Bupa Care Homes (BNH) Limited

The Manor House Care Home

Inspection report

Moreton Road
Wirral
Merseyside
CH49 4NZ

Tel: 01516770099

Date of inspection visit:
29 May 2018
01 June 2018

Date of publication:
26 July 2018

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**

Summary of findings

Overall summary

The inspection was carried out on 29 May and 01 June 2018. The first day of the inspection was unannounced.

The home is in an adapted grade 2 listed building set in its own grounds in a quiet residential area. There were a total of 58 bedrooms, all of which had en-suite toilet, wash basin, and shower. Attached to the building but not owned or operated by the same provider is a separate sheltered housing building. This is not accessible from the home other than in an emergency.

The manor is registered to provide accommodation and nursing or personal care for up to 59 people. 34 people were living at the home at the time of the inspection. Of these only six were assessed as needing nursing care.

At our last comprehensive inspection of the home in May 2017 the service was rated requires improvement overall. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulations 11, 12 and17.

This was because the provider did not have appropriate arrangements to maintain a safe environment, at our focused inspection of the home in July 2017 we found further breaches of safety including fire doors and staff training in moving and handling people and fire safety.

We had also found that the provider did not have appropriate arrangements in place for people to consent to their care and appropriate arrangements were not in place to safely manage the home.

After that inspection the provider wrote to us to say what they would do to meet its legal requirements. At this inspection we identified that improvements had been made and the provider was no longer in breach of regulations 11 and 12. We found that although improvements had been made to the management of the home there were still breaches of regulation 17 and a breach of Regulation 18 of the Health and Social Care Act 2006.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been registered in January 2018 and was at the time of the inspection working their notice.

During the inspection we spoke individually with 10 of the people living at the home and with five of their visitors. We spoke with 17 members of staff who held different roles within the home. We examined a variety of records relating to people living at the home and the staff team. This included four care plans relating to people living there and five staff recruitment files. We also looked at records and systems for checking the

quality and safety of the service.

People living at the home were complementary of the environment and of staff who supported them. One person commented "Lovely, well decorated. The people are very kind. The food is excellent." Another person told us "It's marvellous. I am very impressed." People also told us that at times they did not think enough care staff were available to provided support. One person told us, "They are always short of staff, it puts pressure on them. They have to rush you in a morning."

Systems were in place for safeguarding people from the risk of abuse and reporting any concerns that arose. People felt safe living at The Manor and staff knew what action to take if they felt people were at risk of abuse. People knew how to raise a concern or complaint and felt confident to do so.

People's medication was safely managed and they received it on time and as prescribed. People's health care was monitored and they received the support they needed with their health and personal care.

A series of assessments of people's care needs had been carried out and used to form the basis of a care plan advising staff on the support the person required. The quality of information within plans varied. Some were detailed and provided clear guidance to staff. Others were incomplete or contradictory in places. Senior staff were aware of this and working on updating all care plans.

The building and equipment within it were monitored regularly to check they were safe. Actions identified on the fire risk assessment had been completed or had a plan in place for completion. Some fire drills and training for staff were outstanding and the provider had a plan in place to deliver this in a timely manner.

The building had adaptations and equipment to support people with their mobility and personal care. This included a passenger lift hoists, call bells and adapted bathing facilities. Potential risks to people from un-secured furniture identified during the inspection were addressed by the provider during the inspection.

People living at the home, relatives and staff said that at times there were not enough care staff available to support people. Although the home employed a number of staff in different roles the provider had not deployed these in a way that made people feel confident staff would always be available to provide personal care in a timely manner.

Systems were in place and followed to recruit staff and check they were suitable to work with people at risk of abuse or neglect.

Staff had generally received training the training the provider considered mandatory and had mixed views as to how effective they had found this. The provider had plans in place to provide more face to face training which staff told us they found more beneficial. Not all staff had received training in moving and handling people or fire. Some staff had received supervision from senior staff whilst other staff had not. Senior staff were aware of these issues and had a plan in place to rectify them.

A number of different activities were offered at The Manor and people told us that they could always join in of they wished to. This included on site entertainment such as quizzes, board games, singers and parties as well as trips out to areas of local interest.

Mealtimes at the home were sociable occasions during which people received the support they required with meals. A choice of menu was always available. People told us that they liked the meals provided at The Manor and could always request a drink or snack. Staff monitored people's weight and food and drink

intake if needed and made referrals for people who required additional nutritional support.

People living at The Manor and their visitors told us they liked the staff team and described them as caring, kind and helpful. People told us that staff were always polite and respectful towards them.

We observed that although busy staff spent time with people, interacting with them and not rushing them. Staff had a good understanding of people as individuals and could explain people's interests, hobbies and concerns as well as their healthcare needs.

Staff knowledge of the Mental Capacity Act 2005 had increased and they were able to discuss how they supported people to make choices and decisions. This information was not always clearly recorded within people's records, which at time contained contradictory and incomplete information. Where people required the protection of a Deprivation of Liberty Safeguard (DoLS) this had been applied for.

Systems were in place for checking the quality of the service provided. A series of audits had been undertaken and plans put in place to implement improvements where needed. These checks had not identified and improved all the areas we noted during the inspection. This included people's view of care staffing levels and the impact they felt this had.

There had been a number of changes to management of the home within the past few years which some relatives and staff had found unsettling. There was some confusion amongst staff as to who was in charge of the home at times when the registered manager or deputy manager were not on site.

Further changes were planned to the management of The Manor and the provider had taken action to update people on the forthcoming changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had not acted effectively on people's view that staff were not always deployed in a way that provided care in a timely manner.

Systems were in place to identify risks to people's safety. These were not always effective but were addressed once recognised. People said they felt safe with the support they received at the home.

Systems were place and followed to check new staff were suitable to work with people who may be vulnerable.

People's medication was safely managed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received training and support to understand and meet people's needs, this was not up to date for all staff.

The service was working with the Mental Capacity Act 2005, however records of people's decision making abilities were not always accurate.

Meals were sociable occasions which people enjoyed. Support was provided to people to meet their nutritional needs.

Is the service caring?

Requires Improvement

The service was caring.

People liked the staff team, they found them helpful and caring.

Staff treated people with respect and maintained people's dignity. They spent time interacting positively with people as well as meeting their care needs.

Information about the home and how it operated was made available to people and their visitors. People's views of their care were sought in a number of ways.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People said staff were generally responsive but they sometimes had to wait to receive the care they needed.

Care plans were in place for everyone but were not always accurate, up to date or consistent.

Activities were arranged to meet people's choices and hobbies. These included opportunities to go on trips as well as take part in arranged activities at home.

People felt confident to raise any concerns or complaints that they may have and a system was in place and followed for dealing with these.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home has had a number of management changes which people felt impacted on the service provided. A registered manager was in post but was leaving shortly after the inspection.

Systems were in place for assessing the quality of the service and planning future improvements. These had not always been effective at improving people's experiences of the care provided, or identifying and resolving areas requiring improvement.

The Manor House 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 29 May and 01 June 2018. two Adult Social Care (ASC) inspectors carried out the inspection on the first day which was unannounced. One ASC inspector completed the inspection on the second day.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and met with many of the people living at the home, 10 of whom we spoke individually with. We spoke with five relatives of people living at the home and with 17 members of staff who held different roles within the home or organisation.
We also spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for four of the people living there, recruitment records for five members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at The Manor. One person told us, "I feel very safe at night time. I know there is someone on call."

People told us that they did not think there were always sufficient care staff available to meet people's needs. One of the people living there told us "They are always short of staff, it puts pressure on them. They have to rush you in a morning." A relative commented, "They are sometimes short staffed. Sometimes there is no staff in the lounge for some time." Staff had a similar view with one telling us "We are none stop on the go."

Generally, there were two registered nurses during the day, although we were informed that this had been reduced at times to one registered nurse as many of the people living there did not require nursing care. In addition to the nurses there were five carers during the morning to cover the first and second floors and four in an afternoon. Leyland unit had a senior carer and two carers during the morning, this could be reduced to one carer and a senior in an afternoon.

Care staff told us that care staffing levels impacted on people in several ways they told us that if someone wanted to go to the lounge located on the bottom floor then if no activity staff were available and the person needed support in the lounge this was not possible. They said one carer would be needed to stay in the lounge and this would leave a carer on the unit who could not support people who needed two staff to support them. They said that in practice this meant people often had to go to their bedrooms after tea as there was no support available in the downstairs lounge and no lounges on the upper floors. Senior staff told us that registered nurses were counted in the numbers towards supporting people with personal care and mealtimes. However, care staff told us that often the registered nurses were busy with paperwork and medication and did not provide practical help.

On Leyland unit two relatives and staff raised concerns with us that when there were only two members of staff this left only one member of staff to support people whilst the other took their break. They said in practice this meant the lounge on the unit could be without staff for some time, if the remaining one staff was supporting someone.

Senior staff told us that staffing levels were based on people's assessed needs and included registered nurses. Whilst there were a number of staff available in the building including those working in ancillary service such as domestic and kitchen and those working in administration, activities and management it appeared that the staffing structure at the home was not working in practice to provide people with the support and choices of how to spend their time that the home should offer. The provider was not seeking and acting on relevant feedback from people in continually improving and evaluating the distribution of staff within the home.

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

The home had a policy in place to guide staff on the action to take in the event they had a safeguarding adult's concern. Information about safeguarding was also available on noticeboards including telephone numbers to ring to report concerns.

A whistle blowing policy was also available. Whistleblowing protects staff who report something in the workplace that they believe is in the public interest. Staff knew about both safeguarding and whistleblowing and told us they would report any concerns that they had. The provider had produced wallet sized cards called 'speak up'. These gave information and phone numbers to report whistleblowing concerns and were available at reception. Not all staff knew about these and senior managers told us they would ensure they were distributed.

Safeguarding concerns were logged and reported to the appropriate authorities. They were then investigated and reviewed to look at any lessons learnt and minimise the risk of them recurring.

A series of internal and external checks were carried out on the safety of the premises and equipment. These included checks of lifts, moving and handling equipment, fire equipment, Legionella testing, gas safety, electrical installations testing, the nurse call system, and emergency lighting. Regular checks of services and equipment had also been carried out. These included checks of water temperatures, window restrictors, wheelchairs, fire equipment and bedrails.

A fire risk assessment had been carried out in March 2018 and many actions identified. These had dates for completion between June and October 2018. A member of staff confirmed that some of the actions had been completed with contractors arranged to carry out the remaining works. No fire drills had taken place in 2018. A member of staff told us they were aware of this and would arrange for them to be undertaken.

Personal emergency plans were in place to advise how people should be evacuated safely in the event of an emergency. Fire evacuation equipment was provided on the staircases.

We saw a display cabinet with glass doors in the lounge that was not attached to the wall and was therefore a potential hazard to people. We brought this to the attention of senior staff who arranged for it to be removed and a check carried out for similar hazards in the home.

We looked at a sample of medication including medications prescribed for 'as required' use, in variable doses, medication subject to misuse and prescribed to be taken at different times of the week. Records were clear as to the dose, time and route of application and stocks tallied with records indicating people received their medications as prescribed.

Leyland unit stored their medication in a locked cabinet in the office. The temperatures of this room had not been monitored. Some medication needs to be stored within certain temperatures to maintain effectiveness. Eye drops for Leyland unit were kept in the medication room on the first floor unit, we saw that these were stored in a fridge in the medication room, however the instructions for the medication said store at room temperature. Both issues were addressed by staff on the day of the inspection.

Audits of medication had been carried out by senior staff and where issues had been identified an action plan had been put into place to rectify this.

Accidents and incidents were recorded by staff and entered onto a system which produced a monthly report with a graph showing the number of incidents and accidents in each month. This was viewed by senior staff

within the organisation. Records for April 2018 showed an increase in accidents and we were told the increase was due to a change in recording processes. Staff were able to explain the accidents that had occurred and the action taken to minimise the risk of them recurring.

The building and equipment including wheelchairs, walking aids and hoists was clean and odour free. Systems were in place for colour coding cleaning equipment to minimise the risk of cross infection and hand-washing facilities were available in bedrooms and in clinical areas and were well stocked with liquid soap and paper towels.

We looked at recruitment records for five members of staff who had different roles with the home. These showed us that staff had undergone an interview process and checks including obtaining a Disclosure and Barring Service check, references and identification had been carried out. These recruitment processes helped to ensure staff were suitable to work with people who may be vulnerable.

A check was kept on Registered Nurses personal identification numbers to ensure they remained registered to practice. Information on agency staff was obtained from the agency to establish the person's skills and knowledge and check relevant recruitment procedures had been carried out on the person.

Requires Improvement

Is the service effective?

Our findings

Prior to someone moving into the home, A senior member of staff had met with the person and carried out an assessment of their care and support needs. This contained sufficient information for staff to commence a care plan for the person to guide staff on how to support the person.

Staff had differing opinions of the training they had been provided with. One member of staff described it as "Good, very interesting." However, another member of staff said "We don't get enough of it. Its lacking in certain areas such as writing care plans. Group training was better."
Training for staff was largely based on a set of workbooks and on-line learning. A senior manager told us that the provider was planning to introduce training based on competencies which would include more face to face training.

We looked at the provider's training records compliance report dated 31 May 2018. This showed 31 training modules available, however not all of these were applicable to all staff. This showed that in the majority of areas over 90 percent of applicable staff had undertaken the training. In four areas, safeguarding, moving and handling people, fire training and medication management less than 90 percent of staff had received this training. 74 percent of staff had received fire training and 83 percent of staff had received moving and handling training at the time of the inspection.

During our focused inspection of the home in July 2017 we had identified that levels of fire training and moving and handling training were low. A senior manager from the organisation told us that current levels were due to a number of staff who had left or were on long term leave as this training was provided face-to face. We were shown records that evidenced this was being monitored and plans were in place for staff to complete this training.

Some staff told us that they had received a supervision in the past few months, other staff said that they had not. Supervision records forwarded to us following the inspection showed that approximately 50 percent of staff had received a supervision in 2018. Senior staff from the organisation told us that they were working on undertaking supervisions with all staff and anticipated the number completed would have increased by the end of June 2018.
Supervision provides staff and their manager with a forum to discuss their training and support needs, any concerns that they may have and how they are performing in their job role.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (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 be 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 or authorisations to deprive a person of their liberty were being met and found that they were.

Deprivation of Liberty Safeguard applications had been made to the relevant authorities for people who were assessed as requiring the protection a DoLS could offer them. Clear records were maintained at the home to who had a DoLS in place or a DoLS application outstanding.

We noted at our comprehensive inspection of the home in May 2017 that records of the support people required to make decisions were incomplete and contradictory. At this inspection we found that records of people's ability to consent to care or make decisions remains incomplete and contradictory.

One care plan contained a statement that the person 'lacks capacity is unable to make any decision'. Another part of the person's plans stated, 'is involved appropriately in choices and decisions regarding her everyday care' and also listed some of the person's choices or decisions including where they preferred to eat meals and that they had no preference regarding male or female support staff. A second person's plan contained a capacity assessment that stated the person had variable capacity. However, the form did not state what decisions or choices the person had capacity to make.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to maintain an accurate, complete and contemporaneous record of decisions taken in relation to the care and treatment provided.

We did find that staff had a better understanding of supporting people with decision making and noted that some people's records regarding decision making and a capacity were clear and detailed.

People told us that they liked the food at The Manor. One person told us "I enjoy the food," and a second person explained "You always get a choice."

The Manor has a large dining room on the ground floor that is spacious and airy. A menu for the day was on each of the dining tables as well as on a noticeboard, this showed a good choice of meals available. Dining space was also available on Leyland Unit and we saw that people could eat in their rooms if they chose.

In addition to the daily menus, people could always choose an alternative from a 'lite bite' menu. The chef ensured that snacks and light meals were available at all times when the kitchen was closed. People who were following a special diet for their health or personal preferences were also catered for. Care plans contained information about people's nutritional needs and records showed that where required people had been referred to a dietician.

We observed part of a lunchtime meal and saw that people received the support they needed in a dignified and unrushed manner.

In February 2018 the home had been awarded a five-star rating from the food standards agency, this is the highest rating for food hygiene.

Care records showed that where people required support with their health a referral had been made to

outside health professionals such as people's chiropodist, GP, district nurse and optician. Care records showed that people's health was monitored and action taken to provide the support they needed.

Past inspections of the home had identified that fire doors leading directly from the home to adjoining sheltered accommodation, which was not part of the home, had a glass panel which compromised people's privacy. At this inspection we saw that action had been taken to rectify this as much as possible.

The home was nicely decorated throughout and provided a passenger lift and ramps so people could access different floors and the grounds. Adaptations included, call bells, adapted baths or showers for personal care, hoists to support people with their mobility and wider corridors to enable people to get around easily using a mobility aid.

Requires Improvement

Is the service caring?

Our findings

People living at The Manor told us that staff were kind and caring towards them. Their comments included "They are good to me. Very caring and helpful," and "They are very friendly to me."

This was reiterated by people's relatives, one relative told us "They are wonderful. Staff are always good with her." Another relative wrote to us and said, "When they come into Mum's room there is always a smile and a happy and friendly greeting. They show patience, empathy and care, almost as though they were looking after their own Mum. It's not just the standard of care, staff in other areas of the home are outstanding too. All the staff are friendly and always willing to help."

Relatives told us that they had confidence staff would involve them and inform them of any changes to their relative's care needs. They told us "They phone straight away," and "They are very good at phone calls if anything happened."

People told us that they could make choices about their daily lives. One person explained "I like to get up early. I buzz them. I can do what I like." Other people confirmed that they could choose what they wanted to do throughout the day such as taking part in activities or using the grounds.
We observed interactions between staff and people living at the home throughout the inspection. Staff were always polite and we noted that they addressed people by their prefix and surname unless otherwise agreed. Staff took time to explain and agree things with people in a way the person understood. They responded to requests for support quickly and took time to chat with people as well as meeting their support needs. Support with personal care or with meals was provided in a discreet and respectful way.

The views of people living at the home and their relatives had been obtained in a number of ways. A notice board contained examples of how they had responded to some customer feedback. For example, it stated people had requested small areas where thy could make a drink and this was being provided. It also explained that people had asked for the reception area to be staffed 24 hours a day seven days a week. Although this had not been agreed the hours of staffing for reception had been increased.

We found that the views of people living at The Manor and their relatives on care staffing levels had not always been acted on in a way that was effective for people.

A relatives' meeting was advertised in the foyer for 30 May 2018. Records showed that this had been attended by one of the people living at the home and two relatives'. A relative told us they had not been aware of this meeting. We discussed this with senior staff and they told us the notice was displayed and they would look at alternatives ways of informing people. They also explained and relatives confirmed that a letter had been sent to people informing them of forthcoming changes to the management of the home.

In addition, a meeting had taken place on 16 May 2018 between heads of departments, people living there and relatives. One of the people living there told us that they had found this meeting useful as they had been able to discuss things that they felt could improve things in the home. Amongst the heads of departments

attending had been catering, activities and maintenance

Requires Improvement

Is the service responsive?

Our findings

People living at the home told us how responsive staff were to their needs depended on how many staff were available. One person explained "There is always someone popping in to see if I am all right." Other people told us that at times they had to wait for support as they did not feel there were sufficient care staff. Relatives reiterated this view expressing concerns that sometimes on Leyland Unit it took them awhile to locate a member of staff.

Individual care files and records were in place for all the people living at The Manor. Prior to people moving into the home an assessment of their care needs had been undertaken. These assessments provided sufficient information to write a care plan based on the person's initial needs. Care plans contained a series of assessments including risk of falls, nutrition, skin integrity, mobility and health. Where an assessment showed that a person had a need for care then a care plan had been written.

We found that some of the information within people's care plans could be contradictory. For example, one person's plan stated they liked a daily shower, elsewhere in the plan it stated they liked a shower three to four times per week and records showed that they had been supported to have a shower once a week.

Care plans had been reviewed regularly and we saw that some of these reviews had led to updates in the support the person needed. We also saw that not all required actions noted in a review had been completed. One plan we looked at noted in every monthly review from January 2018 that the future wishes section of the care plan had not been filled in and this remained uncompleted.

Other people's care plans were detailed and contained information about the person, their preferred lifestyle, health care needs and choices.

Senior staff told us they were carrying out a piece of work on care plans to ensure they contain relevant information.

People told us that they enjoyed the activities on offer at The Manor. One person explained "I go to the entertainers. They have keep fit, I go sometimes." Another person told us that they enjoyed playing board games.

The home employs two activity coordinators over six days a week. We spoke to an activity coordinator who explained they are flexible in their hours if an event is planned.
Recent activities had included a 'street party' visit by local schoolchildren, indoor gardening, games and films and monthly coach trips.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

There were many ways information was made accessible to people living at the home. This included a communication board with photos and names of staff working at the home. Senior staff also told us that the guide to the home could be made available in braille or large print if needed. They had also provided people with an easy to read document explaining the deprivation of Liberty Safeguards (DoLS).

People told us that they would feel comfortable raising a complaint with staff at the home. One person explained "if I don't like something I would tell them."

A copy of the complaints procedure was displayed in the foyer for people to access. There was also a BUPA complaints form that people could fill in that provided contact details for the provider and external agencies that could provide information and support.
Records showed complaints made to the home had been investigated and followed up.

Requires Improvement

Is the service well-led?

Our findings

At our comprehensive inspection of The Manor in May 2017 we noted that the home did not have a registered manager or clinical services manager (CSM) who acted as deputy manager. A manager was registered for the home in January 2018. At the time of this inspection the registered manager was in the process of working their resignation and was not able to attend the inspection. The provider had appointed a new manager who had already met with the staff and was an experienced manager within the organisation, they were due to start work at the home in July 2018. A CSM was also in post and the home were receiving support from senior staff within the organisation.

The provider had met with staff and relatives to tell them about the forthcoming changes to the management of the home.

Relatives and staff told us that they felt the changes of management within the home had impacted on the morale of staff and the 'feel of the place'. A relative commented to us, "It has felt unsettled for a few years but luckily staff remained for continuity of care." A number of staff told us that they felt morale amongst staff was low with the changes of management in recent years having an impact.

Staff and relatives had differing opinions on the visibility of the management team. One member of staff told us, "Senior staff are a visible presence. Staff know how to access them." However other staff commented about the registered manager that they did not know her well with one saying, "I have never spoken to her." A relative told us that in their opinion "The manager is distant." Staff did tell us that they would feel confident to approach the CSM who they saw around the building regularly.

The provider had produced 'speak up' wallet sized cards that provided helpline numbers for staff with regards to legal, financial and counselling services as well as a 24 hours health line they could ring. Not all staff were aware of these and senior managers told us they would ensure they were distributed.

There was some confusion amongst staff as to who oversaw the home in the absence of the manager or CSM. Some staff told us it was always one of the registered nurses, other staff told us senior carers oversaw Leyland Unit. This unit had three senior carers and opinions were divided as to whether there was an overall senior or person managing the unit. Some staff and management told us there was a named senior carer who was in overall charge of the unit, however we established that this was not a formal arrangement and not all staff were aware of it.
A number of systems were in place for monitoring the service and planning improvements. These included daily walk arounds of the home and regular unannounced visits to the home at night by senior staff.

Audits were carried out in a number of areas including catering, care plans, people's health, medication and training as well as areas of health and safety. These all fed into a central plan that was viewed regularly by senior managers within the organisation, Any areas for improvement were flagged and an action plan put into place.

Senior staff within the organisation were aware of areas where improvements were required and had a plan in place to implement these. This included in areas of staff training and medication management.

However, we found other areas where required improvements had not been noted. This included records relating to people's capacity and decision making and people's views and experiences of care staffing levels. Although the provider believed that arrangements were in place to provide sufficient care staff we heard from staff, people living at the home and relatives that this was not translated into practice within the home.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider's systems and processes for monitoring the quality and safety of the service were not always effective.

The provider had notified the Care Quality Commission (CQC) of incidents that had occurred in the home in accordance with statutory requirements. This meant that CQC were able to accurately monitor information and risks regarding the home.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes for monitoring the service had not always been effective at improving the quality of service people received.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing People employed by the provider did not always receive appropriate training and supervision.