a lack of written evidence to show people's involvement. Activities were organised but records did not demonstrate people's participation and how the activities had met their needs.

People and staff told us the registered manager was respected and good at their role. A relative and three

Summary of findings

professionals told us the service had improved under their leadership. The registered manager ensured aspects of the service were audited and action plans produced to address issues identified.

Information about how to complain was made available to people. Where complaints had been made appropriate action and learning had taken place. The registered manager had sought people's views on the service through the annual survey and resident's /relatives meetings. The registered manager had used this feedback to discuss with staff how the service could be improved for people. The provider however, had not created a positive culture within the service where they listened to the views of relatives and staff.

There was a lack of a clear vision and set of values for the service embedded within the staff induction and supervision processes.

The provider had taken responsibility for staff recruitment and staff rosters from the registered manager and allocated these tasks to their head office staff. This had made it difficult for the registered manager to carry out their role effectively, as they could not determine if potential staff were suitable or if the staffing roster met people's needs. The provider had recently taken action to introduce clearer lines of accountability between the registered manager and themselves.

We found a number breaches of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The physical environment was safe for people as health and safety requirements had been met.

The provider had taken action to address the infection control issues previously identified.

There were insufficient care staff to meet people's needs safely. The manager had been carrying out a nursing role which impacted on their managerial role. Insufficient domiciliary staff hours were allocated to clean the service to a good standard.

Risks to people had been assessed and relevant actions taken to manage the risks identified.

People's medicines had been managed and administered safely.

People were adequately safeguarded against the risk of abuse.

Requires Improvement



Is the service effective?

The service was not always effective

Staff had not all completed relevant training or received an appraisal of their work. Care staff had not received regular supervision. People were not cared for by staff who had received sufficient training or support to be effective in their role.

People's consent to their care and treatment had been sought in accordance with legal requirements. We have recommended the registered manager update themselves on changes in relation to the Deprivation of Liberty Safeguards (DoLS), to ensure they are fully aware of when an application might be required.

People's nutritional needs had been met.

People's health was monitored and they received healthcare services as required.

Requires Improvement



Is the service caring?

The service was caring

People experienced positive relationships with the staff who were caring and kindly towards them.

People were involved in making daily decisions about their care and were able to exercise choice.

Staff treated people with dignity and respect when they delivered their care.

Good



Summary of findings

Is the service responsive?

The service was not always responsive

People's needs had been assessed; however people's initial assessments of their needs required fuller documentation.

Staff were familiar with people's care needs.

Activities were provided but there was a lack of recorded evidence to demonstrate what people had participated in and how the activities met their needs.

People were able to make a complaint and these were responded to appropriately by the manager.

The registered manager sought people's feedback on the service through the annual survey and regular resident/relative meetings. They used the feedback received to improve the quality of the service.

Requires Improvement



Is the service well-led?

The service was not always well-led.

The service lacked a written set of values to ensure staff fully understood the behaviours the provider required of them in the delivery of people's care.

The service was not well-led at the provider level. The provider had failed to ensure the registered manager had full control of all issues relating to the running of the service.

Audits of the service had been completed in order to assess the quality of the service provided and drive improvements.

Requires Improvement



Quinta 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 and 15 April 2015 and was unannounced. The inspection team included an inspector, a specialist advisor and an expert by experience. 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 expert by experience had cared for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with a commissioner of the service from the local authority.

During the inspection we spoke with 16 people and two people's relatives. We spoke with five care staff, two nurses, the cook, two domestic staff, the activities co-ordinator, the deputy manager, two head office staff and the registered manager. We spoke with a GP and a therapist and following the inspection we spoke with a nursing professional.

We reviewed records which included six people's care plans, fourteen staff recruitment records, seven staff supervision records and records relating to the management of the service.

Is the service safe?

Our findings

During our inspection on 29 August 2014, people were not adequately protected against the risks associated with unsafe premises. We served the provider with a warning notice and checked to see if the works had been completed at an inspection on 27 October 2014. We found most of the required work had been completed and asked the provider to send us an action plan outlining when the outstanding works would be completed. Prior to this inspection the provider submitted written evidence demonstrating that they now met health and safety requirements.

At our inspection on 29 August 2014, people were not adequately protected against the risk of acquiring an infection. We asked the provider to send us an action plan outlining how they would make improvements. During this inspection we found the actions required had been completed by the provider to protect people from acquiring an infection. The required works in the first floor sluice room had been completed, flooring had been repaired and there was relevant infection control guidance for staff. Most staff had either completed or had commenced infection control training. The quality of the training undertaken by the agency care staff required review, to ensure they all fully understood their role and this was brought to the attention of the registered manager. The registered manager informed us they had already brought this to the attention of the provider and would do so again.

Although the service had been adequately cleaned there were some areas and equipment requiring improvement. Hoists and some bathrooms needed more thorough cleaning. Staff told us there was insufficient time to complete the cleaning to a good level. Records demonstrated only 12 hours per day were allocated for cleaning the service. Staff understood what they needed to clean but there were insufficient allocated hours to enable them to complete this to a good standard.

Six people told us the service needed more staff especially at night, when they had to wait longer for call bells to be answered. Staffing rosters showed eight to nine care staff had been rostered for day shifts and three at night. Care staff levels were insufficient to ensure call bells were answered promptly. There were two nurses on duty in the day and one at night. Three nurses were employed one of whom was due to leave, in addition to the deputy manager

which was insufficient to staff the nursing roster and the service depended on regular agency nurses to staff the roster. Staffing levels were based on how many people were accommodated. They were not based on the use of a staffing dependency tool to assess what staffing levels were required to meet people's needs.

Records of the last staff meeting showed staff had highlighted the difficulties caused by having to support agency care staff who lacked the required level of communication skills. The agency care staff were on long-term contracts to ensure continuity for people. Their use was due to increase as more permanent care staff were due to leave. We spoke with an agency care staff who had poor English which impacted upon their ability to communicate effectively with people. The registered manager, staff, a nursing professional and the GP confirmed that some of the agency care staff lacked the required level of English to undertake their role safely.

Staff rosters showed the registered manager was working a 12 hour shift as a nurse each week. As a result management tasks were not addressed during this time. A deputy manager had recently been recruited, but rosters demonstrated they were fully deployed as a nurse; therefore they were a deputy manager in name only. Rosters showed the deputy manager and the registered manager had been deployed to work as nurses on the same shift, leaving insufficient management cover. Head office staff informed us they would remove the registered manager from the nursing roster and evidence seen following the inspection confirmed this was done.

The failure to deploy sufficient, competent, skilled and experienced staff to care for people, manage the service or clean the service thoroughly was a breach of regulation 18 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

Staff had undergone recruitment checks as part of their application for their post and for permanent staff these were all fully documented. They included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had obtained confirmation from employment agencies that

Is the service safe?

relevant checks had been completed in relation to agency staff. They did not have evidence of all agency staff's DBS checks, following the inspection they provided evidence these had been obtained.

Risks to people had been assessed and measures were in place to manage identified risks. Areas assessed included people's mobility, risk of falls, nutrition, and risk of developing pressure areas. People's call bells had been positioned within reach of them so they could request assistance if required. Records showed where people had wounds such as pressure ulcers these had been documented and they were receiving appropriate treatment. People had pressure mattresses and pressure relieving equipment in place where required. Staff had documented how often people had been re-positioned to manage the risk of them developing pressure ulcers. People's care plans, however, lacked sufficient written guidance for staff in relation to how often people required to be re-positioned. This created a potential risk that people might not have been re-positioned as frequently as they needed.

Incident records demonstrated what actions staff had taken following incidents and who was informed. They were reviewed by the registered manager which ensured they had oversight of incidents that had occurred and how risks to people were being managed. Nurse's supervision records demonstrated the registered manager had provided nurses with feedback following incidents to enable them to improve care. A falls protocol had been introduced to ensure staff had written guidance about the actions to take in the event that people experienced a fall.

Six people we spoke with about medicines told us they received them on time. Medicines management systems were all in place and followed by staff. All medicines were safely stored and managed. Medicines audits were clear and fully transparent. Pharmacy reviews were also in place and up to date. Staff were observed administering people's medicines safely. People's medicine administration records (MAR's) in relation to their topical medicines were kept in their rooms. One person did not have a MAR for April 2015 in order for staff to record they had administered the person's topical medicine. Staff showed us the topical medicine and told us it had been applied to the person but there was a gap in this person's records to demonstrate this. We brought this to the attention of the registered manager who took appropriate action, to ensure the MAR was written. People's medicines were managed safely.

Six people we spoke with told us they felt safe. Records showed there was a high level of reporting of potential safeguarding incidents by the service, although few had proceeded under formal safeguarding procedures. This showed the registered manager identified and reported any incident which they thought had the potential to impact upon people's safety. Training records showed the majority of staff were up to date with their safeguarding training. Two permanent care staff we spoke with understood their roles and responsibilities. We spoke with one agency care staff who had completed safeguarding training but they were not able to demonstrate their knowledge. The quality of the training undertaken by the agency care staff in relation to safeguarding required review, to ensure all staff fully understood their role. The registered manager was aware of this issue and had raised it with the provider.

Is the service effective?

Our findings

Six people told us staff had enough training. However, we found staff were not all adequately trained and not all staff had received regular supervision. People were cared for by staff who had not received sufficient training or support to undertake their role effectively.

There was a lack of records to demonstrate all staff had completed either the Skills for Care common induction standards (CIS) or their replacement the Care Certificate. These are the standards people working in adult social care need to meet before they can safely work unsupervised. Not all staff had completed moving and handling training. The registered manager told us these staff only worked with more experienced staff in order to manage this risk to people. They told us moving and handling was provided through distance learning and did not contain a practical element to enable staff to practice their learning. There was no evidence people had been transferred unsafely. Not all staff had completed Mental Capacity Act 2005 (MCA) training to ensure they understood their responsibilities. Agency care staff had received training in safeguarding adults and infection control but not all were able to demonstrate their learning from this training. People were not supported by staff who had received an adequate induction to their role or relevant training to care for people.

The registered manager told us they supervised the nurses, domiciliary staff and the cook. Staff confirmed this. Records to demonstrate supervision had taken place could not be located at the time of the inspection but were provided afterwards. The registered manager told us nurses supervised the care staff, the last records of care staff supervisions were dated June 2014. Records showed nurses had been issued with an annual care staff supervision schedule with effect from March 2015. However, there were no records to demonstrate care staff supervision had re-started. The registered manager informed us they did not have the capacity to complete staff appraisals, therefore staff had not had the opportunity to reflect upon their work. The provider lacked a policy stating how often staff should receive supervision or an appraisal; therefore it was unclear how often these should have taken place. People were cared for by staff who had not had their performance and effectiveness reviewed through an annual appraisal.

The failure to provide staff with appropriate training, supervision and appraisal was a breach of regulation 18 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

The registered manager told us people currently accommodated had the capacity to give their overall consent to receiving care and treatment at the service. Records confirmed people had been asked to sign their care plans which indicated they had consented to the care provided. Where bedrails were in place, which can be a form of restraint, people had signed to consent to their use. The registered manager showed us evidence that where people lacked the capacity to consent to particular aspects of their care a mental capacity assessment had been completed and a best interest decision made in accordance with the person's best interests. There was evidence that where people had a power of attorney in place, the service had a copy to ensure they knew who was legally entitled to make decisions on the person's behalf and in relation to what. There was a lack of a mental capacity act policy for staff to refer to for guidance; however, they had a copy of the local authority MCA 2005 guidance. During the inspection head office staff downloaded further MCA 2005 guidance from the internet for staff to read. A nursing professional confirmed they had no concerns that people's consent had not been sought in accordance with legal requirements.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had previously made DoLS applications but was not aware of a Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. We did not find any evidence people required an application to be made. However, without an understanding of the Supreme Court judgement the registered manager might not be able to identify when an application should be made.

The risk of people becoming malnourished had been assessed monthly using a recognised screening tool. Where people had been identified as at risk they had a nutrition care plan in place to manage this risk. If people required a thickened or pureed diet this was recorded in their notes. Staff training on nutrition had been arranged with a dietician for April 2015. Records in people's rooms documented the care they had received. However, the tick box system in use failed to give an indication of the type

Is the service effective?

and amounts of fluids or food taken. As most people were incontinent and used a pad, no clear indication of people's urinary output was available. The lack of accurate records in relation to fluids created a potential risk staff might not identify if a person was at risk of dehydration.

Six people said the food was good, one said "The food is very good here; we get two or three choices". At lunchtime people's meals were served in accordance with the guidance in their care plans. The cook was able to tell us about people's nutritional needs and how these were met for example through the fortification of foods for people who needed to gain weight. The cook knew who required only parts of their meal pureed. This ensured people were able to have their meal tailored to their specific needs and they could enjoy their vegetables in an unpureed form, whilst other elements of their meal were pureed to meet their needs. Where people needed adapted crockery or cutlery to promote their independence this was provided. There was one choice of hot meal; however alternatives such as a jacket potato or salad were available for people.

Where people required assistance to eat their meal this was provided by staff. Care staff were sitting talking, making eye contact with people and were patient when they supported people with their meal.

Five people told us they get to see a doctor whenever they need one, but said the GP visited every Tuesday anyway. Records demonstrated people had seen various healthcare professionals as required including the dentist, GP, physiotherapist, speech therapist and chiropodist. The local dietician was also involved. The registered manager told us people were referred to the tissue viability nurse if needed. People were supported to access health care services in response to their assessed needs.

We recommend the registered manager access further information on the Supreme Court Judgement to enable them to understand the changes that have taken place in relation to the widening of the criteria requiring a DoLs application.

Is the service caring?

Our findings

Six people told us staff were good. One said “They are very caring, if they see you in difficulties they rush to help.” One person’s relative told us “Staff are caring and patient.” A therapist told us they observed care staff were kindly to people during their visits. Staff were heard to speak to people in a kindly and discreet manner. Staff were friendly, sensitive and unhurried with people when they provided their care. If staff were walking with people they physically guided them to provide reassurance. We observed the activities co-ordinator to be kind, caring and considerate and helpful towards people. People received support from staff who were caring towards them.

One person said they were very happy with the service. They said “I’m well looked after. I enjoy my own company but I like to go to group events from time to time.” People were observed choosing how they spent their time. People were not required to participate in activities and exercised choice about their time.

One person said they weren’t really involved in making decisions about their care and treatment. However, records demonstrated people and their relatives had been involved in decisions about their care and people had signed their consent to indicate their agreement with the content of their care plans. Records showed the registered manager had identified through their audits of people’s care plans that one person’s care plans had not been discussed with them; as a result staff had been requested to do so. Staff were heard asking people about whether they would like the hot meal or one of the alternative meals available. Records showed people were consulted daily about their choice of meals. The activities co-ordinator told us they asked people if they wanted music on rather than

assuming that they did and provided a selection of music for people to make their own choice from. People’s care plans reflected how often they wanted aspects of their care provided such as a shower. People and their relatives were involved in making decisions about their care.

People’s care plans documented where they had particular communication needs due to the nature of their disability. One person’s care plan noted they communicated through the use of hand signs. This ensured staff had guidance about people’s communication needs. At lunchtime staff spoke with people as they served their meal and told them what they were doing. Staff were heard to ask people “What do you want” and “Where would you like to sit” whilst they supported them. Staff had guidance about people’s communication needs and communicated with people as they provided their care.

Six people said staff closed the doors before providing their personal care. One person’s relative told us “Staff treat her with dignity.” Staff were observed knocking on people’s doors and gaining permission before they entered. Care staff told us how they treated people with dignity and were able to explain how they upheld people’s dignity.

The provider’s website inaccurately stated ‘It is a home for general nursing - specialising in dementia care.’ The service is not registered to accommodate people who have a diagnosis of dementia although some people who live there may experience symptoms of dementia. We brought this to the attention of head office staff as people were being provided with inaccurate information and asked them to update the website to ensure people were provided with accurate information about which people’s needs the service could meet. Following the inspection the provider provided evidence they had amended the website as requested.

Is the service responsive?

Our findings

People told us they were happy with the care they received. One person's relative told us they were quite happy with the service and had no concerns whatsoever. Records showed people had received a pre-admission assessment which people and their relatives had been involved with. However the pre-admission assessment section of people's records did not always contain a great deal of information and could have provided a greater level of detail about people's needs, to ensure staff had full information about the person's requirements.

People's other care records provided details of their life history, interests, routines and preferences about their care. One person's records showed they had a sight impairment. There was clear guidance for staff in relation to the need to communicate with the person about what they were doing. People's needs in relation to the provision of specialist equipment such as slings to transfer people safely and walking aids had been assessed and where required these had been provided. The care planning system staff used was focused on people and their needs. We spoke with the Deputy Manager and a member of the care staff about people's care needs and both were well informed. Staff told us people and their families were at the centre of decision making and demonstrated they were familiar with people's care needs.

Records showed people's care plans had been reviewed monthly by staff, although the involvement of people and their relatives in reviews was not clearly evidenced. The registered manager told us they did invite people's relatives to reviews and one person's relative told us "Yes I am involved occasionally in reviews of mum's care."

Five people said they wanted more entertainment in the evening. The activities schedule showed the activities

co-ordinator provided a range of activities, in addition to other external entertainment, a hairdresser who visited weekly and an aromatherapist. The activities we observed which included playing CD's, painting and quizzes did not appear to fully engage people. The activities co-ordinator told us when people were new to the service they spoke with them about their background and interests to find out what they would like. They gave an example of how they tried to source materials such as books on topics people showed a particular interest in. Records did not demonstrate what activities people had participated within and how well these had met their needs, to support the future planning of activities. People's needs for stimulating activities that were responsive to their wishes required improvement.

One person we spoke with told us that if they felt the need to complain they would tell the manager and felt that the staff knew what their responsibilities were. The complaints process was displayed in the hall for people. One verbal complaint had been received this year. Records demonstrated the complaint was investigated and as a result a member of staff received further training. The person was provided with verbal feedback on the outcome of their complaint. This complaint had been appropriately handled, investigated and learning had taken place as a result.

A resident's quality assurance had been carried out at the end of 2014 to seek people's views on the service. Records demonstrated staff had been given feedback on the results. Regular resident's meetings were held and the staff were provided with feedback on changes people wanted to see. Changes had been made in response to people's feedback on the quality of the dining experience. People's views had been sought and changes made to the service in response.

Is the service well-led?

Our findings

During our inspection on 29 August 2014, we were concerned that the provider did not have an effective health and safety system in place in order to identify, assess and manage risks to people. We asked the provider to send us an action plan outlining how they would make improvements. Since the inspection the provider had appointed a health and safety consultant to oversee health and safety issues within the service. Risk assessments had been completed and processes put in place to ensure that ongoing monitoring of risks to people, for example, from Legionella, took place. This ensured potential health and safety risks to people had been identified and actions taken to manage them.

Records were not always fully complete or accurate. People's care plans did not always fully document their needs in relation to being re-positioned to ensure staff had guidance. There was poor recording of the amount of fluids people had taken to enable staff to assess if people were at risk from dehydration. Staff had not always signed people's records to evidence their creams had been applied. People's records did not contain sufficient information about the activities they had participated in to demonstrate how each person's social care needs were being met. People's records did not adequately demonstrate people's involvement in reviews of their care. Not all records were easy to locate such as the contingency plan, although this was provided following the inspection. The registered manager confirmed there was a lack of records to demonstrate which staff had completed their Common Induction Standards and who had not. People's records had been secured safely.

The failure to ensure accurate and complete records were maintained in relation to each person and other necessary records was a breach of regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

The provider did not have a set of written values for the service outlining the standards of care staff were required to deliver and behaviours they should demonstrate in their work with people. The registered manager told us during their work with staff they instructed them "To treat people as though they were our own parents", and to "respect their right to make their own decisions." The registered manager had discussed their expectations with staff in relation to

the required standards of care and values they should demonstrate and this was confirmed by staff meeting minutes. However, the values were not formally recorded or embedded into the staff induction or supervision process, to ensure staff understood what was required of them. People were not cared for by staff who had written values to adhere to in their work.

The provider had not promoted a positive, open and supportive culture within the service. Staff we spoke with did not feel their concerns about staffing levels and the impact of the high use of agency staff on people were being sufficiently listened to by the provider. There was a culture of blaming the registered manager when things went wrong rather than constructively supporting them. A nursing professional we spoke with confirmed our findings. Relatives had expressed their disappointment at the last relatives meeting on 26 February 2015 at the failure of the provider to attend the meeting in order to discuss issues they wished to raise with him directly. The provider had not responded promptly to relatives requests to meet with them.

Registered managers have to be able to demonstrate their compliance with the requirements of the regulations and this includes ensuring that the regulations regarding staffing are complied with. The provider had taken responsibility for the recruitment of staff and staffing rosters from the registered manager and delegated this to their head office staff; this was confirmed by the registered manager and staff. Head office staff had also recently taken over the staff training programme. The staff training programme devised by head office staff had not taken into account staff training needs such as Mental Capacity Act 2005 training. Records showed relatives had voiced their dissatisfaction at the last relatives meeting with staff recruitment being managed from the provider's head office rather than by the registered manager. Minutes of the meeting showed relatives felt head office staff did not recognise which applicants had the required skills and staff appointed were not always suitable. Staff expressed their dissatisfaction to us with regards to staff rosters being managed by head office staff as they felt their requests in relation to rostering were not listened to by head office staff, for example, when they wanted to change a shift. People's staffing needs were not being met effectively as the registered manager did not have full control of the appointment and rostering of staff.

Is the service well-led?

The removal of responsibility for these functions had impacted upon the effectiveness of the registered manager to carry out their role. This affected people and staff as the registered manager no longer had the power to address issues themselves and were dependent on head office staff who did not have the required level of social care knowledge to address these issues. These arrangements did not enable a streamlined process for the recruitment of staff and completion of rosters by the registered manager for people.

The service lacked a structure in terms of lines of accountability from the registered manager to the provider. As the provider had allocated more responsibilities to head office staff there had been a lack of clarity regarding what issues the registered manager should report on and to whom. The provider had recently taken action to address this. Records confirmed they had allocated a member of their head office staff to provide the registered manager with supervision and to receive feedback on the provider's behalf about matters relating to the service. However, as the supervisor had no social care qualifications they could not supervise the registered manager's clinical practice, only their management. We were unable to assess how sustainable or effective these improvements were due to their recent introduction.

Five people we spoke with about whether the service was well-led told us they thought the manager was very good and you could tell her things and she would look into it. The GP for the service and a visiting professional told us they had seen the quality of the service improve over the years under the leadership of the registered manager. They said the registered manager spent time on the floor observing what was happening and that they were familiar with each person's needs.

The registered manager told us audits were completed in relation to various aspects of the service. These included audits of care plans, people's nutrition, staff signing of people's medicine administration records and infection control, this was confirmed by records. Where audits had been undertaken actions were recorded for staff to complete. An infection control audit had been completed in March 2015. Issues requiring action had been identified such as the need to replace the soap dispensers. The registered manager informed us these had been ordered. The audit had identified the same issues we identified in relation to the quality of the cleaning completed. The action plan to address this point was not sufficiently robust as it did not address the issue of how the quality of cleaning could be improved. The registered manager needed to ensure action plans sufficiently addressed all identified issues.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The providers failure to deploy sufficient, competent, skilled and experienced staff to care for people, manage the service or clean the service thoroughly, or to provide staff with appropriate training, supervision and appraisal were breaches of regulation 18 (1)(2)(a) of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The providers failure to ensure accurate and complete records were maintained in relation to each person and other necessary records was a breach of regulation 17(1)(2)(c) of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.