

Great Marsden Residential Limited

Nelson Manor Care Home

Inspection report

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Date of inspection visit: 3, 4 and 5 November 2015
and 9 and 10 December 2015
Date of publication: 26/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out the first part of the inspection of Nelson Manor Care Home on 3, 4 and 5 November 2015 and the second part on 9 and 10 December 2015. Our visits on the 3 November and 9 December 2015 were unannounced.

Nelson Manor Care Home is registered to provide personal and nursing care for up to 70 people. There were 52 people accommodated at the time of the first part of the inspection. Accommodation is provided in 70 single bedrooms on three floors. The ground floor provides personal care for older people, the middle floor known as the Jubilee unit provides personal and nursing care for

people with mental health needs and the top floor provides people with nursing care. All the bedrooms have an ensuite with a shower facility. The home is located in a residential area approximately one mile from Nelson town centre.

At the time of the inspection the home was being run by a new manager who had started working in the home on 19 October 2015. There was no registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

At the last inspection on 10 and 11 February 2015 we found the provider was not meeting a number of regulations in force at the time. We therefore asked the provider to take action to improve the management of medication, make an appropriate response following a safeguarding incident, ensure people were protected from the risks of inadequate nutrition and dehydration, ensure people's healthcare needs were met in timely manner and improve record keeping. We also recommended the provider seek advice and guidance on improving the level of cleanliness, the implementation of the Mental Capacity Act 2005, the development of person centred care and the development of suitable activities.

Following the inspection, the registered manager sent us an action plan which set out the action they were taking to meet the regulations. However, the registered manager left the home and the action plan was revised and updated by the management team who took over the day to day operation of the service.

During this inspection we identified there were continuing shortfalls in the management of medication. We also found new breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, staffing, need for consent, safeguarding people from abuse, person centred care and good governance. You can see what action we have asked the provider to take at the back of the full version of the report.

We also made recommendations about improving people's experiences at mealtimes, making appropriate adaptations to the environment to support people living with dementia and we have repeated our recommendation to develop suitable and meaningful activities.

People told us they felt safe and were complimentary about the staff team and the management of the service. However, we found improvements needed to be made to the management of medication.

Individual risks had been assessed and recorded in people's care plans. In order to help staff have an overview of people's needs and areas of risk we found, on

the second part of the inspection, the manager had developed a live communication board. This was continually updated to ensure staff had access to up to date information.

Since our last inspection the provider had increased the level of staffing. Staff working on the ground floor and Jubilee unit told us they had sufficient time to spend with people and carry out their duties. However, we noted the number of staff available on the top floor meant they prioritised completing care duties rather than meeting individual needs. On our visit on 9 and 10 December 2015 we found the manager had deployed an additional member of staff to the top floor on most days.

On our visit on 3, 4 and 5 November 2015, we found new staff had not completed induction training and established staff had not received refresher training in key aspects of their work. We saw no records of staff supervision and appraisal. This meant staff were not adequately supported in carrying out their roles. On our visit on 9 and 10 December 2015, we noted one member of staff had completed a local induction programme and the staff training matrix had been updated. Whilst some training had been booked for early in 2016, there were still significant gaps in the staff training. We also noted the manager had completed supervision with individual members of staff following issues raised about their performance.

We found a large majority of the staff had not completed training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had limited knowledge of the principles associated with the legislation and people's rights. As a result, appropriate assessments and DoLS applications had not been carried out.

People were served with nutritious food; however, our observations indicated improvements should be made to the way food is served to people. During our inspection on 9 and 10 December 2015, we found the manager had implemented an effective system to record and monitor people's dietary and fluid intake.

People's healthcare needs were met and appropriate referrals had been made to specialist services as appropriate.

There were appropriate arrangements in place for the ongoing maintenance and repair of the building.

Summary of findings

However, there was limited signage and adaptations to support people living with dementia. This meant some people were disorientated within their living environment.

All people had a care plan, which had been reviewed on a monthly basis. However, on the first part of the inspection, three staff spoken with had not read people's care plans and told us they relied on information shared at handover meetings and in the communication book. This meant the care plans were not used as part of daily practice. On the second part of the inspection, we found staff working on the Jubilee unit were assigned specific people to care for during the day. This meant staff were aware of their responsibilities and this helped to ensure people's needs were met.

People living on the ground floor had been involved in the care planning process, however, there was no evidence people living on the Jubilee unit had been supported to make or participate in making decisions relating to their care.

There were limited opportunities for people to engage in meaningful activities. There were numerous gaps in the activity records and there was no evidence alternative activities had been offered when people had declined.

People were aware how to make complaints and were confident the manager would listen and take appropriate action. There was an appropriate system in place to ensure complaints were investigated and responded to.

All people, staff and relatives made positive comments about the manager and were optimistic the necessary improvements were being made to the service. The manager had held meetings with staff and relatives and along with the interim governance manager had begun to complete audits to check the quality of the service. Action plans had been devised to address any shortfalls. The manager was supported in her role by the provider and following the inspection we received an internal action plan which set out the resources available to the manager to help her develop and improve the service. However, we found a number of concerns during the inspections which should have been addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Whilst people told us they felt safe in the home, they were not adequately protected against the risks associated with the unsafe management of medicines.

Although there were a sufficient number of staff on duty on the ground floor and the Jubilee unit, staff on the top floor had little time to engage with people. However, we found the staffing levels had been increased on the second part of our inspection.

Improvements were needed to the recruitment procedure for new staff.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff had not always received appropriate training, supervision or appraisal.

Staff were not acting within the legal framework of the Mental Capacity Act (MCA) 2005. Where decisions needed to be made, people's capacity was not assessed.

People were supported to have a balanced and healthy diet and a new system had been introduced to monitor people's dietary and fluid intake. However, we found improvements could be made to the way people were served their meals.

People were supported to access a range of health care professionals to help ensure their general health was being maintained.

Requires improvement



Is the service caring?

The service was not consistently caring.

Whilst people felt they were cared for, we found no evidence people living on the Jubilee unit were involved in planning of their care. Staff were not always aware of people's past life experiences.

Although people told us staff respected their privacy and dignity, this was not consistent across the staff team.

There were no restrictions placed on visitors.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Each person had an individual plan of care which had been updated on a monthly basis. A live communication board had been established which provided staff with an overview of people's needs and areas of risk.

Requires improvement



Summary of findings

People were not always enabled to carry out person centred activities that encouraged them to maintain their hobbies and interests.

People and their relatives were aware of how to raise a complaint. There was a system in place to ensure formal complaints were investigated and responded to.

Is the service well-led?

The service was not consistently well led.

The provider and manager had carried out audits and developed an action plans in order to improve the service. However, there was no evidence of meetings held with people in the home and the manager was unaware of the results satisfaction survey conducted in January 2015. We also found concerns relating to most aspects of the operation of the home which should have been addressed.

People, relatives and staff spoke highly of the manager and confirmed she was approachable and supportive.

Requires improvement



Nelson Manor 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 was planned to check whether the provider was 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 first part of the inspection took place on 3, 4 and 5 November 2015 and the first day was unannounced. The inspection was carried out by two adult social care inspectors, a specialist pharmacy inspector, a specialist professional advisor and an expert by experience on the first day and one adult social care inspector on the second and third days. 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 specialist professional advisor was a qualified nurse and had experience working with people with nursing needs.

The second part of the inspection was carried out on 9 and 10 December 2015. The first day was unannounced and was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, which included statutory notifications sent to us by the provider. We were also in receipt of information from the local authority's safeguarding and contracts monitoring teams as well as East Lancashire Clinical Commissioning Group.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the manager, the chef, two kitchen assistants, two laundry assistants, four nurses, seven care staff, 18 people living in the home and eight relatives / visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not verbally communicate with us. We also discussed our findings with the interim governance manager and a director of Great Marsden Residential Limited.

We spent time looking at a range of records including ten people's care plans and other associated documentation, three staff recruitment files, staff training records, the staff rota, medication records on Jubilee unit and the top floor, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

People spoken with told us they were satisfied with the service and felt safe in the home. One person living on the ground floor told us, "I feel safe and I feel more alert, in fact it doesn't feel like I am in a care home. I have a good life." Another person commented "I feel safe. No one has ever been rough with me." Relatives spoken with had mixed views of the care provided, one relative said, "I feel (family member) is well looked after and safe." However, a relative of a person living on Jubilee unit told us, "They don't seem to monitoring people properly. When I arrive I anticipate something will be wrong."

At our last inspection we found the provider's arrangements for managing medication did not fully protect people against the risks associated with medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which were in force at the time. Following the visit the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. However, on this inspection we found continuing shortfalls with the management of medication.

At this visit we observed part of the morning medicines rounds throughout the home and saw that records were referred to and completed at the time of administration to each person, helping to ensure their accuracy. Written guidance was in place to support the use of 'when required' medicines, but in some cases this could be usefully further individualised. We saw that record keeping for the application of prescribed creams had improved. However, there was some inconsistency in recording the administration of prescribed nutritional supplements, with dedicated recording sheet being used on the ground floor, but not on the Jubilee unit. The new manager had recently arranged for the supplements on the Jubilee unit to be stored in the medicines room, but it was not possible to audit their use in this visit.

We looked at fifteen medicines records across the Jubilee unit and the ground floor. The records were mostly clearly presented to show the treatment people had received. However, we saw two examples where medicines administration records had been used for longer than the twenty-eight day period intended, reducing their clarity. And, one example where a dose change had not been clearly made. We saw that there was subsequently a

mistake made in the administration of this medicine. Two further records showed errors in the administration of medicines. These were brought to the attention of the manager in order that they could be investigated and addressed.

Staff on the ground floor told us that medicines ordering had improved with support from the Clinical Commissioning Group [CCG] care home pharmacy team. However, we found that issues with medicines ordering remained on the Jubilee Unit. Four of the ten order records we looked at showed that doses of medication had been missed because none were in stock to give. The manager had planned a meeting with the CCG pharmacist to look at how this could be addressed.

Staff told us that they had good support from the CCG care home pharmacy team. This meant that regular reviews of people's medication were carried out. Additionally, we saw that care workers had promptly sought and recorded pharmacist advice where people had difficulty in taking their medicines.

We saw that regular audits of medication handling were being completed. The manager had drawn up an action plan in response to these audits to help ensure that any medicines issues identified would be promptly addressed.

The provider's arrangements for managing medication did not fully protect people against the risks associated with medicines. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the files of three newly recruited staff. We found the records demonstrated two staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and Police criminal records had been checked. Although two references had been sought for the third member of staff, we noted satisfactory evidence of conduct in previous employment in a social care setting had not been sought. We further noted the recruitment and selection policy and procedure did not reflect the current regulations. This is important to ensure thorough checks are carried out before new staff start work in the home.

Since our last inspection, the provider had increased the number of staff on duty and had recruited more staff to reduce the use of agency workers. We were told that where agency staff had been used they were familiar with the

Is the service safe?

service and people's needs. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence.

The staffing rota confirmed staffing levels were consistent across the week and weekend. We discussed the staffing levels with people living in the home, the staff and manager. People told us there were sufficient staff on duty and staff confirmed they had enough time to sit with people and talk during the day. One person living on the ground floor told us, "I think it is well staffed on this floor." However, staff told us they were "stretched" on the nursing floor. One member of staff told us, "We like to spend time with the residents but some days we can't." We observed that people were still being assisted to eat their lunch one and a half hours after the meal had arrived on the unit. This was because of the number of people who required support to eat their meals and the level of staffing on duty. On our inspection on 9 December 2015, the manager informed us the staffing levels on the top floor had been increased. We checked the staff rota and found an additional member of staff had been allocated the unit most days.

We looked at how the provider managed risk. We found individual risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included, moving and handling, nutrition and hydration, falls and pressure ulcer formation. We noted there was documentary evidence to demonstrate the risk assessments had been reviewed on a monthly basis. However, we saw risk management strategies did not always correspond with care delivery. For instance one person was assessed as requiring supervision at mealtimes due to risk of choking, however, we observed there were short periods when the dining room was unattended by staff. On our inspection on 9 and 10 December 2015 we found staff had access to a communication board which was continually updated to reflect people's current areas of risk.

At our last inspection, we recommended the service seek advice and guidance about improving and maintaining the level of cleanliness. We were aware the management team had sought appropriate advice and implemented new procedures for infection prevention and control.

On this inspection all areas of the home looked clean and people were satisfied with the level of cleanliness. The

service employed designated ancillary staff to carry out cleaning and laundry duties. However, on our first day a relative drew our attention to a jug of juice in their relative's bedroom. We noted there was sediment inside the jug and the juice had a film on top. This implied it had been in the room for some time. The manager took immediate action to resolve the situation. On the second day of the inspection, the relative asked us to visit their family member's room again. On this occasion we found soup, a sandwich and a piece of bread had not been removed from the person's room from the evening before. The tray of food was positioned next to the commode and posed a risk to the person's health if they had eaten the food over 15 hours after it had been served.

At our last inspection, we found an appropriate response had not been made following a safeguarding incident, which meant the incident had not been raised with the local authority. During this inspection, we found incidents had been reported to the local authority under safeguarding procedures. On the second day of our visit we were alerted to an incident in the home via our website. We looked into this matter and found the safeguarding team had been informed in a timely manner and appropriate action had been taken following an investigation by the interim governance manager.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the staff and the manager. Most staff spoken with understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. The staff members confirmed they would report any concerns to a nurse or the manager and were confident appropriate action would be taken. The manager was aware of her responsibilities to report any concerns and referred an incident to the safeguarding team during our inspection.

We noted there was information about safeguarding procedures along with the relevant contact details of the safeguarding team on all floors. However, from the staff training matrix seen not all staff had completed safeguarding training. One member of staff told us they had limited understanding of safeguarding processes and recognising abuse. This meant there was the potential for issues to be overlooked.

Is the service safe?

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had

been carried out on the environment. For instance, water temperatures, emergency lighting and the fire systems. The provider had arrangements in place for the on-going maintenance and repairs.

Is the service effective?

Our findings

People spoken with made complimentary comments about the staff team and felt they were proficient in their roles. One person told us, “The staff understand what help I need.” A relative also commented, “I think most staff do their best.”

We looked at how the provider trained and supported the staff in the home. As part of this we spoke with three staff who had been recruited since the last inspection. None of the staff had received any induction training. They described being shown round the home and working supernumerary to the rota for one day before commencing their duties. This meant they were not aware of the home’s policies and procedures including the emergency procedures. One new member of staff who had been employed for several months had not completed any of the provider’s mandatory training or the Care Certificate. They told us they had been issued with a contract of employment, but their individual work performance had not been reviewed or discussed since they started work in the home. On our inspection on 9 and 10 December 2015 we found evidence to demonstrate one of the new members of staff had completed a local induction.

Staff spoken with could not recall any recent training. The manager sent us an electronic copy of the staff training matrix on the second day of the inspection. The matrix demonstrated the vast majority of the staff team had not completed the provider’s training programme and staff had not had recent refresher training in key areas such as fire and evacuation procedures, food hygiene, end of life care, moving and handling, record keeping, person centred care and risk assessment. This meant staff were not equipped with the necessary knowledge and skills to meet the needs of the people they cared for. On our inspection on 9 and 10 December 2015, we noted that although the staff training matrix had been updated, there were still many gaps. The manager told us staff training was a high priority and explained fire, medicines management, safeguarding and Mental Capacity Act training had been booked for all staff in early 2016.

We found little evidence of senior staff supervising and monitoring staff competence in carrying out their role. We saw no records of individual supervision or appraisal on our inspection on 3, 4 and 5 November 2015. This meant staff had not been given the opportunity to discuss their

training needs and their experience of working in the home. They had also not received feedback about their work performance. On our inspection on 9 and 10 December 2015, we noted the manager had carried out a supervision with individual staff following any concerns about their performance. We saw these records during the visit.

We noted a mental health registered nurse was working with people with general nursing needs. This role was usually undertaken by a registered general nurse due to the competencies required to meet people’s nursing needs. Whilst we saw evidence to demonstrate the nurse had received some specific training their competencies had not been evaluated.

The provider had failed to ensure staff had received appropriate training, supervision and appraisal to enable them to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

On our last inspection we recommended the service consider the principles associated with the implementation and use of the MCA. On this inspection we found no progress had been made on this issue.

We found the staff had very limited knowledge of the MCA and DoLS. One staff member told us, “I feel it (the home) is safe. The doors are fobbed and residents can’t get out.” According to the training matrix a large majority of the staff had not completed training on these topics. We saw mental

Is the service effective?

capacity assessments had been added to people's care files, however, these were either incomplete or not updated following a change in need. For instance, according to one person's care notes they lacked capacity to make decisions for themselves and a best interest decision had been made. However, their capacity assessment was blank and there was no evidence of the best interest meeting or what had been discussed.

The provider had not acted in accordance with the Mental Capacity Act 2005. This is a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked three staff working on the Jubilee unit if anyone had a DoLS in place. All staff gave different responses and were not aware what applications had been submitted to the local authority. We noted one person's records stated they had tried to leave the home, however, their mental capacity assessment indicated that the person was not making any purposeful attempts to leave. There was no evidence a DoLS application had been made to the local authority.

Although the lift was operational without a code on the top floor, the door to the stairs was locked. However, there was no evidence of assessments or discussion around the MCA and the DoLS.

The provider had deprived people of their liberty without the lawful authority. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the manager during our visit on 9 and 10 December 2015. She was aware of the situation and informed us supernumary time had been arranged the following day for a senior member of staff to start to address these issues.

During our time spent in the home we observed staff asking people for their consent when providing care and treatment, for example when administering medicines or supporting people to move. People told us they could get up in the morning and go to bed at night at a time that suited them and could watch television in the lounge or in their room. One person commented, "I like to go to bed quite early. I can watch TV if I want."

People had mixed views about the food provided. One person said, "The food is smashing. We get a choice and plenty of it." However, another person told us, "Sometimes the meal is okay. It's a good job I like sandwiches." The person added the meals were often "bland."

At our last inspection we found the provider's arrangements for meeting nutritional needs did not protect people from the risks of inadequate nutrition and dehydration. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which were in force at the time. Following the visit, the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. On this inspection we found concerns in the way people chose and received their food and made a recommendation in respect of this.

On the first day we observed the arrangements over breakfast, lunch and tea on the Jubilee unit and lunchtime on the top and ground floor. We saw people were given support and assistance to eat their food on all floors. We also noted from looking at people's records appropriate referrals had been made to dieticians and speech and language therapists.

Before the inspection, we had been told that cooked breakfasts were not widely available and not served to everyone. We checked this situation on arrival and noted all people could choose a cooked breakfast and there were plenty of items for people to choose from. We noted breakfast was served until late in the morning to allow people to stay in bed if they wished. One person told us, "When I get up early they make me a brew and give me a bowl of cereal. If I need it I can have more breakfast later."

The day's menu was displayed in the corridor on the Jubilee unit. However, the writing was unclear which made the information difficult to read. Weekly menus were planned and rotated every four weeks. We noted the menus were varied and adapted according to the weather.

We observed people were asked for their choice of meal the day before it was served. This practice may make it difficult for people, especially those living with a dementia to make a meaningful choice. When serving the meals, we saw staff gave people what they had chosen and didn't check if they had changed their minds or wanted anything

Is the service effective?

different. The food was served onto plates outside the dining rooms and then given to people. People were not asked how much food they wanted or if they wanted all elements of the meal.

On the ground floor gravy was poured over the meal before being given to people, which meant the food lost any substance and people found it difficult to eat with a knife and fork. The vegetables were overcooked and people complained about this to staff.

On the top floor, staff left the lids off the serving trolley containers, which meant there was a high likelihood people served last would have a cooler meal than was intended. Staff did not check the temperature of the food before serving. One person was served a pureed meal. This was a meal option blended together making the food elements indistinguishable. The bowl of food was not temperature regulated and was left on top of the trolley. On inspection the contents had started to congeal in the bowl before it was served to the person.

We spoke with the cook and noted she worked hard to meet people's needs. The cook explained they were willing to cook special items in line with people's preferences and described some of examples. However, the cook had not completed any training in meeting older people's nutritional needs and whilst they had received dietary notifications about people's diets and preferences, some of these were several years old. We noted there were plenty of food stocks including fresh items. On our inspection on 9 and 10 December 2015, we noted new menus were being prepared which provided people with more choices especially at tea time.

We checked the records of people's weights over the last three months on the Jubilee unit and noted all people had either maintained or gained weight over this period. The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. We noted where risks had been identified, staff had maintained a food and fluid intake chart. However, people's drinks and food were not measured and the charts were completed retrospectively. As a result staff were

estimating the amount of food and fluid each person had eaten and the records were not an accurate representation. This meant people's dietary intake was not monitored properly in line with their risk assessments.

On our inspection on 9 and 10 December 2015, we found a new system had been established to monitor people's diet and fluid intake. This was explained by the manager and the staff on duty. We saw records to indicate the system was effective. Staff were measuring people's food and drink and totalling amounts at night. Where a person had not achieved a healthy intake, notes had been made on the staff handover records in order to provide the person with more monitoring and assistance.

At our last inspection we found the provider had failed to obtain timely medical advice and treatment following an incident in the home. Following the inspection the provider sent us an action plan which set out the actions they were taking to ensure the regulation was met. On this inspection we found no instances after the deadline of the revised action plan (30 September 2015) where appropriate medical advice had not been sought.

Records we looked at showed us people were registered with a GP and received care and support from other professionals. One person told us staff had responded immediately when they reported pain in the night and arranged for a GP to see them the following day. Another person told us, "They have looked after me when I haven't been too good."

People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. In non-emergency situations staff sought advice via Telemedicines. This system enabled staff and people to contact and talk to medical professionals at a local hospital using a computer. We found appropriate referrals had been made to specialist healthcare professionals such as podiatrists, dentists, opticians and speech and language therapists. We noted the outcome of healthcare appointments were documented in people's care files, however a relative spoken with felt they were not always kept up to date with any concerns about their family member's health.

We looked at how people's needs were met by the design and decoration of the home. On our tour of the Jubilee unit we found some areas had been decorated with murals to

Is the service effective?

help stimulate people's memories. Although some of the chairs had been rearranged in the lounge to assist people with conversations, space was limited. We saw staff struggled to position the hoist to help people to move safely. There was limited signage to direct people round the unit and memory boxes had been placed inside the bedrooms rather than outside the bedroom door. On several occasions people were seen to be disorientated and unsure how to locate their bedrooms. One person told us, "I want to sit down, but I don't know where to go." Most bedrooms had a name plate, but the writing was sometimes obscured making it difficult to read the name. The design of the environment is important in order to maximise people's freedom, independence and well-being.

We recommend that the service seek advice and guidance from a reputable source, to improve people's experiences at mealtimes and ensure food is served at an appropriate temperature.

We recommend that the service seek advice and guidance from a reputable source, to make appropriate adaptations to the environment. This is to support the needs and abilities of people living with dementia.

Is the service caring?

Our findings

Some people living in the home were not able to tell us about the care and support they received due to their complex needs. People that were able to communicate told us the staff were kind and caring. One person said, “The staff can’t do enough for you” and another person commented “The staff are good I have no problems.” On our inspection on 9 and 10 December 2015, we saw a relative had sent a greetings card to the staff working on the top floor thanking them for their caring approach to their family member.

People living on the ground floor told us they had been involved in planning their care. We also saw documentary evidence to demonstrate people’s involvement and participation. However, there was no evidence of people’s involvement on the Jubilee unit. Although there were posters in people’s rooms informing them of their keyworker, there was no key worker system in operation. This meant people did not have a named member of staff to oversee their care. Three staff members spoken with were unaware of people’s past occupations and life experiences. Three relatives of people living on the Jubilee unit confirmed they had not been involved in any care plan reviews for “a long time”. This meant staff may not be aware of people’s wishes and preferences and there was the potential for inconsistent and uncoordinated care.

The provider had failed to ensure all people were enabled and supported to make or participate in making decisions relating to their care. This is a breach of Regulation 9 (3) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On our inspection on 9 and 10 December 2015 we noted keyworkers had been allocated to people living on the ground floor. We were given a copy of the information sent to people and their relatives outlining the keyworker role. The manager explained that it was her intention to allocate a keyworker to all people living in the home.

During our time spent in the home, we observed staff were friendly and attentive to people’s needs. We saw they reassured people who required assistance with moving and helped people eating their food. However, our observations on the Jubilee unit showed us that social interaction was limited and whilst some staff initiated conversation this was not maintained. On occasion we observed staff sitting

in the lounge either on their own or not talking to people. People therefore spent time asleep or watching the television. It is important for people to stay socially active to help maintain their physical and mental health.

Relatives spoken with confirmed there were no restrictions placed on visiting and they were able to visit at any time. One relative told us, “I think it is a lovely place. The staff are always friendly and helpful.” However, three relatives spoken with were concerned about their family member’s care. They told us that important items such as glasses and hearing aids were either missing or broken and although these concerns had been reported to the staff in the last few weeks they were unaware what action had been taken. On our inspection on 9 and 10 December 2015 the manager told us she had investigated the relatives’ concerns and explained several pairs of glasses had been found in a person’s room. The glasses had therefore been returned to the person they belonged to.

We observed people being asked for their opinions on various matters and they were involved in day to day decisions, for instance where they wished to sit and what they wanted to eat. However, we saw no evidence of residents meetings. These are important to allow people to express their views in a formal setting.

People told us their privacy and dignity was respected and we observed staff knocking on bedroom doors and waiting to enter. Each person had a single room which was fitted with an appropriate lock. People told us they could spend time alone if they wished. Staff spoken with told us they ensured doors and curtains were closed when they carried out personal care. However, we noted on one occasion a member of staff pushed a person in their wheelchair down the corridor without a cover over their legs. This meant the person’s dignity and modesty were compromised. A relative also told us they had helped their family member to change clothes on their arrival that morning because the person’s clothes were dirty.

Whilst people could spend time with their guests in the privacy of their own room, we noted people did not always have a chair in their bedrooms for visitors. This meant relatives had to sit on the furniture or on people’s beds. This was uncomfortable and did not promote people’s relationships with their close family.

One person living on the ground floor told us the staff had helped them maintain their independence. The person

Is the service caring?

commented, "I am a very independent person and when I struggle I notice the staff make suggestions. This then doesn't take over my independence." A relative also commented, "Some staff have really helped (family member) to walk again." However, we noted on several occasions one person, who needed a walking frame to assist their mobility, was walking without the frame in the corridor. The person was using the wall to balance. This meant they were at risk of falling.

There was information about advocacy services available in the entrance hall. This service could be used when

people wanted support and advice from someone other than staff, friends or family members. People were given appropriate information about their care and support. Before people moved into the home they were provided with a service user's guide and a brochure, which included information about the services and facilities available in the home. Copy of this information was available in the entrance hall along with the statement of purpose, which included the provider's aims and objectives. This meant people had access to the documentation for reference purposes.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person living on the ground floor told us, “We only have to ask and we get” and a person living on the top floor commented, “I’ve found all the staff alright. I tell them if not and it gets sorted.”

At 10.30 am on the second day of the inspection, we activated a call bell on the Jubilee unit to test the staff response. We found it took staff over six minutes to respond. When the staff member entered the room they were defensive and did not converse with the person or enquire about their well-being.

At our last inspection we recommended the service seek advice and guidance in order to develop a person centred approach to the delivery of care. On this inspection we found this had not been fully achieved.

We looked at ten people’s care files and found each person had an individual care plan. The plans were arranged under the same headings and were supported by a series of risk assessments. On the Jubilee unit, we found the care plans were stored in a disorganised way in a cupboard in the nurses’ station. This meant it was difficult to identify specific files and access information.

We noted people’s care plans were reviewed monthly. However, on our inspection on 3, 4 and 5 November 2015, we found the information in the monthly reviews had not always been used to update the main section in the care plan. This meant people’s care plans did not always accurately reflect people’s needs. For instance, we checked one person’s care plan and found it contained conflicting information. We asked four staff on duty how they met the person’s continence needs. They all gave different responses and due to the level of confusion, we asked for this situation to be investigated further. After one and half hours a staff member told us the person had not had their continence needs formally assessed and they were using another person’s supplies of incontinence pads. They assured us they would make an appropriate referral for the person immediately. On our inspection on 9 and 10 December 2015 we found documentary evidence to demonstrate the assessment had been carried out and the person was provided with appropriate support.

On our inspection on 3, 4 and 5 November 2015, three members of staff spoken with had not read people’s care plans. They told us care staff were not routinely involved in the care planning process, apart from the completion of charts. This meant the plans were not used as part of daily practice and staff may not have been unaware of people’s individual needs and preferences. Staff told us they relied on handover meetings and the communication book for information about people’s needs. Our observations on the top floor and Jubilee unit showed us that staff sometimes focused on their daily tasks rather than on people’s individual needs. For instance, staff were slow to respond to a person’s needs on the top floor during lunchtime and prioritised getting the meal served.

During our inspection on 9 and 10 December 2015, we noted the manager had established a “live” communication board in the staff offices on the ground floor and the Jubilee unit. This was designed to alert staff to areas of risk and provide a quick visual cue to people’s overall needs. Staff working on the Jubilee unit were also assigned specific people to care for during the day. This system ensured staff were aware of their responsibilities and helped to ensure people’s needs were met.

On our inspection on 9 and 10 December 2015 we found staff had introduced doll therapy to two people living on the Jubilee unit. This had proved very beneficial for the people involved and they were more settled and content. One member of staff told us, “It has been a miracle. Their quality of life is so much better and they are much happier.” We also found people living on the ground floor and their relatives had been given information about the development of one page profiles. The profiles were designed to set out what was important to each person and how they could best be supported. The manager explained it was her intention to provide all people living in the home with the opportunity to develop a profile.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at an assessment completed by the manager and found it covered all aspects of the person’s needs. The manager told us the person had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. One member of staff told us, “The assessment

Is the service responsive?

information is so much better. It gives us all the detail we need when the person comes into the home.” This process helped to ensure the person’s needs could be met within the service.

People told us they could talk to a member of staff or the manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they were happy to approach the manager with their concerns. We noted the manager discussed three relatives’ concerns during the inspection. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. We looked at the complaints records and noted formal complaints had been investigated and responded to. The manager was investigating a complaint at the time of our inspection on 9 and 10 December 2015 and had made arrangements to discuss her findings with the person and their family.

At our last inspection we recommended the service sought advice in order to develop suitable activities. On this inspection we found little progress had been made. One person told us, “I watch TV a lot and read. There’s not much else to do.”

We noted people living with dementia did not benefit from individual activity plans to ensure they had meaningful activities to promote their wellbeing. Care plans and ‘This is me’ forms contained information about the person’s life, the work they had done, and their interests. However, this information had not been used in their day to day lives to develop individual ways of stimulating and occupying people. The television was on all day in the shared lounge on the Jubilee unit but not everyone was watching it. People told us there was not much to occupy their time.

Whilst we observed some people enjoyed a visit from a professional singer on the second day of our visit we noted activities advertised on the ground floor did not routinely take place in the home. We looked at people’s activities records and noted there were many blank spaces. We also noted where people had declined to participate in an activity an alternative had not been offered or provided.

We recommend that the service seek advice and guidance from a reputable source, about the development of suitable meaningful activities for people living in the home.

Is the service well-led?

Our findings

People and relatives spoken with made positive comments about the leadership and management of the home. One person told us, “The new manager is very nice. I think she is changing things for the better” and another person commented, “The new manager is a bit stricter and is making improvements. She is a doer, sociable and concerned. As far as I am concerned she will make it ‘Go.’” A relative said, “She (the manager) is a breath of fresh air. I feel there is a way forward with her.” Staff were also universal in their praise for the manager, one staff member told us, “The manager is really nice, just what the home needs. She is strict but fair and everyone is so much happier.”

Since the last inspection, the registered manager had resigned and later left the home. The home had been operated by a management team, which included a manager from another service. The management team revised the action plan submitted to the commission following the inspection and we agreed to additional time for the work to be carried out.

At the time of the first part of the inspection the new manager had been in post for two weeks and was aware of the challenges involved in improving the service. She described her key challenges were ensuring the fundamental standards were met, embedding best practice in the home and developing communication at all levels. She explained she had started work on these issues. The manager told us she was keen to provide a good service and was committed to making the required improvements. The manager told us she intended to apply to the commission for registration at the end of her probationary period.

The manager was supported in her role by the provider, an interim governance manager and a turnaround manager. Following the inspection we received a detailed internal action plan which included information on the resources made available to the manager. The action plan was designed to bring about improvements to the service. The management team had also produced a detailed action plan for the local authority, which was designed to make on-going improvements to the home.

On our inspection on 9 and 10 December 2015 we noted the manager had drawn up a detailed plan for

improvement on a white board in the office. This set out who was responsible for specific tasks along with the time frames for the tasks to be accomplished. A record had been maintained of when the work had been carried out and completed. However, we found a number of concerns relating to most aspects of the operation of the home and we would have expected these issues to be addressed.

The provider had failed to improve the service. This is a breach of Regulation 17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in February 2015, we identified there were some inconsistencies with the maintenance of records associated with people’s care. The provider sent us an action plan and told us what action they intended to take to make sure the regulation was met. On this inspection we found some records were not fully completed for instance people’s mental capacity assessments. However, the manager was aware of this shortfall and on our inspection on 9 and 10 December 2015 she explained she had made arrangements to address the gaps in the records.

We saw evidence to demonstrate meetings had been held with staff in all roles across the home. This enabled the staff to meet the manager and let her know their concerns. Similarly the manager had attended a meeting with relatives. However, there had been no meetings held for people living in the home. These are important to enable people to express their views and influence the development of the service. We were aware at the last inspection that a satisfaction survey had been distributed to people using the service in January 2015. However, the manager was not aware of the results or any action plan which may have been developed following the survey.

On our inspection on 9 and 10 December 2015, we found the management team had begun a period of consultation with the people living on the Jubilee unit and their relatives about a proposal to alter the physical layout of the unit. The proposal was designed to enable people with nursing needs and people with personal care needs to be supported in separate environments.

Whilst there was no schedule of audits, the interim governance manager and the manager had begun to carry out audits in the home to check the quality of the service. These included audits of people’s care plans, the medication systems and infection prevention and control.

Is the service well-led?

A weekly unit manager performance checklist had also been introduced over the last two months. We saw completed audits during the inspection and noted they provided an overview of the operation of each unit. The audits included action plans to address the shortfalls found during the checks.

Staff members spoken with told us feedback from the manager was constructive and supportive. However,

relatives expressed some concerns about the communication systems used by staff. They told us they had asked for information or reported issues and not received a response.

Following an accident or incident staff completed an accident form. The manager looked at all completed forms and carried out an investigation as necessary. The manager had also begun to compile a log of accidents and incidents so any patterns and trends could be identified.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider had failed to ensure staff had received appropriate training, supervision and appraisal to enable them to carry out their duties. (Regulation 18 (2) (a)).

Regulated activity

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

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent
The provider had not acted in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3).

Regulated activity

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

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
The provider had deprived people of their liberty without lawful authority. (Regulation 13 (5)).

Regulated activity

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

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
The provider had failed to ensure all people were enabled and supported to make or participate in making decisions relating to their care. (Regulation 9 (3) (d)).

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to improve the service. (Regulation 17 (2)(f)).

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.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

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

The provider's arrangements for managing medication did not protect people against the risks associated with medicines. (Regulation 12 (2)).

The enforcement action we took:

Warning notice