

Four Seasons (No 11) Limited Regency Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Regency Care Centre is a purpose built home, situated on a main bus route leading to Manchester and Bury. The home is registered to care for up to 60 people and is divided into three separate units each providing either residential, nursing or dementia care. The residential unit is known as Springwater, the nursing unit as Philips and the dementia unit as Heaton. On the day of our inspection there were 48 people using the service.

We last inspected the home on 13 and 14 August 2014. At that inspection we found the service was meeting all the regulations that we reviewed.

The home does not have a registered manager. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. A manager from the company had been brought in to manage the service on a temporary basis.

Summary of findings

We found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We found that people's dignity was not always protected and people were left in undignified situations. This was in relation to their continence and personal care needs.

Although we were made aware that a recruitment drive was in place we found that sufficient numbers of staff were not provided to meet the needs of the people who used the service.

We found the provider did not always adequately assess risks. This was in relation to people's health and well-being and also safety issues within the environment.

We found that confidential information in respect of people's care was not securely maintained.

We found the system for managing medicines was safe, however staff on Heaton Unit did not always record when a medicine had been given. The administration of doses of medicines must be recorded to ensure that staff are aware of the last time the dose was administered and to ensure they do not duplicate the dose. **We have recommended the provider looks for a best practice solution to ensure staff are reminded of their responsibilities in relation to this.**

Staff were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice). Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. We saw however that staff on Heaton Unit had recorded in a person's care plan the existence of unexplained bruising but they had not formally notified the manager. **To ensure that people who use the service are protected we have recommended the provider looks for a best practice solution to ensure that all staff are reminded of their responsibility to report to management when unexplained bruising has occurred.**

The people we spoke with had varying views on the abilities, kindness and attitude of the staff. Overall people

were positive and told us that most of the staff worked hard, were kind to them and knew what they were doing. Comments were made however about the ability of some staff to do their jobs properly and about their lack of understanding of people's needs.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that people were involved in the development of the menus that were being introduced.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

A safe system of staff recruitment was in place. This helps to help protect people from being cared for by unsuitable staff. We saw that staff received the essential training necessary to enable them to do their job effectively and care for people safely.

People's care records contained enough information to guide staff on the care and support required. We saw that people and their relatives were involved and consulted about the development of their care plans.

We saw how the staff worked in cooperation with other health and social care professionals to ensure that people received appropriate care and treatment.

Staff we spoke with had a good understanding of the care and support that people required. Staff told us there was enough equipment available to promote people's safety, comfort and independence.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Systems were in place to assess and monitor the quality of the service provided but they were not robust enough to identify the issues of concern we found during the inspection.

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?

Some aspects of the service were not safe.

We found that sufficient numbers of staff were not provided to meet the needs of the people who used the service.

We found the provider did not always adequately assess risks. This was in relation to people's health and well-being and also safety issues within the environment.

A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

Requires improvement



Is the service effective?

The service was effective.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Staff worked in cooperation with other health and social care professionals to ensure that people received appropriate care and treatment.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

Some aspects of the service were not caring.

We found that people's dignity was not always protected and people were left in undignified situations. This was in relation to their continence and personal care needs.

The people we spoke with had varying views on the abilities, kindness and attitude of the staff.

Some staff had received specialised training to enable them to care for people who were very ill and needed end of life care.

Requires improvement



Is the service responsive?

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

Good



Summary of findings

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

The service was not well led.

The service did not have a registered manager.

Systems were in place to assess and monitor the quality of the service provided but they were not robust enough to identify the issues of concern we found during the inspection.

Requires improvement



Regency Care Centre

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 took place on 23 June 2015 and was unannounced. The inspection team comprised of two adult social care inspectors, a specialist professional advisor with experience in dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who joined the inspection had experience of working with health and social care services.

We had not requested the service complete a provider information return (PIR); this is a form that asks the

provider to give us some key information about the service, what the service does well and improvements they plan to make. This was because we had made the decision to inspect the service earlier than we had planned as we had received some information from the community nursing service and from the local authority commissioners. The concerns were in relation to the lack of qualified nurses, care records, medicine management, staff training and staff supervision. We used the information we had received to help plan our inspection.

During this inspection we spoke with 12 people who used the service, five relatives, five care staff, three nurses, the manager, the regional manager and an activities coordinator. We did this to gain their views about the service provided. We looked around most areas of the home, looked at how staff cared for and supported people, looked at seven people's care records, seven medicine records, three staff recruitment and training records and records about the management of the home.

Is the service safe?

Our findings

We found that opinions varied in relation to whether people who used the service felt there were enough staff to meet their needs. Family members we spoke with told us they felt that staff were very busy and, “are pulled in every direction”. People who used the service told us, “I think there are enough staff here to look after me. Some staff know what they are doing and some don’t” and “We have to wait a long time to go to the toilet, there are not enough staff”. We were also told, “I think there are enough staff most of the time as there are two on duty”, “The staff respect my choices but the agency staff do not know me” and “I feel safe as there are lots of people around looking after me”.

The staff we spoke with made the following comments; “We don’t always have enough staff to cover” and “I feel we are running around and all day it is like fire- fighting”. We were also told, “I would like more time to spend with the residents”.

We looked at staffing rotas for the service. We saw that a large amount of agency staff were being used. On the week of our inspection the home was using 120 hours of agency care staff and 99 hours of agency nurses. The manager told us she had recently recruited two new nurses and some additional care staff. The regional manager told us that the agency staff they used, where possible, were regular staff and that agency usage had gone down.

We spoke to staff on Heaton Unit who told us they felt staffing levels needed to increase. One staff member said, “From eleven until three is when we could do with more staff. We have residents on bed rest and it would help so we could get cover for breaks”. We observed on Heaton Unit that when one staff member was taking her break the other staff member was assisting a resident to use the toilet. This left the lounge with seven residents unattended for fifteen minutes. Leaving vulnerable people unsupervised for this length of time placed their health, welfare and safety at risk of harm.

We saw on staffing rotas that six staff were on duty during the night. The manager told us the staff were allocated onto specific units each night. Staff told us that sometimes

they felt pressured to get people into bed as there were not enough staff on at nights. One staff member said, “We try and get as many [people who used the service] ready and in bed as we can, it helps the night staff”.

We were told that the Human Resources Department were addressing the staffing issues. This included staff vacancies and sickness levels which the regional manager said had impacted on the delivery of the service and had resulted in the number of agency staff being used.

Although we were made aware that a recruitment drive was in place we found there was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient numbers of staff were not provided to meet the needs of people who used the service.

We looked around most areas of the home and saw that the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours.

We saw that regular checks were being completed on fire alarms, nurse call bell systems and the emergency lighting. We also saw that the service was undertaking regular health and safety checks in areas such as gas safety, portable appliance testing and lifting equipment. We were told the service had an up to date 5 year electrical test. We could not see this certificate but we were told by the regional manager that a copy would be sent to the Commission. We received a copy of the electrical condition safety report the following day. It showed that the electrical safety within the home was satisfactory.

We saw that environmental risk assessments were in place and had been reviewed. On Philips Unit however we found three store room doors were unlocked. One door was to a room that contained an electrical circuit board. This had a sticker that indicated it was a fire door and should be kept locked. The other two store rooms contained a large amount of combustible materials. All three unlocked rooms posed a fire risk and placed the health and safety of everybody in the building at risk of harm.

We found that the service did not have personal emergency evacuation plans (PEEPS) in place to assist the emergency services in the event of an emergency arising. Not having these in place placed people at risk of harm. The manager told us that this had been identified and would be addressed.

Is the service safe?

Personal risk assessments were available in people's care plans. We found that the majority of these had been updated monthly. We saw however that one file contained a risk assessment to look at someone's risk of depression. We found this had not been filled in correctly and did not adequately assess any risk.

In another file we saw that a person was receiving pain relief via a patch medication. The care plan stated, "doesn't always communicate her pain needs due to Alzheimer's". We observed this person and saw they were displaying visible signs of pain and discomfort. We asked staff how they assessed pain for people who cannot express this need. Staff told us they used a 'pain risk assessment'. We looked at this person's pain risk assessment and saw it was last completed in January 2015. We asked staff if they could review this person's pain relief during our visit.

We found there was a breach of Regulation 17 (2)(b) of Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service and others who may be at risk.

We checked the systems for the receipt, storage, administration and disposal of medicines on Philips Unit. We also checked the medicine administration records (MARs) of six people who used the service. The MARs showed that people were given their medicines as prescribed, ensuring their health and well-being were protected. We found that medicines, including controlled drugs, were stored securely and only the qualified nurses had access to them.

We saw the home had emergency resuscitation equipment in place but it was not easily accessible and ready for use. The suction machine was left in a box and there were no suction catheters attached. The oxygen cylinder had no oxygen tubing and no oxygen mask attached. Staff agreed to remedy this immediately to ensure the equipment was ready for use.

We looked at the medication administration record (MAR) for a person residing on Heaton Unit. We saw they were prescribed a pain relief medicine in addition to a patch pain medicine. We saw that the pain relief medicine was to

be given 'as and when required'. The MAR chart recorded that on several occasions the medicine was 'offered but not required'. We could not see how staff were assessing this need.

We looked at how the patch medication was being given. We saw that a chart was in place to show when the patch was being put on and taken off. We saw that this was not consistently being filled in. We could not be sure that this person was receiving their pain medicines safely and appropriately. **We recommend that, to help ensure the health and well-being of people is protected, the provider looks for a best practice solution to ensure that all staff are reminded of their responsibility to record when a medicine has been given.**

We looked at three staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The files showed the following; application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed most of the staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We saw however there was information in one person's care plan relating to unexplained bruising. Staff had recorded that two bruises were noted on 10/3/15 and four bruises were identified on 12/3/15. We saw that staff had completed a body map to record these bruises. We spoke to the manager who stated she was not aware of these bruises and that no incident report had been completed. **We recommend that, to help ensure the health and well-being of people is protected, the provider looks**

Is the service safe?

for a best practice solution to ensure that all staff are reminded of their responsibility to report to management when unexplained bruising has occurred.

We saw infection prevention and control policies and procedures were in place. We saw that regular infection control audits were undertaken and infection prevention and control training was undertaken for all staff. We saw staff wore protective clothing of disposable gloves and

aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets.

We spoke with one of the domestic staff on Philips Unit who told us they had received training in infection control and the control of substances harmful to health (COSHH). They told us they had access to appropriate cleaning equipment and materials and personal protective equipment such as gloves and aprons. They also told us that each area of the home had a cleaning schedule in place.

Is the service effective?

Our findings

The people we spoke with had varying views on the abilities, skills and experience of the staff. Comments made included; “The staff seem to know what they are doing”, “The staff are too young, they do not understand older people and sometimes I do not understand the language”. We were also told, “The staff know what they are doing, they seem to be friendly and caring”.

We saw that ‘verbal and written’ handover meetings were undertaken on each shift to help ensure that any change in a person’s condition and subsequent alterations to their care plan was properly communicated and understood. A relative told us however, “I feel that not enough information is passed over at handover. If something has happened during the day and the agency staff take over they have no idea how to look after her”.

We asked staff to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. The people we spoke with confirmed this information was correct. People told us they were able to make decisions about their daily routines and were able to consent to the care and support they required.

From our observations and inspection of care records it was evident that some people were not able to consent to the care provided. An inspection of the care records showed how ‘best interest decisions’ had been made on their behalf. A ‘best interest’ meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. We saw that the service had involved external health professionals in their decision making process and acted in the best interest of the person being assessed.

We spoke to the manager and regional manager about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how the service manages the DoLS. The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make

sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised.

What they told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. They also told us they were aware of changes to the law whereby people in a care home might be considered as being deprived of their liberty. We were informed that they were taking the necessary action to ensure any restrictions placed on people were legally authorised and that all DoLS applications were in the process of being applied for.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We saw that three applications had been made to the supervisory body (local authority). Records we looked at provided evidence that the manager had followed the correct procedure to ensure any restrictions to which a person was unable to consent were legally authorised under the DoLS. We saw that a DoLS assessor was visiting the service on the day of our inspection.

Most of the staff spoken with had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were able to demonstrate their understanding. One staff member told us however, “I don’t really understand it, it’s a bit complicated”.

We found information to show staff received an induction on commencement of their employment and that they were suitably trained. The induction programme contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the people who used the service. One staff member told us, “I had a one day induction and it should have been 12 weeks”.

The regional manager told us that she was in the process of arranging new inductions for some staff as she felt they had not received robust enough inductions that followed company policy.

The staff we spoke with confirmed to us that they had received the necessary training to allow them to do their jobs effectively and safely. Staff told us that plenty of training was offered but it was, “sometimes difficult finding time to fit it in”.

Is the service effective?

Staff we spoke with could not tell us when they had last received supervision; they told us it did not happen very often. Supervision meetings help staff discuss their progress and any learning and development needs they may have. We saw that a 'supervision planner' was in place. We saw that supervisions were very clinically orientated and did not look at staff development or objectives. Staff had received recent supervisions on how to complete topical medication records and the recording of controlled drugs. The manager was aware that supervision meeting needed to be developed further and this was being addressed.

The regional manager told us that the service was implementing a new training system called 'ROAR' and that due to its infancy it was proving difficult for staff to access it. We were told the issue was being addressed.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

The regional manager told us that new menus were being introduced at the service and that a six week trial was now at an end. We saw that feedback cards had been given to people to seek their views on the food during this trial period. Feedback was generally positive. A company had recently been introduced to improve the quality of the food and the dining experience.

We were told they were now asking people what they liked and didn't like. We saw new menus and an information sheet were being given out to people to find out their preferences. Staff were supporting people to complete the information sheets.

On Heaton Unit we saw people were offered choices of what to eat and drink. We noted that during lunch, people were shown a picture of each meal; this allowed them to make an informed choice. People who didn't want to eat what was offered were given an alternative. We saw that meals, including softer options were well presented, hot and in sufficient quantities.

One person from the inspection team joined people for the lunchtime meal in the downstairs dining room. We saw that the majority of people dined in the large downstairs dining room and noted that it was a relaxed and pleasant dining experience. There was a choice of meal and dessert and the meal was described by the team member as, "very good". Overall, people were complimentary about the food. Comments made were, "The food is good" and "I enjoy the food. It's good enough".

We were told that drinks, including fruit smoothies, snacks and cakes were available mid-morning and in the afternoon. We saw that hot and cold drinks were served regularly throughout the day. We were also told that food was available out of hours and that sandwiches were always an alternative to the supper snacks that were provided.

On the day of inspection people were having 'high tea' in the afternoon. We were told that relatives were invited to this event, which took place every month. We asked one of the people who used the service what they thought of the 'high tea'. We were told, "Very nice".

Records we looked at showed that following each meal staff completed records for those people who required monitoring of their food and fluid intake. The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw that people's weights were being monitored and action was taken, such as a referral to the dietician or to their GP, if a risk was identified.

The care records we looked at also showed that, to ensure people's healthcare needs were met, they had access to external health and social care professionals, such as social workers, GP's, community nurses, palliative care nurses and chiropodists.

Is the service caring?

Our findings

The people we spoke with had varying views on the kindness and attitude of the staff. Some people were complimentary and made comments such as; “If I had a problem I would tell the girls they would understand me”, “The staff are really nice, friendly and caring” and “They [staff] are respectful, hard-working and caring”. Other comments made included; “The staff are very clumsy and they do not know how to handle people like me. They pick me up like I am a bag of spuds and I have lots of bruises” and “I think some of them are not devoted”.

On Philips Unit we saw that people’s dignity was not always respected. During our visit we heard one person ask on two separate occasions for a particular type of incontinence pad. They were told on both occasions that there were no incontinence pads suitable for them. This did not protect the person’s dignity.

Staff told us there had been a shortage of incontinence pads due to an oversight in completing continence assessments. The manager told us that the issue with incontinence pads was being addressed and that all assessments were being completed.

We saw that some people on Philips Unit did not look well groomed. Their hair was untidy and we saw food spillage on their faces and clothes after lunch. We asked one of the care staff to tell us what the procedure was for ensuring people had their hands and faces washed after meals. We were told there was no set routine for this but sometimes ‘wet wipes’ were used. We saw no evidence of this practice. This did not protect people’s dignity.

We spoke with a person who was upset because they were aware that although their relative had been given a bed bath, they had not had an immersion bath or shower for a long time and they “smelt”. The person went on to explain that their relative had always been “so particular” and they found the situation distressing. This did not protect the person’s dignity.

Another relative told us, “The staff do not take my [relative] to the toilet often enough. My [relative] has to shout out for someone to come and they take ages and my [relative] is left wet through. It’s degrading”.

We were told by one person who used the service that on one occasion staff had brought their breakfast into their room and, despite the staff knowing they were lying in a soiled bed, expected the person to eat their breakfast.

We found this was a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were left in undignified situations.

We looked at the daily records for four people on Heaton Unit. We found these records to be stored in the lounge bookshelf. These records contained personal and confidential information and must be kept securely.

We also found on Philips Unit that personal information was displayed on a notice board in the staff office. Visitors were able to access this office and see the information displayed.

This was a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Confidential information in respect of people’s care was not securely maintained

During the inspection we saw a number of visitors either sitting with people in their own rooms or in the communal lounges. A relative told us, “I can visit any time and I can see my [relative] privately”.

We observed care on Heaton Unit which cares for people living with dementia. We saw that staff took time to speak to people who used the service and that this was done in a dignified way. We saw one staff member communicated by sign language with a person who was deaf. The staff member told us, “I went on the internet and taught myself how to sign”. We saw that by using sign language, the staff member was able to offer reassurance to the person and encourage them to eat and drink.

We saw that staff sang songs and danced with residents and created a social environment. We saw that this positively increased the well-being for people living in this unit. One staff member told us, “I think of the residents here as my family”. The residents told us that staff were, “lovely” and “fun”.

We asked one of the nurses to tell us how staff cared for people who were very ill and at the end of their life. We were told that the registered nurses and some of the care staff were experienced in caring for terminally ill people

Is the service caring?

and that one nurse had undertaken palliative care training. We were also told that one of the care staff had undertaken end of life training called Six Steps and as the Six Steps

Champion they shared their knowledge and information with other staff members. This was to ensure that all people who used the service received appropriate end of life care.

Is the service responsive?

Our findings

We asked one of the nursing staff to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a comprehensive needs assessment before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the persons' individual needs could be met by the staff. We saw evidence of the assessments in the care records we looked at.

We looked at three care records for people who lived on Heaton Unit. We saw the plans were reviewed monthly and that information was detailed about how care had been delivered during that month. We found that daily records needed more detail as they contained entries such as, 'fair mobility', 'personal needs met' and supper was given'. This didn't tell us how that person had been during the day. The care records we looked at contained good person-centred information. We saw one care plan for a person who didn't like to have water on their face. There was detailed information for staff to show how to encourage this person to have a bath and wash their hair without causing distress.

We looked at the care records of three people on Philips Unit. They contained detailed information to guide staff on the care and support to be provided although at times we found it difficult to find specific information. Staff told us they sometimes found it hard to find the information they needed in the care records. The managers told us they were going to introduce less complicated, easier to use care files. They were looking at possibly having a computerised care planning system in place.

The care records were reviewed regularly to ensure the information reflected the person's current support needs. We saw evidence in the care records to show that either the person who used the service and/or their family had been involved in the care planning and decision making.

We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving would be sent with them.

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence

and comfort. Staff told us that although some people needed assistance with some tasks they did their best to enable people to keep their independence as long as possible.

We looked to see what activities were provided for people. We saw that two activity coordinators had been appointed and were currently working Monday to Friday each week. We were told it was their intention to work at weekends when they were planning to organise weekend trips and activities. We looked at some of the arts and crafts work that had been undertaken and saw the various activities that were provided, such as board games and a knitting club. We were also told about a recent trip to a local pub. We also saw a notice informing people about a church service that was held once a month. All denominations of faith were welcomed.

We looked at how social activities were planned on Heaton Unit. We saw that people were growing their own fruit and vegetables in pots on the patio. We saw that an activity plan was in place. Staff told us, "The activity coordinator comes on the unit three days a week. We do our own things in between this". We observed people reading magazines and engaging positively with doll therapy. Doll therapy is known to have a very positive effect on improving people's emotional well-being. The dolls need to be as life-like as a human baby to work effectively. One person told us, "I like to have my baby with me to cuddle".

We looked at how the service managed complaints. A copy of the complaints procedure was displayed in the reception area and was included in the Service User Guide. The procedure explained to people how to complain, who to complain to and the times it would take for a response. We saw that all complaints were appropriately recorded and managed. The regional manager showed us copies of the complaints they had been involved in responding to. We could see that complaints were responded to in a timely manner.

We saw that concerns had been raised by people who used the service and family members about clothes being lost in the laundry. The manager told us that a 'Tag' system had now been introduced to identify clothing.

A relative told us "I have no complaints. Everything I have asked for they have given to me for my husband".

Is the service responsive?

The service also recorded any compliments it received. We saw several compliments about the care received by people who used the service.

Is the service well-led?

Our findings

The home does not have a registered manager. A manager from the company had been brought in to manage the service on a temporary basis. We were informed that the temporary manager had a wealth of experience in adult social care. We were told that the recruitment of a new manager had taken place and they were expected to start their employment at the home the week following the inspection.

We saw that the regional manager was undertaking regular visits to the service to look at the how the service was performing. On the day of our inspection there were a number of professionals from the company visiting as part of a large quality assurance venture. They were looking at how the service could be improved.

The manager told us that frequent audits were carried out at the home. We saw that an audit time table was in place and audits were being completed on bed rails, wounds, infection control, mattresses, hoists, care plans and medicines. On the day of our inspection we saw that a health and safety audit was being completed by the company's health and safety manager. We also saw evidence of 'corrective action' forms that one of the senior nurse managers was working on following the care plan audits.

One staff member told us they felt they were, "audited to death" and the culture of the home was one of blaming rather than supporting staff. We were told that they felt the care provided was, "relatively acceptable" but the home was, "disorganised".

Staff told us that meetings were held to discuss how the service was performing. We saw that a staff meeting had been held in April 2015. We also saw that additional meetings had been held for housekeeping and health and safety staff.

We were told that the head of each department met each day at 11 o'clock with the manager to discuss if there were any issues of concern and if so, what action was to be taken to address them.

We saw management sought feedback from people who used the service and their relatives through questionnaires that were sent out throughout the year. The questionnaires asked for their views on how they felt they were being cared for and if the facilities at the service were to their satisfaction.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). Staff we spoke with were familiar with the policy and knew they could contact people outside the service if they felt their concerns would not be listened to. Having a culture of openness where staff feel comfortable about raising concerns helps to keep people who use the service safe from harm.

We saw that accidents and incidents were recorded onto a computer system that allowed the service to look at trends in this area. We saw the regional manager was currently reviewing the records from the previous three months. We saw that the service produced a 'Quality of Life' indicator report. This report looks at areas such as staff turnover, hospital admissions, infections and accidents to see if there are any patterns. Staff told us they had access to this system and could record accidents whenever they happened.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

How the regulation was not being met:

People were left in undignified situations.

Regulation 10 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Confidential information in respect of people's care was not securely maintained

Regulation 17 (2) (c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service and others who may be at risk.

Regulation 17 (2)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

Sufficient numbers of staff were not provided to meet the needs of people who used the service.

Regulation 18(1)

This section is primarily information for the provider

Enforcement actions

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