

X9 Healthcare Castle Bank Limited

Castle Bank Residential 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on the 3 March 2016. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting

Castle Bank Residential Home is located in the middle of Tow Law, County Durham. It is owned and run by X9 Healthcare and is registered with the Care Quality Commission to provide residential care for up to 33 people. At the time of our inspection 11 people were using the service and three people were living there on respite care.

The service had a registered manager in place and they have been registered with the Care Quality Commission since December 2010. 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 also owned the service.

Medication administration records did not follow best practice and were not accurate. The treatment room where medicines were stored was too hot with a temperature recording of 28 degrees. To keep medicines safe they must not be stored above 25 degrees.

We saw safety checks and certificates for items that had been serviced and checked such as fire equipment and electrical safety, were up to date. However the weighing scales had not been calibrated since 2014. The registered manager sent an update after the inspection to say show these had been calibrated on the 8 March 2016. Where people were to be weighed weekly one person had only been weighed twice in February 2016 and another had not been weighed since the 1 February 2016. Some people who lived at the home needed regular weekly checks on their weight to make sure their dietary needs were met. However we found two people had not had their weight checked putting them at risk.

In a check of the homes water system on 5 November 2015 a risk of water borne infection (Legionella) was found. The provider took steps to treat the water system at that time. However the provider failed to retest afterwards to see if the treatment was successful. This placed people at the home at risk of water borne infections.

People's personal emergency evacuation plans (PEEPs) needed updating. For example, one person PEEPs stated they were to be mobilised with a standing belt, but this person now needed assistance to move by using a hoist. This had been recognised in a care plan audit in September and November 2015 but nothing had been done. This placed them at risk of not being evacuated in a timely manner in the event of an emergency. The service did not have an evacuation pack to use in the event of an emergency. Which meant that in the event of an emergency situation records and equipment were not available to assist a safe evacuation.

The registered manager did not have sufficient knowledge of the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 registered manager did not fully understand when an application should be made. At the time of our visit we were told five people living at the service were subject to a DoLS authorisation. However three of these authorisations expired on the 17 November 2015. The registered manager was not aware of this, therefore people were being deprived of their liberty, without a legal basis for doing so.

The registered provider did not carry out any quality assurance audits to gain information about the quality of their service.

There were not always sufficient staff to provide the support needed during mealtimes. People who required assistance to eat were left alone to struggle. People were provided with choice and enjoyed the food on offer.

Risks to people's health or well-being had been assessed. However plans did not always match the risk assessments. For example, people who needed assistance to move whilst in bed had a care plan which stated this was not the case. This placed them at risk of skin pressure damage. People's care records were difficult to follow due to papers falling out. They were disorganised and confusing with a lot of out of date information.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and act to report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose. The registered provider followed safe processes to help ensure staff were suitable to work with people living in the service.

Staff had completed a range of relevant training which was updated yearly and felt supported by the registered manager.

Staff had regular supervisions and appraisals to monitor their performance.

Staff showed respect to people and spoke with them in a kind and caring manner. People's privacy was respected and people said they felt safe and cared for.

People were supported to access healthcare professionals and services.

The registered manager was currently advertising for an activity coordinator. Staff were providing activities and people were happy with this.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

Staff were supported by the registered manager and were able to raise any concerns with them. The service had a system in place for the management of complaints.

We identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the 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?

Inadequate ●

The service was not always safe

People felt safe and staff knew what to do if they had concerns about abuse.

Risks to people's health, safety and wellbeing were assessed but care plans did not always reflect the risks identified.

Medicines were administered safely however medicines were not stored safely and some quantities were inaccurate.

The poor deployment of staff in the organisation of lunchtime assistance did not produce a positive mealtime experience for people using the service.

PEEPs were not updated and no evacuation pack was in place. Legionella tests were not carried out within the time scales.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had the knowledge and skills to support people who used the service.

The registered manager did not have an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities. DoLS authorisations had ran out, therefore people were being deprived of their liberty

Staff obtained consent from people before providing support. People had access to a choice of nutritious food and drink and were supported to access health care when necessary.

Is the service caring?

Good ●

The service was caring.

People received individualised care from staff.

People were supported to maintain and improve their independence.

Wherever possible, people were involved in making decisions about their care. Staff supported people with respect for their privacy and dignity.

Is the service responsive?

The service was not always responsive.
People's needs were assessed and their care planned. However care plans were disorganised, inaccurate and out of date.

People were supported to engage in activities.

People knew how to complain and felt confident the registered manager would sort out any concerns they had.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The registered provider did not effectively monitor the quality of the service provided to ensure standards were maintained.

Where audits did take place, action plans were not robust and did not make people accountable.

Meetings were taking place for staff and people who used the service. The registered manager sought peoples opinions via surveys.

Requires Improvement ●

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

This inspection took place on the 3 March 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at statutory notifications that had been submitted by the registered provider. Statutory notifications include information about important events which the registered provider is required to send us by law. This information was reviewed and used to assist us with our inspection.

The provider was asked to complete a provider information return [PIR] and we received this. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with seven people who used the service, three relatives, the registered manager, the handyman, the cook, one senior carer and two care staff. We undertook general observations around the service and reviewed relevant records. These included three people's care records, three staff files, audits and other relevant information such as policies and procedures.

Is the service safe?

Our findings

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and electrical safety. However the weighing scales had not been checked for accuracy since 2014. The registered manager sent an update after the inspection to show these had been calibrated on the 8 March 2016. However this could not guarantee people's weights had been correct for over a year.

People's personal emergency evacuation plans (PEEPs) needed updating. For example, one person's PEEPs stated they were to be mobilised with a standing belt, but this person now needed full hoisting. This had been recognised in a care plan audit in September and November 2015 but nothing had been done to correct this mistake. Another person's care plan audit highlighted in August 2015 that the PEEP was out of date and due for a review. The review had not taken place. The service did not have an evacuation pack to use in the event of an emergency. An evacuation pack consists of individual PEEPs, emergency telephone numbers, next of kin information, torches, batteries, pens etc. The registered manager said that they had just read about this and realised they needed one but had not had time to implement it prior to the inspection. The service had an up to date business continuity plan. We did see evidence of fire drills for staff taking place.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and the lift. We also saw weekly water temperature checks. However, a legionella test completed 16 October 2015, highlighted a risk of water borne infection legionella Pneumophila Serogroup 1 was detected. This is a strain of legionella. A retest was advised to take place in three months to check if treatment had been effective. Treatment consists of weekly flushing of taps, water temperatures and descaling of shower heads, the service would then need to pasteurise the water by putting the boiler up to the highest temperature for an hour, whilst keeping people who used the service safe, then a sample would be sent off for retest. We discussed this with the handyman who confirmed that pasteurising had taken place weekly. We asked to see the results of the retest, the registered manager said it had not taken place. We tried the water in an upstairs bedroom and bathroom and it needed a full five minutes or more to reach a warm temperature. The handyman said that this can sometimes be an issue and would look into it. Weekly temperature recordings had not highlighted any issues. This showed the provider failed to make arrangements to test the water systems at the home to see if the treatment was successful and Legionella Pneumophila Serogroup 1 was no longer present. This showed that the provider had not taken suitable safeguards to protect people at the home from the risk of water borne infections despite receiving expert advice to do so.

Risks to people's health or well-being had been assessed. However plans did not always match the risk assessments. For example, one person's risk assessment stated can move unaided in bed yet the care plan stated cannot move themselves in bed and needed to be turned by staff every two hours to prevent skin pressure damage. People's care records were difficult to follow due to papers falling out of files that were too small to hold them. They were disorganised and confusing and contained a lot of out of date information.

Where people were at risk of malnutrition the service used the Malnutrition Universal Screening Tool (MUST) to assess people. Two people's care files stated their MUST reading was medium to high. This meant that these people were to be weighed weekly. One person had only been weighed twice in February 2016 and another had not been weighed since the 1 February 2016. The registered manager could provide no information as to why these people had not been weighed. This meant that people were at risk of malnutrition.

Medicine handling at the home was not safe. We checked the stocks of one person's medicines and found these to be incorrect. Medication administration records that were handwritten did not have two signatures and the carried forward totals did not match the quantities held in the service. The treatment room where medicines were stored was too hot with a temperature recording of 28 degrees. To keep medicines safe they must not be stored above 25 degrees. The temperature had been recorded as above 25 degrees a number of times. Extreme temperatures (hot and cold) or excessive moisture causes deterioration of medicines and some are more susceptible than others. The appearance of the medicine may not change even though it may not be effective any more. In some cases, it may harm the person who takes it.

MAR charts showed that on the day of the inspection staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. Medicines training was up to date. We saw evidence of a protocol for when required medicines. We observed a lunch time medicines administration and the staff member always checked the person wanted to take their medicines before administration.

A recent audit by the pharmacist in December 2015, had highlighted the need to do a controlled drugs weekly audit of stock levels. We asked to see this but the registered manager said these had not taken place. We checked one person's controlled drugs and the stock balanced correctly with the records. Controlled drugs are drugs liable to misuse.

This was breach of Regulations 12 (Safe care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were insufficient numbers of staff to care for people's needs. Whilst there was one senior and two carers until 8pm each day the registered manager was on duty until 4pm. Then one senior and one carer at night. We saw that people who needed support with eating were left alone and may have benefitted from a member of staff sitting encouraging and supporting them. There was no dependency tool or other assessment to show how the provider had considered the impact of numbers or deployment of staffing in meeting the needs of people at the home.

This was breach of Regulations 18 (Staffing); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with said they felt safe within the home and with the staff who supported and cared for them. One person said, "The staff are nice, I feel safe."

Relatives we spoke with said, "My [relative] is safe because there is plenty of staff." Another relative said, "[Relative] absolutely is safe due to the experience of staff." And another said, "With all the care and attention [relative] gets, I know they are safe."

From observation staff knew the people who used the service well. Staff had completed training in the safeguarding of adults. The staff members we spoke with were knowledgeable about abuse and the signs

they would look for if they suspected someone was being abused.

Staff did tell us that they felt confident in whistleblowing [telling someone] if they had any worries. Staff told us that they felt able to raise concerns with the registered manager and also knew that they could contact the CQC or the Local Authority if they felt that appropriate action had not been taken. Staff we spoke with said, "I would report it to the manager and if nothing happened I would take it further afield such as ring my bosses manager or social services if I had to." Another staff member said, "If I thought it was serious enough yes I would report it."

Accidents and incidents were monitored each month to see if any trends were identified. At the time of inspection accidents and incidents were too few to identify any trends.

The registered provider followed safe recruitment processes to help ensure staff were suitable to work with people living in the service. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. The service also requested new DBS checks every three years which is good practice.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available. Daily and weekly cleaning tasks were all documented but records were not fully completed to show the task had taken place.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and the existence of the MCA code of practice. We checked whether the staff understanding of who was subject to a DoLS authorisation and whether any conditions on these authorisations were being met. Staff had received training in MCA and DoLS, however, neither the manager or staff fully understood the requirements of the MCA and had a limited understanding of when they would need to consider if someone had the capacity to make decisions. The staff we spoke with thought everyone living at the service had a DoLS authorisation in place. One staff member said, "Everyone entering the home has to have a DoLS." The registered manager said, "We have been told that everyone needs a DoLS as soon as they come into the home."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection we were told five of the people using the service had been subject to a Deprivation of Liberty Safeguards (DoLS) order. In addition to this DoLS authorisations had been applied for everyone living at the service. We also found that three of the authorisations had expired and required to be reviewed in November 2015. No record had previously been kept of when the DoLS expired and it was difficult for the registered manager to find the documentation as these were disorganised. The registered manager was not aware that the DoLS authorisations had expired. Therefore the registered provider had been depriving three people at the home of their liberty without legal permission to do so.

This was a breach of Regulation 13(5) (Safeguarding people from abuse and improper treatment); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, "They [staff] all know what they are doing."

Relatives we spoke with said, "They [staff] are definitely well trained, they give me advice, they know what they are doing."

Staff we spoke with said, "I have had training, yes there is enough training."

We asked to see the training chart to show what training staff had received and when training needed updating and we were told there was not one. It was quite difficult to establish whether staff had received updated training or not. There were lists in a file of when training was due by, these were out of date, but then there were other lists with a current date. Staff who no longer worked at the service were included in this record. We saw certification so show staff did have the required training but records did not reflect this. We discussed this with the registered manager. The provider may wish to note that a training plan that is easier for the manager to understand and operate should be developed which would enable staff to plan and demonstrate their competencies.

New staff completed a three month induction. All new starters received induction training. This was based around the registered providers health and safety policy, which covered key areas such as fire safety, first aid, workplace hazards and road safety awareness. Depending on the job role undertaken, the induction training also included such things as care for the person using the service, vehicle maintenance and familiarity, incident reporting, infection control procedures etc. All induction courses were tailored to meet the specific requirements of the job roles undertaken.

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff we spoke with said, "Supervisions are good, they are useful and show me how to do things correctly."

We observed a lunchtime and teatime meal. At both meal times people did not know what they were having. There was a picture menu board near the serving hatch but people either had their backs to this or could not see it. We saw people never went near the serving hatch. Staff did not present plates with the two choices so people could make a visual choice. One person noticed a pudding that another person had and asked for the same one. The staff member said, "Wait I will check what you are down for." We observed the staff member who found the person was down to have a different pudding, they told the cook this and the cook said that it was no trouble and provided the requested pudding. This showed that the cook was aware people may change their minds on the day but we were unsure if staff were aware of this.

The lunchtime meal was very quiet, we did not hear much chatter or people being asked if they wanted more or if they were enjoying it. Staff did offer plenty of drinks. Staff walked around tables and as soon as someone put their cutlery down they were asked if they had finished, whether the plate was empty or not. For a couple of people we felt this made a decision for them and they replied yes. People who needed support with eating were left for unreasonable amounts of time before being offered assistance, one person played with their food pushing it around the plate. A staff member kept coming up and also pushed the food around the plate, possibly to encourage them. This person did not eat much. People who sat in the lounge struggled, especially one person where food was mainly on their lap or the floor. We observed these people did not eat much of their food which meant that they could be at risk of weight loss. We followed up by checking peoples weight records but these were incomplete. Assistance at mealtimes was poor so people were at risk of malnutrition. We asked the registered manager if they ever sat with people during meal times. The registered manager said, "I don't eat." The registered manager then said, "I do observe meals and note what is happening." We asked to see these notes but the registered manager said it was just a visual observation.

We examined the care planning records of three people which showed that they were at risk of malnutrition and weight loss. However we did not see effective measures to encourage and support people who were most likely to be at risk of malnutrition.

The manager did not have an effective system to mitigate the risk to the health safety and welfare of service

users.

The teatime meal had a more 'jolly' atmosphere, with people talking and staff asking if they had enough food or wanted more.

We asked people who used the service what they thought of the food. People said, "Food is nice." Another person said, "Food is very nice and all home cooked." And another jokingly said, "The food is lovely, no wonder I am a heavyweight." A relative we spoke with said, "The food is fab." And another relative said, "Everything is homemade, the food is wonderful with lovely homemade cakes." A relative went on to explain, "[Relative] was not eating so they asked us for ideas to tempt, and low and behold all the ideas were in place, we said they [relative] liked cheesecake so they [staff] blitzed a cheesecake for them [relative] and they loved it, they [staff] can not do enough."

People had access to drinks, biscuits and homemade cakes throughout the day.

We looked at the menu plan. The menus provided a varied selection of meals. We spoke to the cook who showed us a file on people who have any special diet requirements such as diabetes or pureed. The cook explained how they fortify people's meals with cream and butter if they needed building up. The cook said, "I am kept updated daily." The cook also explained, "They [people who used the service] can have what they want, if they don't like what is on offer they can have an alternative, for example [person's name] wanted a burger at lunchtime and they got it."

People were supported to appointments with external healthcare professionals such as the GP and optician, evidence of visits were documented in their care files. Relatives we spoke with said, "They are very good at communicating and keep me informed of everything such as if a GP has been to visit." And another relative said, "They are good at communicating with me."

Is the service caring?

Our findings

People who used the service spoke positively their relationships with staff in the service. People said, "Staff are lovely, I am happy and I have never said I want to go home." And "I have been here five years, I am part of the furniture, they sit on me, ha ha I am joking they don't really sit on me." Another person said, "I am very well cared for."

Relatives we spoke with said, "I am very happy with this place, staff are lovely and do everything right." And "Staff are really caring and considerate." Another relative said, "They are so caring with [relative] they treat everyone like they were their own mam and dad." And "[Relative] gives staff a hard time, the girls just cope with it all, I take my hat off to them." And "Families, dogs etc. are welcome anytime, I can't speak highly enough top to bottom, I trust them entirely." Another relative said, "It is a godsend here, it is absolutely brilliant, I genuinely cannot fault it at all, it's a proper home from home, proper care not just a number." And "[relative] loves it here, they have put weight on."

Staff clearly cared for people and prompted people to carry out tasks for themselves to maintain and their independence. Staff we spoke with said, "If they are capable of doing something let them do it themselves." Another staff member said, "I encourage them to do things for themselves, I maybe just prompt them." Staff were patient when supporting people to be independent with their mobility.

We asked staff how they promote privacy and dignity. One staff member said, "I always keep the door locked, and if they want to talk or to change, I take them somewhere private." Another staff member said, "I make sure people are covered when taking people to the toilet and the doors are shut."

We observed staff speak with people in a friendly and courteous manner. We saw that staff were discreet when speaking to people about their personal care. This demonstrated that people were treated with dignity and respect

We were told all the people using the service had access to an advocate and this information was available in the 'service users file'. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. During this inspection no one was using an advocate.

At the time of inspection the service had one person on end of life care. Staff we spoke with said, "When someone is on end of life, we make sure they are comfortable, not in pain and we totally look after them with 100% care, I have had training in this." A relative we spoke with said, "I am welcome anytime, I am even welcome to stay and there is a bed for me."

We looked at the end of life care plan and it was a list of tasks for staff to do. For example, speak to relative to find out any wishes etc. The registered manager said all tasks had been completed but we found nothing was documented.

Is the service responsive?

Our findings

We looked at care plans for three people who used the service. The care files were difficult to understand due to papers falling out as soon as you opened them. It seemed that where papers had fallen out these were just placed back anywhere, therefore the plan was not ordered and making it difficult to follow them. Paperwork was not fully updated. For example, one person's file stated that certain assessments needed to be reviewed three monthly. The three had been crossed out to stated monthly, however they were not reviewed monthly. We found we had to go back through records made in 2014 to find out which parts of the care plan were relevant to the person's present situation.

Care plans recorded people's choices in the daily living and needs assessments. However not all documents were signed or dated so it was difficult to work out what was or was not current. There were attempts to make the care plans more person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. However due to records being difficult to follow they did not reflect person centred care.

This was a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were audited every month and an action plan produced. However the action plans repeated each month what needed to be done as no one was made accountable. The registered manager said, "The key worker is accountable." However this was not recorded.

We asked staff what they thought of the care plans. One staff member said, "I have never sat and read a care plan." Another staff member said, "They just all fall to bits."

This was a breach of Regulation 17(c) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Daily records were kept separately in a book for each person to discuss at handover; these included management information such as a prescription is ready to collect, building issues, 'resident' issues and then went through how each person who used the service had been. This meant staff were kept up to date with what was happening at the service.

The registered manager was currently advertising for an activity coordinator. The last coordinator left in January 2016. In the meantime staff were providing activities and we saw staff playing skittles and dominoes with people, the handyman even joined in dominoes. We could see people enjoying the skittles, there was lots of laughter and shouts of encouragement. We were shown an activities of daily living file, although this had not been completed since the beginning of February 2016 we could see that people had enjoyed visits from singing puppets and the zoo lab. A zoo lab is an animal handling workshop.

We asked people if they were happy with the activities on offer. One person said, "I join in activities, we do a

lot of skittles. I like to go to my room and watch television or listen to the radio, I go to my room for peace." A relative we spoke with said, "The girls do what they can, [registered managers name] is trying to get a new coordinator."

We saw the complaints policy. We looked at complaints the service had received. They had received one complaint last year which was from a person who used the service. We could see the outcome of this complaint. Relatives we spoke with said, "I have never had a single complaint since [relative] has been here. I have nothing negative to say" Another relative said, "I have never complained, never had to."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since December 2010.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We saw that systems were not in place to monitor the quality of the care provided. We saw a timetable of what audits were to take place each month. We asked to see evidence of these audits but we were told they were mainly visual and nothing was recorded. Care plan audits were taking place but did not highlight the issues we found. For example weekly weight charts not completed or the disorganised and damaged care plans.

This was a breach of Regulation 17(2) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service were complimentary about the registered manager and staff at the home. Comments included 'they are lovely,' and 'they are alright.'

Relatives we spoke with said, "The staff all go that extra mile, it is always the same, no matter what time I come in." Another said, "The manager is smashing, they all are." Another relative said, "I don't see an awful lot of [registered managers name] due to the times I usually come in. I am sure they are there 100% if we need them." The person explained that they mainly visit on an evening.

We asked staff what they thought of the registered manager and if they felt supported. Staff we spoke with said, "[Registered manager] is a good boss, they know their job and I feel supported by them." Another staff member said, "I feel supported, they are a good manager, always there if I need them, so is the deputy and the seniors'.

We saw evidence to show the registered provider sought feedback from people who used the service. This was done via a customer survey. The surveys were left at reception for people to fill in as and when they liked. The completed surveys we looked at were very complimentary with comments such as 'staff give exceptional care.' However a few comments stated the service needed an update. We asked the registered manager about these comments and if an update was planned. The registered manager said, "We do what we can but it is difficult with such a low occupancy."

We saw evidence of meetings taking place for both staff and people who used the service. People were at the heart of the service. Relatives were also invited but none ever turned up. Relatives we spoke with said, "I know we are always asked but I am here so often I know what is going on."

Topics discussed at staff meetings were wages, pension and annual leave. One staff member we spoke with said, "The staff meetings are good, we have a voice and we are listened to. Such as we asked for cakes and biscuits for people who have diabetes and we got these."

Topics discussed at resident meetings were activities and the service checked everyone was happy and if any improvements could be made.

The service provided a monthly newsletter for people who used the service and their relatives. The newsletter covered upcoming events, birthdays that month, relevant news topics and also a reminder for people to complete the surveys in reception and to join them for meetings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Attempts to make care files person centred were not reflected due to the records kept.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were being deprived of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of staff to provide the support needed.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment PEEPs were not up to date and there was no evacuation pack. Legionella tests had not been carried through, risk assessments did not match the plan of care, people were not been weighed in line with MUST and the room storing medicines was too hot.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not accurate, complete and contemporaneous. The registered manager was not assessing and monitoring the quality and safety of the services provided.

The enforcement action we took:

Warning notice