

Caring Homes Healthcare Group Limited

Tall Trees

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

This inspection took place on 22 January 2015. This inspection was unannounced which meant that the provider did not know we were completing an inspection on that day.

The previous inspection of this service was carried out on 17 April 2014. The service was found to be meeting all of the standards inspected at that time.

This location is registered to provide personal care and accommodation for up to 60 people. At the time of our inspection 49 people used the service. The service was divided into four units: Pine unit and Willow unit (units for people living with dementia); Oak unit and Beech unit.

At the time of our inspection the home did not have 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 2008 and associated regulations about how the service is run.

Staffing levels were not consistently maintained to ensure people received appropriate support to meet their needs. Staff told us that they were short staffed on some shifts, and where staff sickness occurred this had not been

Summary of findings

covered. The manager told us they were aware of this issue and were actively recruiting additional staff. However, additional staff had not been placed on shifts when staff were off sick.

Staff did not receive on-going supervision and appraisals to monitor their performance and development needs. The manager told us they had identified this issue and had put in place a supervision plan to ensure staff received regular supervision. People we spoke with told us they had no concerns about how staff provided care and support to them.

At lunchtime staff were available if people wanted support, extra food or drinks. Most people were satisfied with the choice of food available to them. Although several people told us they would like to see improvements in this area.

Staff were kind, caring and respectful to people when providing support and in their daily interactions with them.

Care plans did not demonstrate that people were involved in making decisions about their care. People told us there were not enough activities to take part in at the home and in the community. The manager told us

they were aware of this and was actively recruiting activities co-ordinators to fulfil this role. People were supported and encouraged to maintain relationships with people who were important to them.

The provider regularly sought feedback from people who used the service. However, there was no evidence that the provider had taken action to improve the service quality in light of people's feedback. The service had four consecutive managers in post in the past two years. Audit processes had not been consistently followed to drive service improvements.

Not all staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. At the time of our inspection two DoLS applications were in place for people at the home.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We found six 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?

The service was not consistently safe.

Staffing levels were not adequate to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with people who used the service. However, systems were not consistently followed in all cases.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff had not received regular supervision to monitor their performance and development needs. Regular staff meetings had not been held to update and discuss operational issues with staff.

Not all staff had attended training in the Mental Capacity Act 2005. The provider could not advise us of what measures had been taken in light of changes in legislation to ensure that people were provided with care in the least restrictive way.

Most staff had the knowledge, skills and support to enable them to provide effective care. One person felt that staff did not always have the skills required to support them.

People had access to appropriate health professionals when required.

Requires Improvement



Is the service caring?

The service was caring.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People told us they were treated with respect and dignity by staff.

Good



Is the service responsive?

The service was not consistently responsive.

People's individual care needs had not been consistently responded to by the provider. Care plans did not demonstrate that people were involved in making decisions about their care.

Requires Improvement



Summary of findings

People felt confident they could make a complaint if they needed to and that it would be dealt with by the provider. The provider could not demonstrate how care and treatment improved as a result of complaints received.

Is the service well-led?

The service was not consistently well-led.

The provider sought feedback from people and undertook some quality assurance assessments. However there was no evidence that changes were made to improve the service as a result of the feedback or the assessments.

We received mixed feedback about leadership at the home. Staff wanted to have formal staff meetings and wanted the manager to be more visible in the home. Some staff did not give a view as the manager had not been in post for a long enough period of time.

Requires Improvement



Tall Trees

Detailed findings

Background to this inspection

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

This inspection took place on 22 January 2015. The inspection was unannounced which meant that the provider did not know we were completing an inspection on that day. This inspection which was undertaken by two inspectors.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

On the day of our inspection we spoke with 12 people who used the service, two relatives and one visitor. We also spoke with the manager, a visiting peripatetic manager and eight members of care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at seven people's care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

We asked people about staffing levels at the home. People told us: “Staff come in reasonable time when I need assistance. There are enough staff here” and “They [staff] come fairly quickly when you need them. I feel safe here.” One person told us: “They are short staffed, sometimes there are only two staff on instead of four on nights; it happens quite often.”

Staff we spoke with told us not all shifts were covered when staff had sickness. Staff told us: “At the moment we have three care staff. We have five people who require double up care [where two care staff need to support one person]. We check the lounge regularly. Not all shifts are covered [on Beech unit].”

Another member of staff told us: “Not all shifts are covered. At least once a week we only have two carers [on Pine unit]. Two people require double up care. When two carers are needed to take care of people, there is not always someone [staff] in the communal areas.”

Another staff member said: “I love it here, but there are not enough staff. Nothing has gone wrong as yet, but I am concerned that it might. Sometimes there are only two care staff on the afternoon shift [on Pine unit]. The nurse on this unit also does medication on another unit so is not always available to help.”

On Willow unit, a member of staff told us: “Staffing levels often drop below three carers [scheduled staffing level], normally between 2:00 – 8:00 pm.” And another staff member on Willow unit said: “We are generally short of one carer between 2:00 – 8:00 pm about three times a week.” This meant that sufficient staff were not always available on shifts or in communal areas to keep people safe and meet their needs..

The provider told us they had not completed a dependency assessment. This assessment is used to determine people’s level of dependency and calculate the required staffing levels needed to safely meet people’s needs. It was not clear how the provider calculated staffing numbers based on the individual needs of people who used the service. The manager told us they were due to introduce a staffing tool to enable them to better evidence how many staff were needed on each unit. They acknowledged some shifts were short of staff and this was due to a high level of staff sickness. They had identified staff who persistently went off

sick and were working to reduce this in the future. They also told us they were recruiting additional staff to include an additional nurse and a deputy manager and they wanted to increase the bank staff to cover shift shortages.

We checked the night staff allocation records from 3 January 2015 to 21 January 2015. These records indicated that staffing levels on Pine and Oak units were below that which had been scheduled on a total of 14 occasions.

These issues were a breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010.

We saw recruitment checks had been made to ensure staff were of good character before they started work at the home. Most staff records we looked at contained two references and criminal records checks for all staff. An application form for one staff member did not contain dates on their previous employment history. One file contained only one previous reference. In one staff file we found a reference from an agency which only confirmed dates of employment. The second was a character reference dated five months after the person started employment. The third was from a former deputy manager of Tall Trees. Confirmation of the person’s professional registration was not available or recorded. The provider sent this to us the day after the inspection. We did not identify any negative impact on people who used the service, however, the provider had not consistently followed their own recruitment policy or best practice guidelines in the recruitment of staff. This was a breach of Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010.

We asked people if they felt safe living at the home. Everybody we spoke with said they felt safe living in the home. People told us: “I am happy here at the moment. I feel safe being here” and “I have security here and I feel safe living here.”

The staff we spoke with told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding adults and told us of their duty to report information of concern to the manager. The manager told us that refresher safeguarding training had been arranged for the week after the inspection. We looked at training records which confirmed this. The provider had policies and procedures in place for dealing with any allegations of abuse. We were notified of concerns about clinical care at

Is the service safe?

the home in January 2015. The manager completed an investigation and worked with an external health care team to review people with specific clinical needs at the home. The health care team informed us that staff were competent in their support of people's clinical needs. The manager kept us updated with the outcome of the investigation and implemented recommendations made by the health care team.

We checked to see how the provider managed risks to people to keep them safe. We saw that one person had sustained a head wound following a fall. Staff had completed an accident form. This recorded that the person had been taken to hospital for a review and there was a wound care management plan in place. We saw that the provider had completed a falls risk assessment which

stated that the person should have their walking frame with them at all times. We observed the person walking with their walking frame during our visit to reduce the risk of falls.

We looked at how medication was managed at the home. One nurse told us: "I have had medication training. I was observed administering medication by a nurse before being signed off as competent. There are policies and procedures for me to follow. As far as I am aware there have been no medication errors."

The provider followed relevant professional guidance about the management and review of medication. Staff carried out monthly audits to ensure people were provided with the correct medication. This was confirmed in audits that we looked at. We looked at 12 people's Medicine Administration Records (MAR) and found staff had accurately recorded medicine administered.

Is the service effective?

Our findings

We checked to see how people received support to maintain good health. A health care professional told us they had recently visited the home. They said the new manager could not locate the staff rotas to demonstrate that people had received the required specialist clinical care as part of their planned needs. This meant they were unable to check records that staff had provided the right level of care. They told us the manager could not locate training records for staff who provided tracheostomy care. They told us that staff on duty told them they had received training and appeared to be delivering competent tracheostomy care [this consists of the maintenance of a person's airway to aid their breathing].

The manager told us that due to a lack of available training records all relevant staff had been booked on refresher clinical training as a priority. We were unable to assess whether staff had received adequate training and whether shifts were adequately covered to meet people's individual clinical needs, as the manager told us that records were not available. There was no record of staff rotas, prior to 3 January 2015. The provider was in breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010: Records.

Staff we spoke with said they did not receive regular supervision [a process by which support and guidance is given to staff. This can take the form of a meeting with the line manager] to discuss their work or have annual appraisals of their development needs. Staff told us: "I can't remember when I last had supervision. I think possibly September 2014. I think it is good to have supervision as it identifies what we can improve on and where we can apply our skills" and "I have not had supervision since I started working here." The manager told us she had identified this as an issue and had completed 16% of staff supervisions. She showed us a supervision timetable she had created to demonstrate when staff would be supervised in the future.

These issues were a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010.

Not all staff we spoke with had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not

restricted. At the time of our inspection two DoLS applications were in place for people at the home. The provider could not advise us of what measures had been taken in light of changes in legislation to ensure that people were provided with care in the least restrictive way.

One member of staff told us: "I have had MCA training. We have to do an assessment if someone lacks capacity. We involve the family and make best interest decisions for those people. Another member of staff said: "I have not had training in MCA." We could not be sure that people were provided with care in the least restrictive way as not all staff had received MCA training. This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010.

People and relatives we spoke with were happy with the skills and competency of staff. People told us: "Staff are competent" and "They [staff] look after me well." One person who had complex needs and was unable to speak, indicated non-verbally that they were happy with the support they received. They required oxygen therapy and details of what to do if their oxygen levels dropped were displayed in their room.

Staff had completed an induction before working at the home. This included training in safe moving and handling, fire, health and safety, and infection control. This ensured that staff had met the basic training requirements of their role.

One member of staff told us they had attended 'loads' of training. They told us they had attended a course on dementia awareness and a course to support people with behaviours which may challenge. They described how they supported a person who sometimes became aggressive during personal care: "I am usually able to talk them around; or I will walk away and try again in a short while. It's all about communication." Another staff member told us: "For people with dementia. I make sure I get to know the person, I read the daily signs in their behaviour and their body language. I show people things to help them to understand what I am asking or doing."

One staff member told us they had an induction carried out by a senior carer. They told us this covered discussions about people's likes, dislikes, health conditions and record keeping. They had an allocated mentor to discuss any issues with. They worked with another member of staff and had not been asked to do anything they were not confident about. We found that a senior member of staff had

Is the service effective?

completed professional development courses in care and had attended dementia training courses. The manager told us that dementia training had been arranged for all staff who had not received it on 29 January 2015. This meant that staff were given opportunities to develop their skills and access professional development.

We checked to see whether the provider had measures in place to ensure people provided consent to care and treatment. Care plans we looked at demonstrated in most cases that people or their representatives had signed their care plans to indicate they agreed with the care provided. We spoke with someone who held financial Power of Attorney (POA) for someone who used the service. This meant they had legal authority to manage the person's finances. A financial care plan was in place that recorded this legal POA agreement and was signed by the person. We saw a copy of the POA document, which was kept in the administration office.

At lunchtime most people told us they enjoyed the food provided and were offered choices. One person told us: "The food is ok. They [staff] would make us something else if we did not like a meal" and "It is very good here. I get regular meals and am not hurried." Another person told us: "Breakfast is excellent" and "I get snacks and drinks. The food is very good."

Two people gave mixed feedback about the food. They told us: "There are not enough fats in some of the food. As the food can lack flavour. Portions are large." and: "The food is middling. Some days it is better than others. We can get something else if we want, but it is usually sandwiches.

They [staff] do ask us what we would prefer. They are always happy to get you a cup of coffee." This meant that some people did not get sufficient choice of food to meet their individual needs and preferences.

We observed that people ate at their own pace and were not rushed to finish their meal. Staff checked whether people liked their meals and whether they wanted more food and drink.

One person had been assessed as being at risk whilst eating and drinking. They had been referred to a Speech and Language Therapist [SALT] for a swallowing assessment. The guidelines issued following the SALT assessment were available in the person's care plan. We observed the person being supported to eat over the lunch period. The SALT guidelines were being adhered to. The person was sat upright and their head was well supported. The staff member took their time and allowed and encouraged the person to attempt a 'second swallow' prior to being offered the next mouthful of food. The person's drink had been thickened and was served in an open beaker as per the guidelines. There were records of monthly weights and nutritional assessments in their care plan.

Staff recorded in people's care plans when people had been visited by health care professionals. In one person's care plan it had been recorded that, over the past year, they had been seen by a consultant neurologist, community physiotherapist, optician and their GP. A GP visited the home twice a week. A nurse said: "The surgery provides good support out of hours."

Is the service caring?

Our findings

People were supported with kindness and compassion. People praised staff and spoke positively about the care and support they received. People told us: "The staff are excellent, very friendly, cheerful, caring people" and "Staff are very attentive" and "The staff are excellent, helpful and caring and I get on with staff here" and "The staff take care of you and I am quite comfortable here" and "They ask us how we are getting on and genuinely want to know about us."

Relatives told us: "[The home and staff] are very good, I'm well pleased" and "There are wonderful carers here. They told us they would recommend the home to others. One relative said: "There is always someone around, smiling faces; most of the staff are fantastic." A visitor described the staff as "Very pleasant" and said that the person they visited "Always looks well looked after."

We saw recently written thank you cards provided by people and their relatives. One comment read: "We would like to say a big thank you for all the care and devotion that you gave to [our relative]. We would like to take the opportunity to thank you for all the support that you also gave to us."

Another card read: "Expressing our gratitude for the patience, kindness and professionalism of all your staff who made [our relative's] time with you as pleasant as possible. All your staff did their job skilfully and with affection."

We observed a member of staff engaging people in conversation about a foreign country whilst having their dinner. The staff member demonstrated knowledge of one person's personal history as they had previously lived there.

Another person joined in the conversation about a holiday they had been on. This demonstrated that staff provided care which considered people's personal histories and interests. One person was sitting on their own and was asked whether they wanted to join a table with more people. The person declined the offer and staff respected their wishes to eat alone. One person said they wanted to go back to their room. A member of staff immediately responded that they would assist the person back to the room. This demonstrated that staff gave people choice and control within their environment.

We asked people whether they felt their privacy and dignity was respected. Everybody we spoke with said that staff treated them with dignity and respect. One person told us: "Staff are helpful and respectful" and "There is good balance [with staff] around getting help and being independent".

Staff were aware of the need to treat people with dignity and respect. One staff member told us: "I ensure doors are closed when I am helping people with personal care. I ensure that people have a towel to cover themselves."

We observed a person who was having lunch on the dementia unit had spilled some food down their jumper. After asking them, a staff member supported them to change their top. This supported the person to manage their dignity with respect to their personal appearance.

We checked to see whether there were plans in place to support people at the end of their life. We saw one person's care plan contained an 'advanced care planning form'. This detailed the person's individual wishes and preferences relating to the management of their end of life care.

Is the service responsive?

Our findings

Most people we spoke with told us they received care that was responsive to their needs. One person, who had diabetes, said that they had been offered cake and biscuits by staff. They said “A lot of agency staff do not know what they are doing.”

We looked at the care plan for someone at risk from frequent falls. This person’s care plan contained a record of a visit by a community physiotherapist on 19 January 2015. The physiotherapist recorded that the person ‘Needs assistance of one person when walking at all times.’ The person’s care plan and risk assessment for ‘Maintaining a Safe Environment’ had not been amended to reflect this advice. We also observed that the person walked with their mobility aid, unaccompanied on two occasions during the course of our inspection. Staff were not visible or supporting this person in line with their assessed needs.

We looked at daily record entries in one person’s care plan. For three consecutive days there were no recorded entries between the hours of 20:00 to 08:00. Staff were required to complete records for positional changes to reduce the risk of the person acquiring pressure sores and for the person’s oral care. The assessments indicated that the person was deemed to be at risk; however there was no clear statements on how staff should manage risks to the person in the care plan. The person was unable to walk and used a wheelchair. The care plan stated that staff must ‘Change [the person’s] position every 2-4 hours’. There were no records of how often staff completed positional changes. During our inspection we observed the person to be in their wheelchair in the sitting room at 9.20 am and remained there until around 3.00pm. This could place the person at increased risk of developing pressure sores.

A relative we spoke with felt that more activities were needed, including trips out of the home. A member of staff said about social activity on Willow unit: “I don’t think they get enough.” Another relative on Oak Unit said that he thought it was ‘Very quiet, more relaxed than where she was before.’ A reminiscence quiz was held in the activity room in the afternoon and we observed that six people attended.

We found an activities board in the corridor which showed activities taking place. People told us: “There are some events taking place. And “We get a ‘What’s on’ leaflet which

tells us of weekly activities and events. I like quizzes and my newspaper. I would like to go out more.” One person told us: “There is not a lot to do. They [staff] do try though” and another person said: “There is not really enough to do.” The manager told us that they were actively recruiting to two activities co-ordinator roles to ensure people were able to take part in activities and events at the home.

These issues were a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

One person’s care plan contained a ‘Care Plan Decisions’ form that had been signed by the person and their daughter. The decisions indicated their consent to have reviews every two months, photographs, a lockable facility and notification of significant changes. Records we checked indicated that the reviews had not taken place. An ‘Individual Preference Checklist’ had been completed relating to things such as preferred times for rising and going to bed, preference for bath or shower and daughters involvement in support. This document had not been signed by the person. We found no evidence of negative impact for the person, however, the provider could not provide recorded evidence that they had responded to the person's care needs.

The manager showed us a complaints log and showed us how complaints had been managed. We saw one complaint which had previously been brought to our attention by a member of the public. The complainant told us they were not happy with the provider’s response to this. The manager was not working at the home at the time this was reported. The manager was unable to tell us whether this complaint had been resolved to the satisfaction of that person. We could not find records which reflected this.

These issues were a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010.

People told us they were aware of how to make a complaint and were confident they could express any concerns. The complaints policy was available in the main reception of the home to explain how people could make a complaint. One person told us: “It is a very good place. I have no complaints. The place is kept to a high standard. It is very clean. Another person told us: “I have never made a complaint. I have never thought things could be done better” and “There is nothing I am not happy with.”

We checked to see whether people were involved in making decisions about their care. There was little

Is the service responsive?

evidence in people's care plans that they and their relatives were involved in making decisions about their care. We discussed this with the manager. She acknowledged this and had identified this as an issue. She told us she would be writing to people's relatives to invite them to engage in this and would ensure that care plans recorded people's opinions and views.

People living with dementia were supported to orientate themselves around the home and provided with sensory stimulus to aid their memory recall. There were boxes fixed to the wall outside people's rooms containing personal

items. This aided people's memory recall and supported people's sense of individual identity. Bedroom doors had the number of the room and the person's name clearly visible, so that people could find their rooms more easily. On Willow Unit the doors of the storage cupboards had been wallpapered to blend in with the corridor walls and had hand rails. The doors of cupboards which needed to be locked had been wall papered over to prevent people living with dementia from becoming concerned or agitated that they could not access these cupboards.

Is the service well-led?

Our findings

We checked to see what systems were in place to review and improve service delivery. The manager told us they reviewed records of incidents and accidents to ensure risks to people were reduced and falls were investigated. We could not see evidence of how incidents were analysed. There was no overview information on where or when incidents occurred and evidence of action taken to reduce future risks to people who used the service.

Quality assurance audit processes were in place to monitor the quality of care provided. However, processes had not been consistently followed to ensure improvements in service delivery were made. The manager told us the regional manager, who previously visited the home to review care standards, had left the post in August 2014. A peripatetic regional manager and a clinical regional manager had carried out audits since then. However, the previous manager had not recorded where shortfalls had been identified. The manager at the time of the inspection could not find evidence that where shortfalls were identified, action had been taken to improve service delivery.

The provider obtained feedback from people who used the service through questionnaires. People received a questionnaire every six months to provide feedback about how the service was run. The provider was not able to demonstrate what action had been taken to address shortfalls or in response to people's suggestions to develop the service.

These issues were a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

The manager told us they were aware that a number of actions needed to be taken to improve service delivery at the home. They told us they were working alongside a peripatetic manager to make the necessary changes until they had recruited a deputy manager into post. They told us their focus had been on recruitment and that they were working on other areas for improvement. They told us they felt supported to achieve these outcomes. The manager was not able to provide us with a management plan to demonstrate how service improvements would be made.

Staff told us they were usually informed of any changes occurring within the home and policy changes through

staff meetings. Staff told us regular staff meetings had not been held at the home for some time. Staff told us there was an open door policy and they could talk to the manager if they had any concerns or issues to raise.

We received mixed feedback about the leadership at the home. A member of staff said: "There have been so many changes of management. The last staff meeting was about three managers ago." When asked about how changes were communicated by the new manager they indicated that it was usually via a nurse, senior carer or notices. They said "(The manager) does not come around, I would be surprised if (the manager) knew any of the residents."

One staff member told us: "The manager is approachable and responds to my needs. Another staff member told us: "The manager is supportive." However, one member of staff told us: "It would be nice to have acknowledgement for the work we do."

A relative commented about the numerous management changes saying that continuity of care had been compromised. However they said: "The atmosphere is better now, It was disconcerting but it's better now." The service had four separate managers in a two year period. Staff told us that they had felt unsettled by this.

We received mixed feedback from staff about leadership at the home. Staff we spoke with were able to talk to the manager and said they were approachable. Staff said they could benefit from formal staff meetings to collectively discuss issues arising with the manager. One member of staff wanted the manager to be more visible in the home. Some staff felt that it was too soon to give a view as the manager had not been in post for a long enough period of time.

At the time of our inspection the home did not have 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 2008 and associated regulations about how the service is run.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices.

Is the service well-led?

We have been informed of reportable incidents as required under the Health and Social Care Act 2008 and the manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a manager.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

9.—(1) The registered person had not taken proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—

(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—

(i) meet the service user's individual needs,

(ii) ensure the welfare and safety of the service user.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

10.—(1) The registered person had not protected service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—

(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and

(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

(c) where necessary, make changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to—

This section is primarily information for the provider

Action we have told the provider to take

(i) the analysis of incidents that resulted in, or had the potential to result in, harm to a service user.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

21. The registered person must—

(b) ensure that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

22. The registered person had not taken appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

23.—(1) The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by—

(a) receiving appropriate training, professional development, supervision and appraisal.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

18. The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.