

# Bupa Care Homes (GL) Limited

# Elmwood Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 6 May 2015 and was unannounced. At the last inspection in August 2013 we found the provider was meeting the regulations we looked at.

Elmwood Nursing Home provides accommodation for up to 36 people. At the time of the inspection, the service 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. The registered manager had left a month before the inspection; a new manager was in post and told us they would be submitting a registered manager's application.

We brought the inspection forward because we received information of concern about the service from several contacts. We established through our inspection that some of the concerns raised with us were occurring at the home and had resulted in people receiving inconsistent

# Summary of findings

and inappropriate care. Aspects of people's care was not assessed, planned and delivered appropriately. There was not always enough information to guide staff on people's care and support.

People we spoke with told us some staff were very caring but others were not. Some staff were described as abrupt and impatient. We observed some kind and caring interactions between staff and people who used the service on the day of the inspection.

People enjoyed the range of activities provided at the home. They enjoyed the food and had plenty to eat and drink. However, people did not always have a pleasant experience at meal times. A range of healthcare professionals were involved in people's care. We received positive feedback from health professionals.

Although people told us they felt safe we found this service was not providing consistently safe care. The provider did not have effective systems in place to manage risk. Medicines were not always managed consistently and safely.

Staffing levels were adequate but the deployment of staff was not effective so people had to often wait to have their care needs met. Staff were provided with training but did not receive regular supervision and appraisal. The provider had effective recruitment and selection procedures in place. Staff understood how to safeguard people from abuse.

The provider's systems to monitor and assess the quality of service provision were not effective. Actions that had been identified to improve the service were not always implemented. We received positive feedback about the new manager.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end 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 safe.

There was a lack of consistency in how risk was managed. Some systems helped keep people safe but other systems were not effective which meant people were not protected. Medicines were not managed safely.

People told us they felt safe and the staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Overall, there were enough staff to keep people safe but staff were not deployed appropriately so people had to wait to have their care needs met.

Inadequate



### Is the service effective?

The service was not always effective.

The provision of supervision and appraisal required improvement to ensure staff development was reviewed and training needs were identified.

People enjoyed the food and were offered a healthy diet but experience at meal times was varied.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy.

Requires improvement



### Is the service caring?

The service was not always caring.

People who used the service told us the staff who supported them were not always caring. People experienced different standards of care at different times.

People were offered choice. Staff had good information about people's history and got to know people well.

Requires improvement



### Is the service responsive?

The service was not always responsive to people's needs.

People did not always receive care that was planned to meet their individual needs and preferences. Care records did not sufficiently guide staff on people's care.

There was opportunity for people to be involved in a range of activities.

There was a clear procedure to follow should a complaint be raised.

Requires improvement



### Is the service well-led?

The service was not always well led.

Requires improvement



# Summary of findings

The systems in place to monitor the quality of service provision were not effective. Action was not always taken even though shortfalls were sometimes identified.

People spoke positively about the new manager.

# Elmwood 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 was unannounced and took place on 6 May 2015 and was carried out by two adult social care inspectors, a specialist advisor in nursing 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. Our expert had experience in older people's services.

Before this inspection we reviewed all the information we held about the service. This included statutory notifications

that had been sent to us by the home and information of concern that was sent to us anonymously. We contacted the local authority, clinical commissioning group, health and social care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 29 people living at Elmwood Nursing Home. We spoke with nine people who used the service, seven relatives, ten staff, the deputy manager and the manager. We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at four people's care records. After the inspection we received feedback from one health professional and collective comments from a team of health professionals.

# Is the service safe?

## Our findings

We looked at how risk was managed for people who used the service and found there was a lack of consistency in how this was done. Some systems were in place to help keep people safe; however, other systems were not effective so people were not protected. Risks to people's safety had been assessed but staff were not always following guidance. For example, we looked at the care plan for a person who had a history of falls. The service requested specialist support and a physiotherapist completed a formal review in February 2015. They had documented in the care plan instructions that a more suitable zimmer frame was needed. This recommendation was not followed up. Since February, the person had fallen a number of times and no action was taken to prevent this and maintain the person's safety.

The provider had guidance about the frequency of safety checks but these were not followed. For example, one person used bed rails and a pressure mattress and cushion. The policy stated bed rail checks should be completed monthly to ensure safety but we saw the person's bed rail was last checked in September 2014. The provider's policy stated pressure relieving mattresses and cushions should be checked daily but we saw from the records these had only been checked four times since the end of March 2015. Therefore the provider was not ensuring equipment was safe.

We noted the premises were not always used in a safe way. Bathrooms and shower rooms were cluttered with hoists, wheelchairs and laundry bins. This would make it difficult for people to access the facilities without assistance. A sink hot tap in one bathroom was very hot. The dining room is also used as a thoroughfare from the kitchen to the lift (in the corner of the dining room) and the lounge room. Some people sat at the table in their wheelchairs at lunch and the dining chairs were pulled back to the wall. The dining chairs formed several rows along the wall. The trolley of food was taken upstairs via the lift which left very little room to pass. The trolley was then left near the dining chairs so the area became very congested. Access to the stairs for the first and second floor was via the lounge on the ground floor. We saw wheelchairs had been placed near to the stairs which made access difficult and a potential trip hazard. The stairs were used by both staff and

relatives/visitors to the home. We spoke to the manager about the risk of harm to people coming down the stairs into the lounge. They told us they were aware of the issue and would address it.

We looked at fire safety records and saw that some were not up to date. Fire alarms were checked weekly and door closures were checked monthly. However information about fire drills was not available. The management team said they thought this had been removed from the fire record file and put into individual staff files. We asked to look at evidence from four staff files but only two out of the four had any information about involvement in fire drills. The staff we spoke with said they had completed fire safety awareness training. The training matrix stated all staff had completed fire awareness training although the training status for 13 staff 'had expired'. The home had a fire list that detailed the assistance people would require in the event of an emergency evacuation (PEEP). The list did not include people who had recently moved into the home. The fire safety policy in the evacuation file was dated 2006. The manager told us this was out of date and showed us an updated policy. We concluded that the provider did not take appropriate action to reduce risks to the safety of people who used the service. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider was not overall taking appropriate action to reduce risks we found some good systems were in place for monitoring and managing risk. We observed people were safely moved around the home. Staff ensured foot plates were on wheelchairs and explained to people why they were moving them.

Care and accommodation is provided over three floors and each floor was clean and well kept. The shower room, toilets and bathrooms we looked at were clean. We looked at the 'housekeeping' evidence book, which contained monthly periodic cleaning checklists. We saw an electrical wiring certificate, gas safety certificate and records to confirm hoisting equipment was serviced. The residential home next door accessed the laundry facilities; a clear procedure was in place to reduce the risk of cross infection. Safety notices and policy guidelines were displayed in the staff room to help awareness. These included slips trips and falls, moving and handling, bedside rail safety and safe bathing.

## Is the service safe?

We looked at the systems in place for managing medicines in the home and found that appropriate arrangements for the safe handling of medicines were not in place. During the inspection we noted that two tubs of thickening powder were stored on the sideboard in the lounge so not stored securely. This is a prescribed medicine and people were at risk of asphyxiation by accidental ingestion. Staff told us the medicine belonged to a person who had deceased so should have been disposed of. We saw the tub of thickening powder was used by a member of staff to thicken drinks. We looked at the policy for using thickening agents. It told us that there is a specific course that staff should undertake before using this medicine. Staff told us they had not received this training.

Containers for storing unused medication were kept in a locked room. The nursing staff we spoke with were unable to tell us how these were collected or where any documents related to the collection of the containers would be kept. The manager told us they used an external contractor and a signed sheet was kept in a folder in the medication room, however these could not be located which meant there were risks from medicines misuse.

We saw that medicine audits had been completed. The audits from March and January 2015 both detailed that topical creams were not being recorded. We found this was still the case during our visit. Staff also told us one person had a wound and had been prescribed cream. This was stored in the person's room, however, a topical medication chart had not been completed so we could not be sure it had been applied as prescribed.

The provider's medication policy stated that medicines were only to be administered by nurses who had an annual medicine competency assessment. The manager was unable to locate annual medicine competency assessments and nursing staff told us their competency to administer medicines was not assessed on an annual basis.

We looked at medication administration records (MARs) for the week of this inspection and saw people had received their medicines at the right time. However we were unable to review other MARs from previous weeks because the manager and nursing staff were unable to locate these. The manager told us the charts should be filed individually in a filing cabinet but had not been stored correctly. This meant we were not assured people received their medicines as

prescribed and concluded there was not proper and safe management of medicines. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider was not overall managing medicines appropriately we found some aspects were well managed. We observed two members of staff administering medicines. We saw they were patient with people when they were taking their medication and made sure they had plenty of water. We saw staff washed their hands between administrations. The staff we spoke with told us they had received training in the safe use of medication and had been observed administering medicines. Staff understood which medication should be given before food and which should be given on an empty stomach.

We looked at the MARs of six people. Each person had a photograph with their MAR which reduced the risk of mistaken identity and mix up of medication. Each MAR chart we looked at had up to date information about drug allergies people had.

Some people had been prescribed controlled drugs. The controlled drugs were stored appropriately and the controlled drugs record was up to date. We checked four entries and saw they were correct. Staff also carried out regular checks. Where people had medication patches to control pain, staff recorded where the patches had been placed each week. This was in line with the recommendations made by the drug manufacturer. The service had a folder with patient information leaflets. The leaflets contained information about the different medications people had been prescribed, including possible side effects.

People who used the service told us they felt safe. Visiting relatives told us they were confident that their relative was safe at Elmwood Nursing Home. Staff we spoke with also told us people were safe. They said systems were in place to protect people from bullying, harassment, avoidable harm and potential abuse. Staff said they had completed adult safeguarding training and could describe the types of abuse people may experience in residential care settings. The staff we spoke with understood how to report a concern about abuse and were confident the management team would treat any concerns seriously.

Before we carried out this inspection we received information of concern. Two contacts were made where

## Is the service safe?

concerns were raised about the staffing numbers. One contact told us at 'shift changes' call bells were not answered and sometimes people were requesting assistance for longer than 30 minutes. Another contact told us there was 'understaffing'.

We received a mixed response when we spoke with people about the number of competent staff on duty. Some people clearly did not feel there were enough staff. One person said, "The other week I fell in my room. I fell backwards and bumped my head on the bathroom door. It took me 15 minutes to shuffle over the floor to the alarm. It was shift change time, so they couldn't come straight away, so altogether I was on the floor for half an hour. It threw me back a bit." Another person said, "I think there should be more staff brought in if someone calls in sick, or people are ill. When someone's sick, there aren't enough staff." Another person said, "I complain because they don't answer my buzzer. I try to be fair, and put myself in their position. Another person said, "I complained last week about being left for too long when I buzzed because I needed the commode. I complained, but they didn't do anything. They said there was a shortage of staff. But I waited and waited." It was evident from our discussion that the person had been distressed at the time.

We spoke with nine staff; one told us the staffing levels were not safe on an afternoon; three told us the staffing levels were safe but they would benefit from more staff because at times it was very busy; three staff said there were enough staff; two staff didn't share a view.

The manager and other staff on duty told us the minimum nurse and care staffing levels were seven on an early shift; five on a late shift and four during the night. The staffing rotas confirmed this. A staffing dependency tool was used to calculate staffing numbers but following the feedback from the inspection the manager said they would monitor closely staffing numbers. We spoke with the manager again soon after the inspection and they said they had been monitoring call bell response times and identified that they were slower at handover periods so had taken action to address this.

We concluded that although there were usually sufficient numbers of staff they were not always deployed in order to meet the needs of the people receiving a service in a timely way. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home followed safe recruitment practices. We looked at the recruitment records for three members of staff and found relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.



# Is the service effective?

## Our findings

Staff told us they felt the team generally worked well together and on the whole they felt supported. They said they had received enough training so they could do their job well. We looked at training records for three staff members. Each staff member had an induction period of three days. The induction included training in a variety of subjects including safeguarding, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), behaviours that challenge and pressure ulcer prevention. There was also evidence they had received refresher training and regular updating in mandatory training such as fire safety, safeguarding and first aid.

Staff we spoke with said they had received an appraisal within the last year and had spoken with a supervisor to discuss their roles and responsibilities. We looked at the supervision files and appraisals for ten members of staff. There was evidence staff had an annual appraisal; the most recent being July 2014. The quality of the appraisals we looked at varied. Some were detailed with personal goals and development needs; timescales for achieving these were recorded. Others had no personal goals or training needs identified. Supervisions had not been carried out in line with the provider's policy which stated, annually, there should be at least six supervision sessions lasting ten minutes or more. Of the files we looked at supervisions had only been carried out on average twice a year. This meant people had been put at risk because the service had not taken steps to review staff development and identify areas of further training. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records showed staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with could tell us how they supported people to make decisions and where people did not have the capacity to make a specific decision these had to be made in the person's best interests.

We saw that capacity assessments were in care plans in relation to choices and preferences. Capacity assessments had not been carried out for other decision specific areas such as use of bed rails or consent to have pictures taken even when the care plan identified that people had 'variable capacity'. We looked at one care plan that stated the person wanted to be involved in their care planning.

They had a 'consent to care' document in place however it had not been signed by the person. We looked at another person's care records that stated they had 'full capacity' but the care plan evaluation stated they had episodes of confusion and hallucinations. There was no further assessment. We concluded that due to inconsistency in assessment of people's capacity there was a risk their rights would not be upheld.

Staff we spoke with were not clear about when a DoLS application was needed, however they did say they would contact the DoLS co-ordinator at the local authority to discuss any case. DoLS protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive. At the time of this inspection no DoLS authorisations were in place. The manager told us they would review people's care to ensure capacity assessments were completed where appropriate and ensure no Deprivation of Liberty Safeguards (DoLS) applications needed to be made.

People were generally complimentary about the quality of meal provided. One person said, "They told us 'The food is lovely and there is plenty of it.'" Another person was asked if they had enjoyed their soup and responded by saying, "It's lovely, really tasty." Another person said, "The food is adequate at best. I am always kept waiting." A comments book in the dining room contained a range of views about the food including, "The egg and chips were perfect. Very nice": "Food cold – not eaten – omelette": "Only got onion sandwich, which she was not happy about.": "M enjoyed her meals today.": "[Name of person] complained about the beef sandwich – very hard.": "Mum loved the lasagne. Chef, next time, she doesn't want a small portion, but a big one instead!": "Tiramisu was fab." One person was chatting to a member of staff and said to us, "She's a good friend. If it hadn't been for her yesterday, I wouldn't have had any breakfast. The others forgot me, but she soon sharpened them up." We noted that a complaint was received in February 2015 because one person had not received any food at tea time.

People enjoyed a varied and balanced diet. In the dining room, menus had been put out on the tables letting people know what the main meals were for the day. We saw the lunchtime meal reflected the choice of meals on the menu. People were offered a three course meal with a choice of drinks including juice, water, red wine, tea and coffee. The

## Is the service effective?

food looked appetising and hot. People were offered gravy at the table and asked how much they wanted. We saw drinks and snacks were made available for people during the day. Meals were nicely presented.

People were generally supported to have sufficient to eat, however, people had different meal experiences. Some people received their meal promptly and received good support. Other people had to wait for their meal and didn't receive appropriate support. People ate meals in different areas. Some people preferred to eat their meals in their room. Food delivered to people's rooms was covered to keep it warm and staff spent time with people when they required support to eat their meals in their room. In the dining room, the meal time was not well organised. Throughout the meal, various trolleys, which were noisy, went back and forth through the dining room. There were several staff supporting people to eat but there was little interaction. Staff were often talking to each other about what needed doing and who needed to be given the next course. One person was keen to eat independently. A member of staff was sat next to them supporting another person to eat and provided good support to the person who was eating independently when required.

Other people ate their meal in the lounge and had to wait for their main course. One person was given their main course twenty minutes after they had finished their soup.

Two people did not get their meal until thirty minutes after their soup. One person was upset and stated they were "very hungry". Some people had difficulty using the cutlery and struggled to eat their food; adapted cutlery was only provided when we asked staff if this was available. We shared our concerns about people's meal experiences with the manager at the end of the inspection. We spoke with the manager again soon after the inspection and they told us they were reviewing the arrangements at meal times. They had started monitoring mealtimes to help identify where they could improve.

People received appropriate support with their health needs. We looked at people's care records and these contained information about visits from healthcare professionals, for example GPs, district nurses and chiropody. We received positive feedback from health professionals. A health professional told us, "I have no concerns regarding the care given by Elmwood Nursing Home. I have a good working relationship with the registered nursing staff. They make appropriate referrals and contact me with any concerns they have regarding treatment plans. The residents always appear well cared for." A team of health professionals told us they felt the home was safe, effective, responsive and well led. They said, "Patients looked to be well cared for."

# Is the service caring?

## Our findings

Some people told us staff were not always caring. We received feedback that people experienced different standards of care at different times. Some people described some staff as “abrupt” and “impatient”. One person said, “The day staff are lovely. Some of the night staff think it's too much trouble. I hate the nights. Some of them are very nice, but the odd one has a manner. Impatient.” Another person said, “The night shift aren't as nice as the day shift. One girl on nights is very nice. She knows I can't sleep so she comes and has a chat with me. It's a relief.” One person said, “The staff are alright. I'm kept clean and the food is good. Some things you like, some you don't. All in all, there are worse places to be. I get to know the day staff. You can have a bit of a laugh with them.” Another person said, “They make me feel quite comfortable. There's a very friendly atmosphere.” Another person said they were sometimes told what to do and said, “I feel safe here. I've had the odd blip with staff. Yes, occasionally there's a blip. Yes, a bit abrupt sometimes.” They also said, “Most are lovely.” Another person said, “The staff are very approachable and helpful.” Another person said, “I was taken poorly and was taken in to hospital. The welcome I got from the staff when I got back was marvellous. They couldn't have been kinder or more welcoming.” Another person told us the staff were “very caring”. They said, “When I arrived here, they took my hand and introduced themselves, I knew then I would be happy here. Staff treat us as an individual and I am very happy here.” Another person told us, “Staff are well trained.” They felt staff had a good understanding of their needs.” A visiting relative said, “It's absolutely wonderful. I can't praise them enough, they've done marvellous with Mum. She came out of hospital a mess and she's improved so much. They are all lovely. I can't praise them enough.”

Before we carried out the inspection we received information of concern that some staff were not caring. One contact told us staff members have been heard shouting and swearing at people. Another contact told us there was a ‘lack of care generally’.

During the inspection we observed positive interactions between staff and people who used the service. Staff were kind and caring, however, it was evident from the feedback

we received there was a lack of consistency in the caring approach of staff and care was not always appropriate. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager wrote to us soon after the inspection and told us they had held a meeting with staff where they shared our findings and reminded staff about privacy and dignity. They also said they would be holding one to one themed supervision meetings this month where they would discuss communication and dignity and respect with members of staff.

During the inspection we observed an activity session which people enjoyed. The activities co-ordinator worked hard to include all people who used the service. During the afternoon, we observed staff going along the corridors stopping and chatting with people and having a friendly joke. Staff knew the individuals well.

Care files contained good life story information that helped staff get to know people. We saw that the service undertook pre admission assessments prior to a person moving to the service, and that these visits involved people and their family members. Ten people living at the service had been supported to vote using postal votes in the recent election and we saw evidence that everyone living at the service was given the opportunity to be involved in this process. Several people told us they were asked about their likes and dislikes. One person said “They have a lovely bath with a seat. I feel quite comfortable with that. At one point they wanted men to help me have a bath, but I said no way. Anyway, they listened to me and one of the girls helps me.” People told us their friends and relatives could visit freely and were made to feel welcome.

Staff we spoke with said people received good care. One member of staff said, “People are well looked after. It's a nice team.” Another member of staff said, “People say they are happy. They are given choice so will decide where they want to spend their time or if they want a lay in on a morning.”

We noted there was some information displayed in the home but this was not always accessible and up to date. The manager told us soon after the inspection they had started displaying activities on the notice boards, which helps keep people informed. Some parts of the environment were not supportive and enabling because there was a lack of signage. None of the shower rooms,

## Is the service caring?

toilets or bathrooms had a sign on them letting people know what the room was used for. This meant people who had difficulty recalling where the toilet, shower or bathrooms were relied on staff to help them with their

personal care needs. There were extensive gardens to the front of the property which had been well maintained. One of the people we spoke with told us they enjoyed spending time in the gardens.

# Is the service responsive?

## Our findings

We found the service was not always responsive because people did not receive appropriate care to meet their needs. We looked at the care plans for four people who used the service, including one person who had recently moved into the home on a short term basis. None of the plans showed us that people had been involved in planning or evaluating their care. Care plans were not kept up to date. We also found aspects of people's care was not assessed, planned and delivered appropriately. The manager and nursing staff explained they were introducing new style care plans, to help ensure people received consistent person centred care. Staff told us that they were struggling to find the time to update existing care plans and move care plans onto the new system.

One of the plans we looked at was on the new style care plan, however, we found some information relating to catheter care had not been transferred into the new plan. A member of staff found the information but it had been archived with the old plan. The person had a care plan around the care of a wound to their legs. The plan told us that dressings should be done every two days. We looked at dressing records which showed that on three occasions in the past month, dressings had been left three days before being changed. We found that the service had taken photographs of the wound in order to track its progress. The care plan relating to skin integrity told us that staff should check and record daily for any signs of skin damage. Staff told us that they had not been recording this.

We saw in one care plan that a person had been diagnosed with coeliac disease, which **is a digestive condition where a person has an adverse reaction to gluten**. The care plan stated that the person was 'symptom free' but this had not been reviewed since September 2014. We were told the only specialist diets provided at the home were for diabetics. Guidance for treating coeliac disease states 'even if symptoms are mild or non-existent, it is still recommended to change your diet, as continuing to eat gluten can lead to serious complications'.

We looked at a care plan for a person living with dementia. The plan told us that they could not use a call bell to summon staff if needed. We asked staff how they ensured this person was safe. Staff told us they checked on the person on a regular basis when they were in their room but were unable to show us evidence that checks had been

completed at night. We were told by staff that this person was having their behaviour closely monitored due to deterioration in their mental health. Staff told us this should be done daily. We looked at records from the beginning of April to the date of the inspection, 35 days in total. We were only able to locate records six days in April 2015 and one day in May 2015.

We looked at a care plan for a person who had lost a significant amount of weight. We saw that the GP had asked the service to monitor this person's daily food intake, however this was not being done consistently. One day's food record showed us this person had nothing to eat or drink after 1pm. Other records we sampled had gaps in them and two were not dated. The care plan told us this person should be weighed weekly. We were told by staff that the weekly weight charts could not be found.

We looked at the short stay care plan for a person who was on respite care at the service. This record had thirteen sections to it. Five sections were completed in full, three partially and five were blank. We looked at the service policy that stated that people receiving respite care should have all their care plan sections completed within 48 hours of admission. This person had been living at the home for six days. We could not be sure this person was receiving appropriate care. Overall we concluded that the provider had not carried out, with relevant persons, an assessment of the needs and preferences for care and treatment. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we saw people were encouraged to engage in different activity sessions. The activity worker went to people in their room to ask if they wanted to be included in the organised activities. A worker brought their dog in the morning; people responded positively and clearly enjoyed this session. Several people told us they liked the dog visiting. An activity worker chatted to people about plans for the day and held a discussion group about current affairs. We saw people engaged in this and were actively participating. One person said "It's nice to have chats like this. I enjoy them." Another person told us they often joined in the activity in the afternoon and enjoyed doing so.

Several people told us they enjoyed sitting in the garden in nice weather, and were 'looking forward' to a planned

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outing and had enjoyed a trip to a local garden centre with a petting farm. The activity worker discussed the activity programme which included entertainers and visits from a local church group who did hymn singing.

Most people told us they would feel happy speaking to a member of staff about concerns or complaints, though one person said that their complaint had not resulted in any action that they knew of. Several people mentioned staff members by name when they were asked if they would feel comfortable raising concerns or worries. One person said, "Oh yes, I'd talk to [name of staff]. She's lovely." Another person said, "I can't grumble. I definitely tell them if I'm not happy."

There were notices in the lift and in the entrance area giving details about how people could complain if they were unhappy about their care, other agency contact details were also provided if people were not satisfied with the outcome.

We looked at how the service managed complaints. Six complaints had been made in 2015; these had been documented and investigated, and appropriate actions had been taken to address concerns. We saw that a large number of compliments and thank you cards had been received by the service. These were on display for people to read.



# Is the service well-led?

## Our findings

At the time of the inspection a manager was registered with the Care Quality Commission but was no longer managing the service. The registered manager had left a month before the inspection and a new manager had been appointed. The new manager told us they would be submitting a registered manager's application. Staff spoke positively about the new manager and described her as "approachable", "going well; a lovely woman", "concerned about the care" and "doing ok". The deputy manager said they had discussed how their role would develop to support the new manager. One person who used the service told us they would talk to the manager if they had any concerns. A health professional told us, "The general running of the home feels organised."

Although we received positive feedback about the manager we found there was a lack of consistency in how the service was managed. For example, at lunchtime there were sufficient staff in the dining room, but organisation was poor, and staff were not clear about their roles and responsibilities. This resulted in a chaotic mealtime. We asked to look at a range of records but on a number of occasions, during the inspection, staff and management struggled or were unable to locate the information we requested. Overall we found the provider was in breach of four regulations.

We looked at audits undertaken by the service but found these were not consistently completed. Care plan audits were last completed in November 2014 and rated the care plan it was assessing as 'red'. We could not see any evidence to show the actions identified during the audit were followed up. The service was implementing a new care planning system and we saw an implementation tracker, however, the manager told us only nine plans had been moved from one system to another. We received feedback from another agency that told us in October 2014 'the service had just completed changes in the care plan format which was a big improvement on the previous'.

Medicine audits were being completed monthly but were not in line with the provider's policy. Following the audits there was no record of how identified actions had been followed up. The medicine audits were not totalled so the outcome of the audit was not recorded. This meant the auditing process was not being used effectively.

The provider had systems in place for monitoring the quality and safety of the service but these were not always effective. Senior managers had regularly monitored aspects of the service and written a provider review report. These identified areas where the service should improve and timescales for completing actions. It was evident during the provider visits discussions were held with people who used the service and staff. They reviewed safeguarding, weight loss, and accidents/incidents. We saw from visit reports they had identified staff supervisions and appraisals were not up to date. They had recorded that concerns were raised about the approach of some staff and had provided some additional training. However, the provider's monitoring did not pick up some of the concerns we picked up during this inspection.

A resident and relatives meeting was held in February 2015. The provider had also completed a survey in September 2014, however, the results had not been made available, so comments made about the service were unknown. We concluded the provider did not effectively assess, monitor and improve the quality and safety of the service. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider asked the views of staff to help drive improvement although there was a lack of consistency. We looked at records of meetings held at the service and found that some staff had not attended meetings on a regular basis. The last full staff meeting was held in August 2014. We saw that meetings had last taken place for night staff on November 2014, ancillary staff in January 2014 and nurses in February 2014. The manager told us that staff had wanted their own departmental meetings rather than a whole group staff meeting and that was why some meetings were out of date. We saw evidence that a care forum meeting was held on March 2015 to discuss the implementation of the new care planning system. We saw that health and safety meetings were held on January 2015 and September 2014. These records showed that all departments of the home were represented and actions were carried forward and signed off. Newsletters provided staff with updates. We saw that a recent newsletter highlighted 'how to handle a complaint' training.

We looked at staff survey results which were carried out in September and October 2014. These showed that staff had been, in the main, positive about the service; 88% of staff had said they received training they needed to do their job

## Is the service well-led?

well; 81% said they accessed resources to do their job well; 74% said the people they worked with dealt with customer/resident problems quickly. 84% said in my team we set clear performance standards for the quality of the products, services and care they provided; 70% said they were encouraged to develop new and better ways of serving and caring for customers/patients.

At the inspection we received varied feedback and received comments where people thought the service could further develop. We shared these ideas with the new manager who was very receptive and keen to take on board any suggestions. Following the inspection we received information from the manager that demonstrated they were responding to concerns raised at the inspection.



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  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**Care and treatment was not appropriate and did not meet people's needs. The registered person did not fulfil their duty by carrying out, collaboratively an assessment of the needs and preferences for care and treatment.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Care and support was not provided in a safe way for service users.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Sufficient numbers of competent staff were not deployed in order to meet people's needs in a timely way. Staff did not receive appropriate support to enable them to carry out their duties they are employed to perform.**