

Hill Care 3 Limited

Deangate 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



Overall summary

The inspection took place on 10 and 23 June 2015 and was unannounced which meant we did not notify anyone at the service that we would be attending.

The service was last inspected on 11 and 17 November 2014 and was found not to be meeting the requirements of ten of the regulations we inspected at that time. These related to quality assurance, medicines management, consent, care and welfare, safeguarding of people, staffing, supporting staff, respecting people, infection

control and nutrition. The provider sent a report of the actions they would take to meet the legal requirements of these regulations. The provider informed us they would be compliant by the end of April 2015.

Deangate care home accommodates up to 50 older people that require nursing and personal care. Included within the home is a unit called Poppy Lane which can accommodate up to 12 people who may be living with

Summary of findings

dementia. At the time of our inspection there were 34 people using the service; nine people in Poppy Lane unit and 25 people in the rest of the home, referred to as Deangate.

Although there was a manager at the home, they were not yet registered with the commission and they told us they were in the process of submitting an application. 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.

Staff had concerns about the staffing levels in place which they felt left them unable to meet people's needs and preferences. Some staff told us about occasions when staff had not been in place to ensure all areas of the service were covered, such as cleaning and laundry. At the inspection the operations manager told us the manager would take over the role of scheduling staff on duty. They also said a new system had been implemented whereby staff could call to request assistance from other parts of the home during busy periods.

We were told differing information about the staff handover procedure between shifts at the home. The majority of care staff we spoke with saying they were not always made aware of changes to people's needs. The operations manager and manager told us they would review this to ensure it worked effectively.

Some observations and noticeable malodours showed that infection control processes were still not fully robust. We saw action was being taken to identify and address these areas and the home was still working towards completion of an action plan following visit from an infection control team in March 2015 which had also highlighted areas of good practice.

We saw evidence of regular updates to people's care plans and individual risk assessments. Staff knew how to report abuse and we saw evidence of safeguarding referrals made appropriately so that systems were in place to reduce further risk. Care was provided in people's best interests and in accordance with the principles of the

Mental Capacity Act 2005. Deprivation of Liberty Safeguards were in place where these had been identified as being required and further applications were in progress.

We observed safe practices during medication administration. Medication records contained clear information about people's needs and the records we checked showed that medicines had been administered appropriately.

Although we were told about some activities taking place, there was a lack of stimulation at times for people using the service. Few activities were observed however we did see some positive interactions between staff and people to provide stimulation. Staff told us they did not have time to do this as much as they'd like to. People we spoke with commented positively about the staff and how they were cared for. We saw instances of caring interactions between staff and people. We observed staff offer reassurance to people when they were providing support and promoted independence.

We saw evidence of regular residents and relatives meetings and feedback surveys had been provided to people and their relatives. We saw that the results of these had been analysed and actioned with areas for improvement.

Regular team meetings took place with staff. Staff comments varied about how well they felt supported by management. Comments from other professionals, the local authority and feedback from people and relatives were positive about changes in the home and the new management. We saw that audits and quality monitoring of the service were completed routinely and actions were followed up appropriately. Analysis of incidents took place with an aim to reduce further recurrences. The manager made notifications to the commission where required.

We found that although the service had made improvements, further work was still required to meet the requirements of the regulation to ensure suitable staff resources were deployed at the service for it to operate effectively.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements were required in the safety of the service. The majority of staff told us that staffing levels impacted on what they were able to do for people. Improvements were needed to ensure effective infection control measures were implemented and addressed in a timely manner.

Incidents of abuse were referred to appropriate authorities and acted upon accordingly to minimise further risk of harm. Individual risk assessments were in place to guide staff how to manage and reduce risks for individuals.

Medicines were managed in a safe way so that people were protected from risks associated with unsafe management of medicines.

Requires improvement



Is the service effective?

Improvements were required in the effectiveness of the service. Staff were not always aware of changes to people's needs to ensure continuity of care was provided.

Training was provided for staff, both mandatory and in key areas. There were some gaps in staff training that were being addressed. Staff received supervisions and appraisals were commencing.

Care was provided in people's best interests and in accordance with the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards were in place where these had been identified as being required and further applications were in progress.

Requires improvement



Is the service caring?

The service was caring. People gave positive comments about staff, the care they received and how they were cared for.

We saw positive interaction and communication from staff towards people when providing support. People felt, and observations showed, how privacy and dignity was maintained.

Good



Is the service responsive?

Improvements were required to ensure the service was responsive. Although we were told about activities at the home, these were lacking. Care records for people were regularly reviewed and updated to reflect people's needs.

Resident and relatives meetings took place which meant people had opportunities to feedback about the service and suggest improvements.

There was a complaints procedure in place and most people said they would feel comfortable in raising any issues.

Requires improvement



Summary of findings

Is the service well-led?

Improvements were required as to how the service ran. The manager was not yet registered with the commission.

Quality monitoring took place to assess areas of the service and how it operated. An internal audit system was in place.

Team meetings took place however many staff told us they did not feel supported or appreciated in their roles. Incidents and accidents were collated and analysed and the manager made referrals to other organisations where necessary.

Requires improvement



Deangate 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 took place on 10 and 23 June 2015 and was unannounced.

On the first day, the inspection team consisted of two adult social care inspectors, a specialist advisor who was a registered nurse 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 had experience in older people's care services. On the second day of the inspection, the inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed information we held about the service which included statutory notifications of deaths and incidents. We contacted commissioners of the service, the local authority safeguarding team and the local Healthwatch, for any relevant information they held. We contacted several health and social care professionals who had involvement with Deangate Care Home and received feedback from two community nurses.

During the inspection we spoke with eight people who lived at the home and two relatives. We undertook informal observations and spent time with people in communal areas to observe the care and support being provided.

We spoke with the managing director, two operations managers, the manager, the deputy manager, a senior care worker, five care workers, the cook, two members of housekeeping staff and the administrator.

We viewed a range of records about people's care and how the home was managed. These included the care and medication records for four people, recruitment records for four staff members, policies and procedures, audits and meeting minutes.

Is the service safe?

Our findings

We asked people at the home whether they felt safe. People said they felt “very safe” and “safe enough”. We asked people whether there were enough staff, one person told us, “There is always someone around” and another commented, “Yes, I think so”. One person told us, “It’s short staffed. Been like this for last nine months.” A relative we spoke with told us there were always staff around whenever they attended.

The service relied on agency staff at times. Some staff expressed concerns at the level of new starters and leavers and the use of staff within different areas of the home who may not have had the required skills. They also had concerns about the use of agency staff and the impact this had upon the service. The manager told us there were vacancies and they were actively recruiting into these positions

We looked at staff rotas and saw that for a few weeks prior to our inspection the actual staffing levels did not correspond with the staffing levels listed as being required. In a three week period we saw that staffing levels were below listed numbers 18 out of 21 days, the majority of time being one care staff member below. We queried this with the manager who told us this was due to a trial period of less staff due to occupancy levels. They told us they had reverted back to original numbers by the second day of our inspection. We saw a dependency tool used by the service which worked out care hours required on each unit but it wasn’t clear to see how this translated to actual staff numbers and how periods of increased activity were accounted for. The manager told us as occupancy increased, they would review staffing levels with the senior management team so these would reflect the needs of people. They told us this was monitored each month and they believed the current staffing levels were sufficient.

The majority of staff we spoke with felt there was a need for extra staff. Comments included, “Could do with more staff, especially in the mornings”, “We are all complaining, we haven’t got enough staff”, “When an extra member of staff is on it makes a huge difference”, and “People are more dependant now, it’s not achievable, they [management] don’t acknowledge it.” Staff said they felt rushed and were

not always able to meet people’s needs in a timely manner. One staff member said that most of the time they felt staffing was fine but that, “It can be difficult when we have challenging clients.”

Staff also told us of occasions when there was a reduction or lack of ancillary staff such as cleaners and laundry staff. They said that due to this, they often had to wait for some essential items such as bed sheets until the afternoon. One staff member told us, “I’ve known no laundry staff for days” and another told us of specific occasions where there were shortages of domestic staff.

During our inspection we noticed strong malodours in several areas of the home. We saw that a complaint had been made in April about the “smell getting worse” in the home. We looked at a sample of the beds of people on Poppy Lane. On one of the beds that had been made, we saw the sheets were soiled and stained. We informed a member of staff so that the bed linen could be changed. We also noted that ‘finding dirty linen left on beds’ had been identified in an infection control audit of April 2015. We saw three beds that had not been made up with no bed linen on. A staff member told us, “We haven’t got round to making some beds yet.” Several comments from staff referred to a lack of equipment available for example serviettes, aprons and bed linen. One staff member told us, “There is always a shortage of something.” We were concerned that this was due in part to staffing and resources not being managed effectively. We saw an infection control action report of a visit from an infection control nurse in March 2015. This was the most recent of several previous visits and although the report stated improvements had been made there were still outstanding actions which the manager was working through to address.

On the first day of our inspection, on Poppy Lane, we witnessed some occasions where there was one staff member left to supervise people on the unit when the second staff member left the unit to fetch items from elsewhere in the home. Staff said there were also times when there was one staff member on the unit if the other staff member went on a break or was requested to assist on the ground floor. On the second day of the inspection, we spent time on Poppy Lane and observed there to be at least two staff present whilst we were there. Several people on Poppy Lane needed assistance of two staff with some of their care and support needs. Staff told us that at times,

Is the service safe?

this restricted what they were able to do as this would leave no supervision for the remainder of the people. The manager and operations manager told us that a new telephone system had been implemented since the first day of the inspection which allowed staff to communicate between floors. They told us this eliminated the need for staff to leave the floor as requests for cover or assistance could now be made via this system. They also said that staff were able to ask for assistance from different parts of the home if they needed help at busy periods. We said that this message did not correspond with what staff had told us so they may need to review and assess how this worked in practice.

Our findings demonstrated that staff were not always deployed in a way to meet the needs of people at the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staff we spoke with were knowledgeable of the different types of abuse and the process to follow to report any concerns. Staff undertook annual safeguarding training and we saw this documented on the training matrix. We saw policies in place for safeguarding and whistleblowing. Information was also displayed publicly within the home detailing where concerns should be reported to. This showed that there were processes in place for staff to follow to minimise the risk of abuse occurring. Between the first and second day of our inspection, two incidents had occurred at the service that constituted potential safeguarding issues. We saw that these had been referred to the local authority as required as well as being notified to the commission in line with statutory requirements. These had not yet been concluded at the time of our inspection but appropriate action had been taken by the service to protect people from harm.

People's care records contained risk assessments that covered a variety of area which included nutrition, falls, manual handling, continence, skin integrity and other identified areas of risk. These were reviewed on a regular basis and we saw evidence of updates in response to any incidents, such as if someone had a fall or if their needs changed. Each care record had a 'key risks' document in place at the front which gave information about important risks for staff to be aware of.

At our last inspection we observed unsafe practice with regards to administration of medicines. During this inspection we observed the nurse and senior care worker administering medicines. We saw the medication trolley was locked and secured when the staff member was away from it. We saw that gloves were worn by both when administering medication. Each wore a 'do not disturb' tabard so they could aim to complete medication rounds in a timely manner. Interactions whilst medicines were administered were kind, caring and patient. Where people were prescribed PRN (as required) medicines, for example, analgesics for pain; the person was asked if they required these if they were able to communicate this verbally.

With the nurse, we looked at the treatment room where medicines were kept. We saw that fridge and room temperatures were recorded daily to ensure medicines were stored within safe range. We looked at four people's medication administration records and saw that there were no unexplained gaps or omissions. Each person had a photograph in place, details of any allergies they had and individual protocols for staff to follow where they required PRN medicines. Independence was promoted and one person managed their own inhaler. A self-administration record was in place and signed by the person agreeing to this as well as an associated risk assessment to reduce and minimise any associated risks. Medication audits were undertaken on a monthly basis in addition to random individual checks. Staff were assessed annually to ensure that they were still safe and competent to administer medicines. Our findings showed that procedures were in place to promote safety in how medicines were administered and managed.

We looked at the recruitment files for four members of staff and saw that these contained application forms, details of previous employment history and references. We saw Disclosure and Barring Service (DBS) checks in place. DBS checks help employers to make safer recruitment decisions. We saw evidence of checks that nurses were currently registered with the nursing and midwifery council. The information we saw showed that processes were in place to ensure people were assessed as safe to work at the service.

Is the service effective?

Our findings

We asked people whether they felt staff were competent to meet their needs. Responses included, “The staff here are great” and “If they [staff] didn’t know what they were doing, they wouldn’t be here.” A comment in a feedback survey from March 2015 stated, “Feel confident my relative is being looked after very well.”

Staff said they received training for their roles and one staff member told us “We do loads of training”. When asked about specific subjects, some staff told us they had not had training in those areas. The training matrix showed the majority of staff were current with mandatory training such as fire safety, moving and handling and infection control. Training was provided in other key areas such as dementia awareness, pressure care and communication. The matrix showed that some staff were not documented as having received all training. For example three care staff had not received training in challenging behaviour and six had not received equality and diversity training. On the second day of our inspection we saw the training manager who worked for the provider at the service. They were in the process of reviewing staff training records to establish what was outstanding and to arrange training where there were gaps.

Responses from staff varied as to whether they received regular supervisions. Supervisions are meetings designed to support, motivate and enable the development of good practice for individual staff members. Care staff told us they did receive regular supervisions, however, other members of the staff team told us they did not have these regularly. We saw a matrix that started from January 2015 which contained planned and actual dates of supervisions for all staff. Not all staff we spoke with had received appraisals which are meetings, usually annually, to review an employee’s performance and set objectives. The manager showed us that they were in the process of starting these and we saw several that were in progress, with the employee having completed information prior to the appraisal meeting taking place.

Staff had knowledge of people’s needs but some told us of occasions where they not aware where people’s needs had changed. The service’s handover policy stated: ‘The Registered Nurse or Senior Care Assistant will speak to the staff on their shift and communicate the relevant information to them. They must ascertain if any staff have been on days off or on annual leave and ensure that

relevant information regarding the residents for these absent days are passed over.’ Two staff members told us of occasions where they had returned from days off and had not been made aware that one person had passed away and another was in hospital. Staff comments about the handover process included, “We don’t get a hand over; we are just told where to go, when we get here. We are coming in blind” and “We have to find other staff and ask about any changes. Don’t get told anything.” One care worker we spoke with told us they had attended handover that day and referred to a handover sheet in the nurse’s office that staff could look at. It was evident there was confusion and differing knowledge about the current handover procedure which we discussed with the manager and operations manager. They told us they would review the process to see whether this could be improved to ensure all relevant staff were fully aware of any changes in people’s health and care needs.

Most people’s views of the food were positive. People told us, “I’ve enjoyed every meal I’ve had here”, “The food is good and plentiful”, “Can’t grumble about the food”, “It’s pretty good”, “Food’s nice” and “It’s alright, plenty of it.” One person described the food as “passable” and another person commented that it had “improved a lot lately.”

We spoke with the cook who told us that the menu had been reviewed since our last inspection. A recent initiative had been introduced where one day each month a new dish was included on the menu, for example lamb curry and tiramisu. The manager and regional manager told us that popular dishes were incorporated into the menu. We saw a food survey from March 2014 that involved people at the home and relatives with the aim to make improvements and introduce new ideas.

People had care plans in place for eating and drinking which contained details of their nutritional needs and what support they required. Information about people’s dietary requirements was also kept in the kitchen so that the cook could accommodate people’s needs, for example if someone was diabetic or required a soft diet.

We observed lunchtime on Deangate and saw that the dining room tables were set with place mats, table cloths condiments and cutlery. There were menu cards on each table and people were offered a choice of drinks with their meals. We saw staff members offer encouragement and support to people and one person’s family member sat with them to assist with their meal.

Is the service effective?

In the dining room on Poppy Lane we saw that the meal service did not operate as well and people waited some time before their meals were served. For example in the morning we saw cooked breakfasts arrive at 9.15am on a trolley that was not heated. We saw one person was not served their meal until 9.50am. At lunchtime there were not enough beakers available and a staff member left the unit to fetch some. It was then discovered that there was no cutlery which led to a staff member leaving again to fetch cutlery. We were concerned that such delays may put people at risk of not receiving suitable nutrition. The operations manager told us a new telephone system in place for contacting staff in other of the home could be utilised in such situations.

Since our last inspection, the provider had decided to re-site the unit for people living with dementia from the ground floor to the first floor. They told us this was because where it was now located was more spacious. Opinions varied between staff about the new location for this unit which was now called Poppy Lane. Some expressed concerns about people not having access to outside as easily as before. We also saw that the lounge was not very spacious and contained furniture which meant it was not very easy for people to manoeuvre, especially if people needed the use of equipment for mobilising. The unit was not at full capacity during our inspection.

We saw some good practice with regards to the environment being dementia friendly, such as contrasting colours, signage, sensory items on display, pictorial signs and photos of past eras. The operations manager told us they were going to display some directional signage to assist people with orientation. However, we noticed that several people throughout the day asked what time and day it was. The clocks in the lounges were small and difficult to see. One person told us, "It would be good if they could put a calendar up cos everyone's asking everyone else (what day it is), especially in morning." We fed back these observations to the operations manager.

The Mental Capacity Act 2005 (MCA 2005) is legislation designed to protect people who are unable to make decisions for themselves, and to ensure that any decisions

are made in people's best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The manager had made DoLS applications for people who had been assessed as requiring these and was in the process of prioritising further applications that we saw evidence of.

Care records clearly stated where people did and did not have capacity to make decisions in various aspects of their daily care, for example deciding what to wear and what to eat. Clear information about people's preferences and how they were to be supported in accordance with these was documented. We saw evidence of capacity assessments and best interest decisions in place for specific decisions, for example the use of bedrails and flu jabs. Where consent was required, people had signed their agreement where they were able to. This showed that staff worked in accordance with relevant legislation so that consent was appropriately obtained from people and care was delivered in people's best interests.

MCA and DoLS training was provided to staff who demonstrated a varying knowledge of the legislation. Some were able to describe in detail the purposes and principals of the Act whereas others were unclear. The manager told us that it had been identified that there were some gaps in staff knowledge and they were looking at additional training.

We saw where people were referred to other health services as required. Care records evidenced involvement from a number of differing professionals including doctors, memory team professionals, specialist and district nurses. Staff told us any recognised change in health needs would be reported to a senior staff member who could then make appropriate referrals as necessary. This showed that people were supported with their health needs in a holistic way.

Is the service caring?

Our findings

We asked people their views of the service and what they thought of the staff who cared for them. People told us, “We have a laugh with them [staff]”, “They look after us, very good” “The staff here are great”, “The staff have always had a good rapport with people here”, “Brilliant here. They [staff] are very good”, “Most of them care” and “They are concerned about us”. One person said about the staff, “Some are so busy they do what needs doing.” One comment on a customer survey form from March 2015 stated, “Very happy with the care that [name] receives from all staff.”

We witnessed positive interactions between staff and people. We saw that people were offered choice, for example of what they wanted to eat and drink. We saw one interaction where a staff member was offering hot drinks and biscuits to people. A person asked how many biscuits they should take and the staff member told the person to take however many they wanted. We saw another exchange between a staff member and a person at lunchtime. The staff member asked how the person was feeling as they had not been well previously and explained they were going to get them a drink and asked what their preference was. The person told the staff member, “You’re a nice person” and the staff member responded, “Thank you, I do my best.”

When staff assisted people, for example supporting a person into a chair, reassurance was given and staff explained to the person what was happening. People were supported at their own pace and were not rushed. Staff asked for permission from people where appropriate. For example, one person said they were warm so a staff member asked if they would like the window open wider and checked this was okay with everyone else in the vicinity first. Staff used touch in a reassuring way and to offer comfort and communicated with people in ways to suit their needs. We saw staff crouch down and speak with people who were sat down so they were on the same level. Where people had hearing difficulties, we saw staff speak in short sentences, slowly and clearly so that people could absorb the information and respond accordingly.

Staff gave examples of how they treated people with dignity and respect. One staff member told us, “I always knock on the door, introduce myself, provide reassurance to people” and “I like it to be like what I would do for my mum.” On completed customer surveys we saw from March 2015, the majority of people said they felt staff treated them with dignity and respect. We saw that staff encouraged people to be independent. One person was mobilising in their wheelchair to another area of the home. A staff member nearby observed the person and offered guidance directing them which way to go but did not intervene and allowed the person to manage for themselves.

Care records included information about people on a ‘social history form’ although this was not present in two of the care records we looked at. This consisted of personalised information about people’s early life, memories, family, education, work history and what they enjoyed doing. The level of information within these varied with some providing more detail than others. When we asked staff if they were able to find out about people’s backgrounds they told us a lot of information was obtained from the people themselves and family and friends. With reference to information in care plans, most staff said they did not have time to read these. Information about people outside of their care needs is valuable to provide knowledge for staff in order to understand a person and know how best to support them. This is especially important for staff that may be unfamiliar with the people, such as new staff and agency staff. We discussed this with the operations manager who told us they used a one page profile document in some sister homes. These are good practice documents which provide at a glance key information about a person. The operations manager said they would look at introducing these at Deangate.

On display in the reception area were details about how people could make use of advocacy services if they required. Advocates speak on behalf of people and put forward their views and wishes.

Is the service responsive?

Our findings

Care records were reviewed regularly and in response to any changes in needs. Care plans were updated and amended to reflect any changes. For example, one person had recently spent some time in hospital. Following their return to the home, the person's needs had been reviewed and several care plans had been updated to reflect their changed needs. Care plans were written in a person centred format and contained clear information about people's individual needs. Evidence of people's involvement was apparent through signed consent forms and agreements to care plans where they were able to be involved. Some people told us that relatives were involved in care planning and one person told us, "I leave it to family. They are very good here."

Some staff members told us that a shower on Poppy Lane was not working correctly which meant people had been unable to have a shower. The manager and operations manager said this was not the case and the shower was usable. They gave us assurances to address this issue with staff and to avoid further confusion. The daily records for people on Poppy Lane contained no details of anyone having a shower for the current month. We also reviewed the records of people on Deangate and found similar lack of evidence of showers or baths. One person's care plan stated '[Name] enjoys a shower once weekly but may ask for another throughout the week'. The daily records for this person showed they had one shower in the two weeks prior to our inspection. The majority of daily records for the current month were recorded as people having a body wash which suggested people's preferences were not being met. The manager told us that this was a lack of accurate record keeping and that people were having baths and showers. However, this did not correspond with what some staff told us who said they tried their best but it was often difficult due to staffing levels.

We saw instances of staff responding to people's needs during our inspection. On one occasion a care worker recognised that a person needed assistance to read the paper and asked, "Do you need your reading glasses, I can go and get them for you." The care worker then fetched the person's glasses from their room, returned and checked with the person they were correct which allowed the

person to enjoy reading. Another person was supported to change their footwear by staff when it was recognised they needed support with this. This demonstrated that staff could identify and respond to people's needs.

The manager told us that although an activities co-ordinator was employed, the role was being advertised as it had been identified that a different approach was required to make activities more inclusive. The current activities co-ordinator was taking up another role within the home. We saw some decorative items in a lounge and people told us they had made and decorated these. Others told us about playing bingo and partaking in crafts. When asked if people left the home, one person told us, "We sit out when it's nice, it's a bit cool at the minute." Another said, "I like to go out with my son" and another person told us, "They have taken me to church when I wanted to go."

We asked staff about activities that took place at the service. They told us that scheduled activities did not take place on Poppy Lane and rarely took place at all. One staff member told us, "It's hard work but we try to do activities." Other staff said, "The activities don't meet the needs of people. The main activities are watching films" and "We don't do enough activities." We observed varying activities take place at the home. We saw some positive interactions to encourage stimulation, for example, a staff member singing with a person and asking them about the songs, a staff member who spent time walking with a person to provide company and staff who chatted with people one on one. One staff member played a game of dominoes with some people. We asked one person what they were going to do for the afternoon and they responded, "Probably watch TV, nothing else to do". On another occasion in the main lounge where several people were sat, a film was playing in the background. One person told us, "They just put it on and leave it, don't ask if anyone is bothered about watching it."

There was a complaints procedure on display in reception which provided details of how to make a complaint and other organisations people could contact with concerns. People told us they would feel comfortable to raise any concerns. They said, "Never had to complain", "Anything to complain about I would" and "I would talk to family and friends". On one occasion we saw a person wanted to raise an issue with the manager who attended to speak with the person. The manager went with the person at their request

Is the service responsive?

into their room to discuss the matter privately. After the discussion, we heard the person tell a staff member, "That was useful and I feel like he [manager] listened to me and will do something."

We looked at the latest complaint which was made anonymously in April 2015. No response was possible due to the lack of complainant details however we saw that actions had been taken to investigate the complaint and make improvements. We also saw a letter that had been submitted by a relative of a person within the home in response to a feedback survey form. This raised several historical concerns with a request for a response and included some positive feedback for staff. From discussion

with the manager and operations manager we discovered that this had not been formally acknowledged and responded to as they advised it had been overlooked. They agreed that the matters would be looked into and formal response provided to the person.

At our last inspection, relatives and/or residents meetings did not take place however these had now been implemented. A list was displayed in the reception area with details of the scheduled meetings planned throughout each quarter of 2015. We saw minutes of meetings that had taken place with both residents and relatives and saw that updates were given about changes in the home as well as feedback being sought from people.

Is the service well-led?

Our findings

Since our last inspection, a new manager had been recruited who had commenced employment in January 2015. The manager was not yet registered with the CQC and they told us they were in the process of applying for registration. The regional manager had also changed since our last inspection due to a company restructure. The manager told us they felt supported by senior management in their role and we saw evidence of regular supervisions the manager had with the operations manager. They told us the priorities at the service were maintaining the staff, improving training and continuing to improve the service. They told us, “The staff have had a very difficult time. We still have some way to go.”

We saw a master action plan in place which had been developed in response to our findings at the last inspection where we found that insufficient monitoring had not identified failings at the service.

The local authority had been working closely with the home and said there was a lot of evidence of positive work being done. A professional from a community health team who had been working with the home since our last inspection told us that the service “Had made good progress in working through the actions that our team had set them.” We looked at feedback forms from March 2015 completed by people and relatives and saw positive comments about the management changes at the service. These included, “The home has improved since the new home manager’s appointment” and “All things are improving under the new manager.” A relative we spoke with was happy with improvements in the décor and told us, “I’m really pleased with how they’ve decorated the place compared to how it used to be.”

We asked staff how they felt about the management team and how supported they felt. Feelings varied and comments included, “Management are not bothered”, “They are not approachable”, “Whatever I try to do, they [management] don’t seem to listen”, “Low staff morale” “You are giving 101% but not getting anything back”, “I don’t feel supported”, “I love my job but I wish they would make me feel appreciated” and “It’s got that low that it can’t get better, there are lots of people leaving.” A lot of staff making these comments attributed their feelings to the issues we identified around staffing and resources. Positive comments included, “I like it here now. It’s much

better than before as morale was really low. I enjoy it now”, “[Manager] is very supportive, can talk about any concerns” and “[The manager] is lovely, approachable. Things have got better.”

We saw that since our last inspection, increased monitoring of the service was now in place and we saw evidence of this. For example, throughout 2015 we saw a number of unannounced visits had taken place by the manager and senior management, including night visits. The managing director of the provider had also attended the service. There were records of observations, monitoring and speaking with staff. We also saw that since our last inspection, detailed monthly visit forms had been completed by the regional manager with evidence of actions completed and an action plan to take forward for each visit. These covered a number of areas such as checking care plans for people with identified health needs, review of health and safety matters and training. There was information of discussions with residents, relatives and staff. We saw that actions identified had been completed before being removed and outstanding actions were followed up. We saw the manager had a number of audits in place and looked at a sample of these. These included audits pertaining to medication, nutrition, infection control and care plan audits. Where shortfalls had been identified, we saw actions in place to address these. This meant that the provider had systems in place to assess the level of service, identify any areas the needed to be addressed and make improvements.

At our last inspection we identified that team meetings had not taken place for a significant amount of time. These now took place and we saw minutes of the latest meetings from February and April 2015. These covered a number of areas including training, supervisions, rotas and staff shared any work related issues they had.

Accidents and incidents were logged each month and reviewed for any trends or themes. At our last inspection we highlighted a number of falls and incidents which led us to consider that ways to reduce these were not being fully assessed, explored or implemented. In a period of three months from August to September 2014 there were 63 incidents documented. In the three month period of February to April 2015 there were 31 incidents. Reviews of

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incidents showed measures that had taken place to attempt to prevent further incidents, such as referral to falls clinics, the use of assistive technology and extra observations by staff.

We saw completed quality assurance surveys from March 2015 for people using the service with analysis of the results and comments included. There were 'areas for improvement' documented along with information about 'how we will do this'. For example, a comment about food was that more variety was needed and the response

referred to the food survey that had taken place to incorporate people's views. We did not see any similar type surveys completed with staff or stakeholders so that they had opportunity to give their views in this way, which could give provide further suggestions for improvement.

The manager submitted notifications in accordance with the statutory notifications required to be made in line with the Health and Social Care Act 2008. He was aware of the circumstance of when these should be submitted.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Sufficient number of suitably qualified, competent, skilled and experienced persons were not always deployed in order to meet the requirements of the service.</p>