Tamcare Limited

Layden Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out over three days on 8, 9 and 17 March 2016. The inspection was unannounced on the first day.

This was the third rated inspection for this service which had previously been rated inadequate in November 2014. In May 2015 we carried out a further comprehensive inspection and found improvements had been made, but further improvements were required to be implemented and was rated as requires improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'Layden Court' on our website at www.cqc.org.uk'

Layden Court is a care home providing accommodation including nursing care for up to 89 older people. It is situated in the area of Maltby, approximately six miles from Rotherham town centre. It provides accommodation on both the ground and the first floor and has parking to the front of the building and gardens at the rear.

The home 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 2008 and associated Regulations about how the service is run.

During this inspection we found improvements to the service provided had continued to be made however we found these were not yet fully embedded into practice. We found and staff told us that the new Registered Manager was having a positive impact on the service. The main issues identified within this report related to management and staffing shortages that have now been addressed however the provider monitoring systems in place had failed to identify the impact of staffing shortages on the quality of the services provided to ensure risks could be managed or mitigated effectively.

We found that staff had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how support people who do not have the capacity to make specific decisions about their care.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms, so appropriate referrals to health professionals could be made. The home involved dieticians and tissue viability nurses to support people's health and wellbeing. However, although staff knew people well and understood any risks associated with their care, we found these were not always documented in people's plans of care and formal reviews had not been carried out.

People were supported with their dietary requirements. We found a varied, nutritious diet was provided. People we spoke with told us they enjoyed the food. However we found some meal times could be improved to meet the needs of people living with dementia.

We found staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with told us that they were able to make decisions about their care and how staff supported them to meet their needs.

People were not always protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, we found these were not always followed.

There were robust recruitment procedures in place; staff had received formal supervision and an annual appraisal. Staff received training to be able to fulfil their roles and responsibilities.

We found that generally, there were enough staff to keep people safe, although people told us there were times when staff were very busy. We also found there was a lack of stimulation and social activities for people who used the service.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. Staff praised the new registered manager and told us the home had improved with them in post and felt they were working well as a team to continue to improve.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were systems in place to monitor the quality of the service provided. We saw these were completed although they had not always identified areas which required improvement.

Our inspection identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks were not always recorded in people's plans of care so appropriate reviews did not take place.

People were not always protected against the risks associated with the unsafe use and management of medicines.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard adults from abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

We found that staff had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice but we found this was not always followed.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. However we found meal times could be improved for people living with dementia.

Each member of staff had a programme of training and all had received training to care and support people who used the service.

Many areas of the environment in the home had been improved to meet the needs of people living with dementia. However, further improvements were required.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home.

It was clear from our observations and from speaking with people who used the service, staff and relatives that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable about the care people who used the service required and their needs were being met.

Activities we observed were very good, however, people told us there was a lack of stimulation and activities.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was displayed in the entrance hall for people who used the service and visitors.

Is the service well-led?

Requires Improvement

The service was well led. However due to difficulties in recruiting qualified staff meant the deputy manager was covering shifts and the service was reliant on having to use a high number of agency staff.

There was a system in place to monitor the quality of the service provided, but this had not always identified areas that required improvement.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to. The provider also asked people, their relatives and other professionals what they thought of the service.

Layden Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. This inspection took place over three days on 8, 9 and 17 March 2016. The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in this area. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A local authority commissioning and contracts officer also attended the service during our inspection.

Before our inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority, commissioners, safeguarding vulnerable adults team and Rotherham Clinical Commissioning Group. The local authority was continuing to closely monitor the service and conduct visits to ensure the improvements were continued and sustained.

At the time of our inspection there were 75 people living in the home. The service consisted of five units; Haigmoor and Swallowood were located on the ground level and Thurcroft, Kiviton and Becks were on the first floor. Thurcroft, Kiviton and Becks supported people living with dementia.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to peoples care, including care plans, risk assessments and daily records. We looked at nine people's support plans. We spoke with 18 people who used the service and six relatives.

During our inspection we also spoke with seventeen members of staff, which included nurses, care workers, domestics, deputy manager, agency nurse, activities co-ordinator, registered manager, quality officer and regional manager. We also looked at records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

During the Inspection three of the people who used the service discussed with us about how safe they felt all three told us that they felt safe. One said, "No problem here." Another said, "They look after us well." Another commented, "I feel very safe here."

We saw records that confirmed training had been undertaken by staff to promote safety in the home. For example in relation to how people with mobility difficulties should be supported to mobilise safely. We observed staff carrying out moving and handling procedures. We saw that this was completed safely, and staff we observed clearly understood how to move people in a safe manner. We saw the person was told what was going to happen and asked if that was acceptable, they were also kept informed at all times what was happening and reassurance was given.

We looked at risk assessments and we found these were not always in place, up to date or adequately reviewed to protect people. For example during our lunchtime observation we saw one person became extremely agitated and was presenting with behaviour that challenged. This was directed at staff and other vulnerable people who used the service. The staff involved in this incident responded appropriately and were very calm and responsive to the situation. However when we checked the persons care plan we found this had been happening regularly and had not been identified in the risk assessment or reviewed in light of the increased incidents. Staff we spoke with told us the incidents had been very frequent over the last two weeks and at times the person had put other people at risk. We asked the registered manager to look into this and at our visit on 17 March this had been addressed.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for twelve people.

We found people were not always protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, these were not always followed in practice.

The medicines were administered by staff, who were trained to administer medication. Staff had also received competency assessments in medication administration to ensure they followed procedures and administered medicines safely. However we found a number of errors. The service was also using agency staff on many occasions. On the first day of our inspection an agency nurse was working. We found the morning medications which should be given at 9am were still being given at 13.20hrs. This meant people were not receiving medications as prescribed. It also meant some medication was again due at the same time the morning medicines were being administered. For example we looked at the medication administration records (MAR) for one person and found their medication had not been administered. We noted the time was 12:50 pm. The nurse on duty told us they had not completed the morning medications and informed us that she was an agency nurse and needed to take extra time ensuring medications was administered safely.

We found staff did not always administer people's medication as prescribed. Staff did not always sign when medication was administered, and stock balances were not always carried over on the MAR's so it was difficult to determine how many medicines were in stock. This meant we could not be sure medicines had been given as prescribed. Staff had hand written some medicines onto a MAR and these were not always signed as checked to determine they were recorded correctly. For example on one person's MAR we saw 164 paracetomol tablets had been carried over, 148 were left in stock this meant 16 had been administered, however there was only 11 signatures to show it had been administered. Therefore five tablets were unaccounted for. We also found a sealed bottle of eye drops, this was the only bottle in stock as the previous months had been disposed of on Sunday 6 March 2016 as it had been open 28 days. The new bottle should have commenced on Monday 7 March 2016 and it was signed as administered on both Monday 7 March and Tuesday 8 March 2016. However, the bottle was sealed and unopened. The eye drops had been signed for but not administered as prescribed.

Another person's MAR we looked at showed they had not received any medication for two days. We were informed that the person was also prescribed a controlled drug used for pain relief, this was in the form of a patch. We looked at the record in the controlled drug book and found the person should have the patch replaced weekly on a Saturday. The register had been signed to say it was administered as instructed. However the body map used to confirm the position of the patch had not been completed or signed. We asked the deputy manager to confirm the person had the patch applied to an area of the person's upper body. The deputy manager was unable to find the patch anywhere on the person. This meant the controlled drug patch was unaccounted for. We asked the deputy manager to investigate this, and log the incident to safeguarding. This meant the person may not have received the treatment to control pain as prescribed.

This was a breach of Regulation 12(1)(2)(b)(g)Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we returned on the second day of the inspection the deputy manager confirmed that a replacement patch was obtained and applied to the person and a body map was completed stating where the patch had been placed. We checked the records which confirmed this.

We discussed the medication issues with the registered manager and the operations manager who explained they were short staffed as two unit managers were off work and they were having to rely on the use of agency staff who did not know the people who used the service or the procedures in the home. They informed us a full audit would be undertaken and shortfalls addressed. They also said they would arrange further training and competency assessments which would include the agency staff. When we returned on the third day of our inspection we found the audit had taken place, a thorough stock check and many medications not being used had been returned and competency assessments had commenced. The training had been arranged and was due to take place in the next two weeks.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the person in charge. All staff were aware of who to report to if they thought the concern was not being dealt with appropriately. Staff also had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

We looked at staffing levels within the home. We found usually there were enough care staff to meet

people's needs. Staff we spoke with said that when the required staff were at work there was generally enough staff to meet people's needs. It was if sickness occurred and they could not get cover they struggled. We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. A dependency tool was used to determine numbers of staff required.

However, we identified there was a shortage of qualified nurses, the two unit managers were off work and this had an impact on the management of the units as the deputy manager was covering many shifts to ensure there was qualified staff cover. We were told nurses had been recruited they were just waiting the completion of the checks to get a start date. Therefore the situation would be rectified in the near future.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with were generally very pleased with the care provided. One relative told us, "I am very pleased that we have staff stability here, the same ones always help." Another said, "They cannot do enough to help my relative."

We saw staff respond appropriately to situations and delivered care to meet people's needs. We observed an incident of challenging behaviour and the two members of staff handled the incident in an exemplary manner.

One of the relatives we spoke with, had a relation that used the service that did not have the capacity to make decisions. The relative told us, "They keep me fully informed about their care. I am fully involved in all decisions about their care."

We observed lunchtime food service on four units. We saw that the pictures of the food being served did not correspond with the menu. We were informed that the meal supplier had recently changed and the pictures related to the old menu. It was evident that the two members of staff were not familiar with the new menu because half way through service they realised that they had missed off the main protein element and had to add it to people's plates that had already been served.

There was choice in the main menu and soft and liquefied meals were supplied where appropriate. We saw that people that had difficulty with their food were assisted where appropriate. We also observed the end of breakfast service on one unit where six people were being assisted with eating their breakfast, this was effective and dignified.

The verbal feedback we received from people and their relatives was mixed. One relative said, "New meal contract, different menu, lots of people don't like change. Although the soft food has improved." Another said, "The main meals have improved, but the snack menu is poor." We looked at the comments books in some units and saw frequent complaints had been documented about the snack menu. The registered manager told us they were working to further improve the meals but it was work in progress.

We used the Short Observational Framework for Inspection (SOFI) to understand people's experience over two lunchtimes on Kiverton unit. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We found the dining experience for people living with dementia could be improved. We noted the menus were displayed on a wipe board and included the full day's menus. The hand writing was very small making it difficult for some people to read. For people living well with dementia this could be confusing as they may not remember which meal they were seated for. We spoke with the registered manager about this and she agreed that the dining experience could be improved.

We saw several people needed assistance to eat their meal and this was mostly carried out in a supportive manner. However some people received their meal before others seated at the same table. Others were left to eat their meal independently but needed encouragement. This was not given in a timely way. Therefore

by the time assistance was offered the meal would have been cold. We saw staff were very busy delivering meals to people who were cared for in bed or preferred to eat their meal in their bedroom. We noted one person had eaten one half of their meal but was unable to eat the remainder as it had been pushed over the edge of the plate.

We recommended that the service considers best practice guidance in relation to the mealtime experience of people living with dementia.

Our second observation of lunchtime on Kiverton unit on 17 March 2016 did not see very much improvement. However, we saw condiments had been added to each table but the seal to the ketchup and brown sauce had not been removed and people were seen to be struggling to help themselves. Staff were seen to quickly remove the seals but this appeared to be an afterthought. The menu board had not been replaced by a more dementia friendly board and we saw no evidence that appropriate plates and guards were in use to assist people to eat their meals independently.

During our observations prior to lunch we saw one person was a late riser. At 11.30am we saw staff assisting the person with Weetabix cereal. However we noted at 12.40pm the person was being supported to eat lunch and a pudding. This meant the person had been assisted with two meals within the space of an hour and 10 minutes. We discussed this with the registered manager who agreed to raise this with staff.

We looked at food and fluid charts in use where required and in the case of two people we found they were initiated and discontinued appropriately in response to their changing needs. This was detailed in each individuals care plan. In one plan we saw the person had fortified meals such as the use of double cream to ensure effective nutrition. Staff we spoke with were aware of what was required if a person was placed on a fortified diet to ensure they received adequate nutrition.

Staff demonstrated a good knowledge of the people they were delivering care and support to. We found staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity, they receive care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. As Layden court is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were aware of the legal requirements and how this applied in practice. However we found best practice decisions were not always in place when required. For example we looked at the care records for one person and found the person could, on occasions refuse their medication and in these instances the medication was administered covertly (hidden in food or drink). The consent to care and treatment had been completed by relatives however there was no formal best interest decision in place to demonstrate that it was in the persons best interest to be given the medication covertly. Staff also informed us that they had permission to remove a person's walking frame for the safety of other people who used the service, We saw a note in the Professional Report section of the person's care plan by a physiotherapist, it

stated, 'Staff have taken away his walking aid'. We saw no risk assessment within the care plan or best interests' decision meeting having taken place to determine this was appropriate. Taking the person's frame away may safeguard other people but it leaves the person at risk of falls.

When we returned on the third day of the inspection we found evidence of MCA's on all aspects of the persons care and treatment had taken place with a support of a registered mental health nurse.

We also found one person was admitted to the home from hospital and had been detained under the Mental Health Act for their safety. The records stated that this was removed on 16 December 2015. Following this the registered manager should have applied for a DoLS, which would have been required under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This had not been applied for and their freedom was still being deprived. The up to date information had not been shared with staff and the legal requirements had not been followed.

When we returned on the third day of this inspection the deputy manager told us that an urgent application for a DoLS had been applied for. We saw evidence of this record. The registered manager had also improved systems in care files to demonstrate who had an authorised DoLS in place or if one had been applied for what stage this was at. This meant all staff would be aware of legal requirements.

Staff said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included infection control, mental capacity, fire safety and health and safety. Records we saw showed staff were up to date with the mandatory training required by the provider. There was also specific training for staff to further develop their skills.

The records we saw showed that staff had received regular one to one supervision meetings with a manager and all staff told us they felt supported by the management team. Annual appraisals for staff had also commenced. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice.

The qualified staff told us that they attended specific training, which ensured they could demonstrate how they were meeting the requirements of their registered body. They also told us they received monthly clinical supervision to ensure their competence but this was not formalised.

We found that although some environmental improvements had been made, there was still a number of works outstanding to ensure the environment was more dementia friendly. The registered manager had many ideas and was very enthusiastic on how they wanted to improve the environment. When we returned for our third inspection day we found further improvements had been made with the assistance of the providers dementia lead for the region. We were assured the work would continue.

We also found the outside garden was not still not fully accessible to people. The ramp had been installed but the door was locked and did not have an appropriate opening devise that people could use. The garden was secure and we found people wanted to go out the registered manager told us this was being rectified so they could have access. They were also looking at ensuring the door was open between units to allow all people on the other unit to be able to access outside space.

Good

Is the service caring?

Our findings

All the staff we observed were kind and considerate and assisted people to meet their needs. We always heard staff ask people before they assisted with care needs. For example staff said, "Are you alright" "Let me put your foot back on the wheelchair rest as it has slipped off" "What do you want to do" "Shall I turn the radio on" "Can you see the television OK?"

The people and their relatives we spoke with thought the care was appropriate and meet the needs of the people who lived at Layden court. One relative said, "They keep me fully informed on any proposed changes to (my relatives) care and I am involved in any decisions of changes."

We carried out a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Throughout the SOFI we found staff spoke with people respectfully and patiently, and used effective communication skills to ensure that people with communication impairments could better understand them. Staff were consistently reassuring and showed kindness towards people when they were providing support

All care staff we observed knew the people well and understood their individual needs. The staff we spoke with where able to show plans for people's end of life care, able to explain the care and support provided and how the plans were followed.

We saw staff treated people with respect and dignity. Staff knocked before entering rooms and then asked if they could come in. We saw that staff closed bedroom and bathroom doors when dealing with people's personal care.

We looked at people's care files to see if they gave some background information about the person. We saw sections about how the person liked their care delivered. Their plan also identified the people who were important to them, their life history and likes and dislikes.

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves. The registered manager was also improving the environment to ensure it was more dementia friendly. They were on the third day of our inspection organising pictures on bedroom doors to orientate people to their room.

Requires Improvement

Is the service responsive?

Our findings

Relatives we spoke with told us they were kept informed of any changes. One relative said, "They keep me informed and let me know if there are any changes, they will call me if necessary."

Relatives also told us they were involved in care decisions. They were asked by staff of their opinions and ideas. One relative told us, "They ask me in regard to their care plan, should we think about changing this? if something has altered." Another said, "They inform me before changes are made."

We checked people's care records that were using the service at the time of the inspection. We found that care plans had identified peoples care needs and set out how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care records showed that people's care was reviewed regularly to ensure it met people's needs. Families were involved in these reviews so that their views about care and support could be incorporated into people's care plans. Although we found on the first day of our inspection that some people's needs had changed and these had not been identified up to ensure changing needs were reviewed in a timely way to seek specific advice from health care professionals. At the third day of our inspection we saw these had been reviewed and appropriate referrals had been made.

On the third day of our inspection we spent time observing interactions between staff and people who used the service on Kiverton unit we found six people were sat in the lounge without a staff member being present for 20 minutes. We noted three people had drinks at the side of them in plastic disposable cups. The cups were unsuitable for people to hold without spilling them and consequently had not been drunk. This was discussed with the registered manage who said these cups would not be used again.

When we observed staff serving mid-morning drinks a choice of tea or coffee the cups were replaced with appropriate ones. We heard staff offering a choice of drink and they waited for the person to reply, it was evident people's choices were listened to and respected.

We identified a lack of social stimulation; there was only one full time activity coordinator and another member of staff that did some hours to cover activities. We found the activities we observed were very good but people and their relatives told us there were not enough activities to stimulate people. At our last inspection we were reassured by the operations director that when the numbers increased they would ensure there were two full time coordinators, this had not happened. The operations manager told us this would now be implemented to ensure people received adequate social stimulation. A relative we spoke with said, "The staff seem overstretched here, ideally there needs to be an extra member of staff, but I know they have to comply with national guidelines."

We saw one of the activity co-ordinators engaging with people in a very positive way. She turned off the music and started singing songs that were recognised by the people sitting in the lounge. Before very long people were tapping and singing along to the songs. They engaged with the activity co-ordinator and the whole lounge transformed into a lively atmosphere where previously people were disinterested in their

surroundings. We received very positive feedback about this coordinator from relatives and staff. We were told they always are able to engage with the people and get them involved and enjoying the stimulation in a positive way. The activities we observed had a positive impact on the person's well-being. However relatives told us there were not enough activities and the lack of stimulation affected people. On many occasions when they visited they found them just sat with nothing to do. Since our visit the provider has confirmed that activity hours have increased to ensure people social needs are met.

We saw that copies of the complaints policy were displayed throughout the home. Everyone we spoke with said they would go to the registered manager or the staff on duty if they had any concerns. People who used the service and their relatives told us if they had raised concerns with the registered manager they had always been dealt with.

We also saw in the comments book that when relatives had raised any issues they were dealt with. We saw replies had been put into the book by staff. We spoke with two relatives who said there were relative and residents meeting and said, "Overall the meetings are effective."

Relatives we spoke with said there was no undue restriction on relatives and friend visiting. None of the residents or relatives we spoke with had any concerns or complaints.

Requires Improvement

Is the service well-led?

Our findings

The service had a new registered manager, a deputy manager and three unit managers. However at the time of our inspection the two nursing unit manager were off work, these had not been replaced or cover provided. The deputy manager was working a high number of shifts in addition to trying to fulfil their responsibilities in regard to the deputy role. The home was also short of qualified nurses. Although these had been recruited and were just waiting clearance. We have been informed since our inspection that two new nurses have commenced employment and one unit manager is back at work. The registered manager told us that this means they are only two nurses short, one on nights and one on days, however, they have employed bank staff who will be able to cover some of the shortfalls until more permanent nurses are recruited.

Although we found improvements had been made to ensure that effective systems were implemented to regularly assess and monitor the quality of service that people received. We identified due to the problems with staffing absence, lack of qualified staff and the high use of agency staff that these had not always been effective. For example the monitoring systems had not identified the shortfalls we identified in medication administration. The monitoring had also not identified that some care plans had not been reviewed when needs had changed.

The provider responded to issues following our inspection, more support was provided for the registered manager to ensure shortfalls identified were actioned and resolved. There had been a change in operations manager, which hadn't helped as the new operations manager did not know the service or the actions previously agreed. They acknowledged that the service had struggled with lack of qualified staff but this had now been rectified. Although the staffing shortages have now been addressed, the provider monitoring systems in place had failed to identify the impact of staffing shortages on the quality of the services provided to ensure risks could be managed or mitigated effectively.

The service had good working relationships with other organisations and health agencies. The local council who also monitors the service delivered told us that they had confidence in the new registered manager to continue to improve the service. The service still needs to improve to ensure people receive consistent safe care that meets their needs. The improvements then need to be fully embedded into practice and monitored to ensure the improvements are sustained.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found accidents and incidents were monitored by the registered manager to ensure any trends were identified and appropriately recorded.

Relatives we spoke with were happy with the improvements in the service since the new registered manager had been in post. They felt reassured that the service had a permanent manager in post and they told us, she was approachable and listened to any concerns no matter how minor and always resolved things in a

timely manner. Staff we spoke with also praised the new manager and told us they felt they were well supported and worked well as a team. Even though they acknowledged they had been struggling with no unit managers they still felt the registered manager was available and made time for them if it was needed.

We saw that people that used the service and relatives were listened to. There were regular residents' and relatives' meetings. We saw the minutes of meeting held were displayed.

We also saw that staff meetings were taking place. Staff told us they were being held regularly and that communication was good.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected against the risks associated with the unsafe use and management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was a system in place to monitor the quality of the service provided, but this had not always identified areas that required improvement. Therefore were not effective.