

Shaw Healthcare (Wraxall) Limited

The Granary Care Centre

Inspection report

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Date of inspection visit: 28 August and 2 September 2015
Date of publication: 05/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 27 August and 2 September 2015 and was unannounced.

We inspected The Granary Care Centre in November 2014. At that Inspection we found provider to be in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The regulations included care and welfare of service users, assessing and monitoring the quality of service provision, respecting and involving service users and consent to care and

treatment. These correspond to regulations 9 person centred care, 10 dignity and respect, 17 good governance and 11 need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us with an action plan of improvements that would be made. They told us they would make the necessary improvements by May 2015. During this inspection we saw some of the improvements identified had been made.

Summary of findings

The Granary Care Centre is a care home providing care for up to 78 people living with dementia. Within the home there is a unit called Crofter's Lodge for people with complex needs. Crofter's Lodge can provide treatment for people detained under the Mental Health Act 1983. The home is purpose built and all bedrooms are for single occupancy. During our inspection there were 48 people in The Granary and 11 people living in Crofter's Lodge.

There were two project managers in post; the project managers were responsible for managing the home in the absence of an appointed home manager. There was no manager in post registered with the Care Quality Commission. 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. There had not been a registered manager since March 2015.

Relatives and staff raised concerns over the changes of management and lack of leadership in the home.

People were supported by staff who were not directly employed by the service. Relatives and staff raised concerns about the amount of agency staff the home used to cover their vacant posts. There were times when shifts were covered predominantly with agency staff. The project manager told us they had recently recruited new staff to fill some of their vacant post and they used regular agency to aid consistency.

There were systems in place to protect people from abuse; however we found these were not always effective. Some permanent staff were not able to tell us where they would report whistleblowing concerns to if they needed to go outside of the organisation. People who use the service appeared calm and relaxed during our visit, with one person commenting "I am safe enough here". Relatives told us they thought their family members were safe. Staff were able to recognise signs of abuse and felt confident in reporting it to the managers or team leader

Medicines were not always administered safely due to staff not ensuring they followed infection control guidelines and washed their hands. There were appropriate systems in place for the storage of medicines and accurate records were maintained.

We found people's rights were not fully protected as the manager had not always followed correct procedures where people lacked capacity to make decisions for themselves.

People had individual care plans. There was information missing from some of the care plans. The managers were in the process of auditing the care plans to identify where they required improvement. The managers had a plan in place to introduce a new care planning format to provide a more person centred approach.

There was a process in place to raise complaints about the service. Where complaints had been raised the complainant did not always receive information relating to the outcome of their concerns.

A recruitment procedure was in place and staff received the appropriate pre-employment checks before starting work with the service. Staff received appropriate training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently.

People commented positively about the food provided. One relative raised concerns about the quality of the food and another said they thought there was nothing to complain about. People had access to food and drinks throughout the day and where people required specialised diets these were prepared appropriately.

People and their relatives told us they were happy with the care they or their relative received at The Granary Care Centre. One person told us "They are kind and lovely." A relative told us "Staff know what they are doing."

The manager and senior management had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as the environment, infection control and medicines.

Summary of findings

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

People were supported at times by high levels of staff that were employed by an agency and not the home.

People did not have their medicines administered safely as the nurses did not always follow appropriate hand hygiene procedures. Medicines were stored safely and securely.

Not all staff were able to identify who they would report concerns to outside of the organisation. Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns with the managers.

People were supported by staff who had received satisfactory checks prior to commencing their employment.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

People did not always have their rights protected. Some decisions were made for people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the decisions were in the person's best interest.

The project manager had identified where DoLS authorisations were required and they were in the process of submitting these to the local authority.

People's healthcare needs were assessed and they were supported to have access to health care services.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff who knew them well and had developed relationships.

People and their relatives told us they were treated well and staff were caring. Staff demonstrated a caring approach to people they supported.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Good



Is the service responsive?

Some aspects of the service were not effective.

There was a process in place to respond to complaints and relatives felt able to raise concerns with the managers. Where complaints were raised they were not always responded to and investigated in line with the provider's policy.

Requires improvement



Summary of findings

People had individual care plans, some information was missing from the plans. Not all the care plans had been regularly reviewed and updated. The project manager was in the process of auditing the care plans and identifying where improvements were required.

People received care, treatment and support when they required it.

The manager held residents and relatives meeting to receive feedback on the service and cascade information.

Is the service well-led?

The service was not always well led.

There was no registered manager in post.

Relatives and staff raised concerns over the changes in management and lack of leadership in the home.

There were systems in place to audit the quality of the service and identify where there were shortfalls.

Requires improvement



The Granary Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 August and 2 September 2015 and was unannounced.

The inspection was completed by two inspectors, one specialist advisor (a registered nurse) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a

Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

We spoke with seven people and relatives about their views on the quality of the care and support being provided. Some people were unable to tell us their experiences of living at the home. We therefore 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 talk with us. We spoke with two project managers, the regional manager, the regional human resource manager and 23 staff including the chef, the maintenance person, the cleaner and activity coordinator. We also spoke with one health professional during our visit and three by telephone after our visit.

We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for people. We reviewed 16 people's care records, five staff files and looked at other records relevant to the management of the service.

Is the service safe?

Our findings

At our last inspection in November 2014 we found the home had high levels of staff vacancies and was relying on staff from an agency to ensure there were enough staff to meet the needs of the people that were using the service. During this inspection we found the home still had high levels of vacancies and they were using agency staff to cover the lack of permanent staff employed by the home. At the time of our inspection the organisation's regional human resources manager told us there were 19 vacancies for full time staff that would be working on day time shifts and 13.5 full time vacancies for staff working on night shifts. There were four new day time staff and two new night time staff waiting to start their induction and filling some of these vacancies.

Relatives raised concerns about the amount of agency staff on shift. Comments included "Staffing is worse at weekends where there is a higher percentage of agency staff, this bothers me as they do not know my family member", "Weekends are dire as they are all agency staff" and "I know the agency staff do their best but they do not know the people living in the home." Staff also raised concerns over the amount of agency staff used commenting, "I am concerned about the amount of agency staff we use, I sometimes worry they don't know what they are doing." Other comments included; "Sometimes I work with all agency staff and I would have to call for help from the other floors if needed, I've been lucky the shifts have been ok" and "It's a nightmare, you dread coming in as you have to do all of the work". They went on to say that some agency staff were, "Brilliant, however some do not pull their weight."

Relatives also raised concerns about staffing levels. One relative told us; "There are never enough staff" and "They could do with more staff." Another relative said they had accidentally triggered an alarm in their family members room, the alarm bell rang for 25 minutes and staff did not respond. They said they had not raised this with staff. Views from the staff were mixed over staffing levels, one staff member said; "It's quite good, shifts seem covered" and another said, "There are not always enough staff." During our inspection we observed there were enough staff to meet people's needs and call bells were answered within a reasonable time.

One health professional raised concerns with us regarding the lack of permanent staff. They said whilst visiting an unwell person the staff member was unaware of the extent of the person's deteriorating condition. They also said there had been instances where, fluid charts were not completed properly, and staff were not clear if people were staying at the home on a permanent or temporary basis.

The project manager confirmed the minimum staffing levels for both units. Staffing levels had been set by the head office using the companies dependency tool. They said this was reviewed periodically and they were able to respond to people's changing needs and increase staffing levels if required. We looked at the staffing rotas and identified staffing levels had not gone below the set minimum levels. However there were regular periods during the week where the service was using predominantly agency staff to deliver care, and there was one occasion at night where all of the staff on shift had been agency staff. This meant people could be at risk of receiving care and support from staff who were unfamiliar with their care.

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The project manager acknowledged there were on-going issues with employing staff. They said the organisation had recruitment plans in place to address this. They told us they tried to book the same agency staff up to six weeks in advance to aid consistency and continuity of care. There was a bank of staff available to cover occasional shifts and regular staff were offered over time to cover some shifts.

Medicines were not always administered safely due to staff failing to follow good hand hygiene. For example, on two separate occasions we observed a nurse administering eye drops. On both occasions the nurse did not wash their hands prior to or after administering the eye drops. On another occasion we observed a nurse applying a dressing, the nurse did not wash their hands prior to carrying out the procedure. This meant people were at increased risk of cross contamination. We spoke with the project manager who told us they would ensure infection control and hand hygiene would be raised with all staff to ensure safe practice.

Is the service safe?

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

During our last inspection we found there were no clear guidelines in place for staff to follow when people refused their medicines. During this inspection we found appropriate guidance was in place.

Suitable systems were in place for ordering medicines so people's medicines were available for them. The pharmacy provided printed medicines administration records for staff to complete. Staff had recorded they had given people their medicines as prescribed for them. Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration record had been completed, which gave details of the medicines people had been supported to take. Medicine records held information on how people liked to take their medicines.

People and their relatives told us they or their relatives felt safe at The Granary. One person told us, "I feel safe enough here." Two relatives commented they thought The Granary was a safe environment for their family member and another commented, "There are no worries or hints of abuse." Some people in the home were unable to tell us how safe they felt, however people appeared settled in staff presence and accepted physical reassurance.

Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through people's body language, facial expressions, physical signs such as bruises and changes in eating habits. One staff member said, "I know people well and could tell if they were unhappy." They told us this would be reported to the team leader or deputy manager and they were confident it would be dealt with appropriately. Staff told us they had received safeguarding training and records confirmed this.

Not all staff were aware of the whistle blowing policy and the option to take concerns to agencies outside The Granary Care Centre if they felt they were not being dealt with. Staff told us they would take concerns further if they

were not satisfied with the outcome from the manager however they were not able to tell us the outside agencies where they would report this. Two of the permanent staff we spoke with said they would report concerns to higher management or human resources. When asked about outside agencies, they were unable to tell us where the concerns would be reported outside of the organisation until prompted by us. One staff member told us, "I have read the policy and we are encouraged to report it". We spoke with the project manager who confirmed they would discuss this in a team meeting. On the second day of our inspection we read information relating to where staff should report concerns outside of the organisation.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. Staff told us they were not able to work with people until the pre-employment checks had been undertaken. We looked at staff files to ensure these checks had been carried out before staff worked with people and found these were in place. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Assessments were undertaken to identify risks to people who use the service, these assessments were reviewed and updated regularly. The assessments covered areas such as moving and handling, falls and bedrails. People had detailed plans in place to support them with their behaviour management. These plans identified triggers and what support staff should provide if there was a problem. Staff were aware of people's triggers and what support was required if they became anxious. Where people were at risk from malnutrition this was assessed and evaluated monthly. Where risks had been identified management plans were developed to minimise the risk occurring and staff were following the plans.

At our last inspection we identified concerns over the cleanliness in Crofter's Lodge. During this inspection we found improvements had been made and all areas of the home were clean.

Is the service effective?

Our findings

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent.

At our last inspection we identified people's rights were not fully protected as the principles of the MCA were not always being followed where people lacked capacity to make decisions for themselves. During this inspection we found the provider had taken some action to address our concerns. For example, capacity assessments and best interest meetings had been carried out for one person who refused their medicines and another who refused personal care. However we identified there were still areas where the MCA was not being followed.

For example, where a person was at risk of falling; a movement sensor had been placed at the side of their bed to detect their movement. This was in place to protect the person and they did not have capacity to understand why it was there. There was no capacity assessment in place for this decision or evidence it was in the person's best interest. We also found relatives were signing consent forms on behalf of people where they did not have the legal right to do so. This meant people were not having their rights protected and were at risk of receiving care and treatment which was not in their best interests. We spoke with a project manager who told us they were currently in the process of updating all care plans and introducing a new format which would be implemented from October 2015. They confirmed part of this process would be reviewing and updating all MCA assessments and ensuring appropriate assessments were in place.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there were 15 authorisations to restrict a person's liberty under DoLS and we found the provider had acted within the terms of the authorisations.

The project manager confirmed they had submitted eight applications to the local authority and were waiting for the outcome. They said there were a further 20 applications to submit to the local authority and they were in the process of completing these.

Staff demonstrated an understanding of the importance of offering people choices. For example, choice of food and what people want to wear. One staff member said, "I always try to help people choose their own clothes; even if it's only one item of clothing they are able to choose themselves." Staff sought consent before providing support to people. Staff told us if a person appeared unhappy with their support they would report this to the shift leader and another staff member would be offered.

People were happy with the food provided. Comments included, "The food is of high quality" and "I enjoy the food, they ask me what I want then show me." Relatives had mixed views on the food. One relative said they thought the quality of the food had deteriorated since the last chef left, particularly the food provided at tea time. Another relative said the food was ok and had no complaints. Fresh fruit was available for people to eat throughout the day and people were supported to have regular drinks.

There were two hot meal options on the menu daily. Staff asked people each day what they would like to eat. The menus were on a four weekly rotation. The chef prepared an extra choice each day to allow people who had changed their mind an alternative choice. Options offered were a choice of omelettes, jacket potatoes and sandwiches. The chef told us they were made aware of people's allergies and dietary requirements and they had made gluten free cupcakes to meet one person's dietary needs.

People were supported by staff about where they chose to eat. For example, one person was supported by staff in their bedroom. The staff member informed the person what the meal was and supported them in an unhurried and relaxed manner. Staff told us the person took up to an hour and a half to eat their meal. There was no strategy in place to keep the meal warm during this time. We discussed this with the project managers who told us they would look into ways of the keeping the food warm throughout the meal.

During our inspection we observed staff asking people what they would like for their breakfast and how they would like their drinks. For example, staff asked if they

Is the service effective?

would like sugar in their hot drinks even though they knew how the person liked this. People had access to the appropriate cutlery and aids to enable them to eat independently. Where guidelines had been put in place by a health professional regarding texture of food and drinks, staff were aware of and followed these.

People and relatives told us they thought staff were well trained and knew how to care for them. One person said, "The staff know what they are doing" and a relative commented, "As far as I am aware staff have had plenty of training."

Staff had received a range of training to meet people's needs and keep them safe and described their training as, "Good" and "Quite interesting." One staff member told us, "We've had a lot of training." Another said if they wanted any further training the manager would arrange it providing it met the needs of the people using the service.

Staff said they received an induction when they joined the service and records we saw confirmed this. They said the induction included a period of up to two weeks shadowing experienced staff and looking through records. They also told us they completed their mandatory training during their induction and said it prepared them for working in the role.

There was always a registered nurse on duty to make sure people's clinical needs were monitored and met. Staff told us there were regular handover meetings at the start of each shift, which kept them up to date with people's needs.

Staff received supervision to enable them to receive support and guidance about their work. One staff member told us, "Supervisions are ok, you can talk about concerns and get constructive feedback" and another said, "It's a two way process you are listened to and things happen."

One person told us if they were unwell the staff would telephone their doctor and arrange an appointment straight away. One relative described staff's response to their family members health needs as, "Excellent." People were supported to have regular contact with health professionals including their GP, dentist, optician, chiropodist and a speech and language therapist where required. Appropriate referrals to the falls team were made where required. A Psychiatric doctor visited Crofters Lodge twice weekly to review and assess people and a doctor visited weekly. One visiting health professional told us they thought the staff at Crofters Lodge had worked hard to get to know the person living in the home who had complex needs.

Is the service caring?

Our findings

At our last inspection in November 2014 staff did not always respond to people in a way that met their individual needs and people were not always treated with dignity and respect. For example, we found staff were focused on tasks rather than the feelings of people. During this inspection we found improvements had been made and people were treated with dignity and respect.

The service was caring and people told us they were happy with the care they received and how staff treated them. One person told us, “Staff are kind to me” and another said, “Staff are lovely.” Relatives also commented positively about the care staff provided saying, “They care for my loved one well, like a family”, “The staff are always caring and kind” and “I know I can trust staff to care for my relative when I am not here and that gives me great peace of mind.”

Positive comments had been received by the home that included, “A wonderful place for our relative to spend the last days of their life” and “I cannot thank you enough for the care of my relative, you all tried so hard to make the end of their life comfortable.”

During our inspection we observed staff talked kindly to people and showed patience and understanding when people became distressed or confused. For example, one person became anxious after their dinner and it was unclear what they were anxious about. A staff member sat with the person reassuring them until they had calmed, this

appeared to reduce the person’s anxiety. Another member of staff supported one person with their mobility. This was completed calmly and efficiently with staff giving clear information to the person on each stage of the procedure before carrying it out, whilst reassuring the person.

People appeared to be relaxed and comfortable around staff and staff talked positively about working at The Granary and the people living there. Staff were aware of the importance of developing trusting relationships. One member of staff told us, “If you have a positive relationship it makes people feel confident and at ease.” Another staff member said, “I feel proud to work here.”

People and their relatives said staff treated them with dignity and respect. One person said, “Staff knock on the door and always ask before doing anything” and another told us, “Staff let us know what they are doing before getting on with it.” A relative commented, “Staff treat my family member with dignity, privacy and respect.” Staff described how they ensured people had privacy and how people’s modesty was protected when providing personal care. For example, closing doors and curtains and explaining to the person what they were doing. One staff member said, “I spend time with people explaining what I am doing, if people are unable to understand I use body language.” During our inspection staff knocked on people’s bedroom doors, asked people’s permission before supporting them and covering people to protect their dignity. Relatives told us visitors could visit at any time and there were no restrictions.

Is the service responsive?

Our findings

During our last inspection in November 2014 we found people did not always receive care to meet their individual needs. For example, people were not being repositioned, where they were at high risk of developing pressure ulcers. At this inspection we found some improvements had been made and people who were at risk of developing pressure ulcers had risk identified in their care plans. Care was being delivered and recorded for these people in line with their care needs.

The project manager was in the process of auditing the care plans and identifying where there were gaps and omissions in information. For example, one of the care plans we viewed was missing a photograph of the person and required an up to date nutritional care plan. The project manager told us they had plans for all of the care plans to be reviewed by the end of September 2015. There were plans in place to implement a new care planning document; the project manager said this would provide a more person centred format. They said there were plans for this to be started from October 2015 and for them to be implemented by December 2015.

Relatives were involved in decision making relating to their family member and care plans review. A relative told us, "I am aware of what is happening and am involved in making decisions." Relatives also said they were kept informed of any changes to their family member commenting they were contacted straight away. The care plans we viewed had evidence of people's relatives being involved in the reviews.

Staff knew people well and were able to tell us about individuals, their preferences and behaviours. Staff were aware of what might trigger anxiety in different people and told us how they took action to alleviate people's anxiety before they became distressed. During our inspection the atmosphere was calm and relaxed and staff responded to people appropriately to prevent them becoming frustrated or uncomfortable.

Staff were made aware of people's changing needs through daily handover meetings and reading through care plans. One member of staff told us, "We discuss incidents and any changes during the morning handover and we read and

sign care plans every month." An agency staff member told us they always worked alongside regular staff and were made aware of any changes to people's needs during the handover at the beginning of the shift.

People had picture recognition boxes outside their bedroom doors; these were in place to assist people to identify their own room. Each bedroom door also had a short pen picture of the occupant to assist visitors and staff to begin conversations about people's interests and likes.

People told us they felt able to raise a concern or complaint if needed, however they said there had been no need to do this. One relative told us they dealt with concerns as they became apparent with whoever was in charge. They said they had raised two complaints over their family members clothing going missing and being damaged. They said they had not received a satisfactory response regarding either of their concerns to date.

There was a process in place for raising complaints and we observed there had been eight made in the past year. Whilst all of the complaints had acknowledgement letters sent to the complainant, only four of them had evidence of being investigated and a response being sent regarding the outcome. We discussed this with the project manager who told us the previous managers had dealt with the complaints and at the time of our inspection they were not able to access information relating to this. This meant people's concerns were not appropriately responded to by the provider.

This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Meetings were held two monthly for relatives to raise concerns and receive information relating to the service. One relative said this was the only time they felt listened to as the meeting was minuted. They told us the service, "Have to respond." A meeting had been held in May 2015 where relatives had raised concerns about the lack of permanent staff in the home. Minutes confirmed the home had employed six care workers and a number of nurses. The regional manager told us relatives had raised concerns regarding the poor quality of furniture in some people's rooms and throughout The Granary. In response to this a furniture replacement schedule had been put in place.

Meetings were also held to seek views from people who use the service. A meeting in July 2015 covered areas such as

Is the service responsive?

food, social activities, staff and the environment. Actions were noted from these meetings to feedback to the staff. For example, where people had been asked about the temperature of the environment an action point was for staff to ensure they asked people if they would like their windows open or closed.

We received mixed views from relatives about the activities on offer. One relative told us although there were resources in place they had never seen them being used. They went on to say they were hoping things would improve as the home had more activity coordinators in post. Another relative said there was plenty of activities on offer and they were, "Satisfied with the level of activities and stimulation."

The activity coordinators engaged in activities with people, these included hand massage, playing music, quizzes and singing and dancing. We also observed them sitting with people on a one to one basis chatting to them and reading

newspapers. There were personalised memory boxes in place and we observed staff talking to people about these. The activities coordinator used a person's record of their life experience to engage in an activity. People appeared to be enjoying the activities on offer.

On the day of our inspection staff had arranged a moving party for one of the people living in Crofters Lodge, this involved a cheese and cider session with music. We observed staff asking people what music they would like to listen to during the party.

Surveys were undertaken to receive feedback on the service from relatives. The last survey had been completed in January 2015. Whilst we were able to view a sample of a completed survey, the project manager was unable to locate any analysis of the feedback or action taken in response to this.

Is the service well-led?

Our findings

At our last inspection in November 2014 we identified the quality assurance system was not effective in highlighting areas of concern found during the inspection. For example, it did not show where there were breaches in regulations. At this inspection we found some improvements had been made.

For example, there were a range of audit systems in place and action plans implemented where shortfalls had been identified. Audits completed included infection control, care plans, the environment, medicines and health and safety. Whilst the audits identified action required it was unclear whether actions had been achieved. For example, an audit relating to first aid in April 2015 identified a risk assessment was required. It was unclear whether this action had been carried out. We discussed this with a project manager who was able to demonstrate this had been completed.

The project managers confirmed they had inherited a series of action plans relating to the audits that had been carried out and acknowledged it was unclear where actions had been completed. They told us they would be looking at creating one plan identifying areas requiring action and would maintain a clear audit trail of where these had been completed.

Two temporary project managers were appointed for the day to day running of The Granary; they were not registered with the Care Quality Commission. The regional manager told us they were in the process of interviewing for the position of registered manager and to date they had not found a suitable candidate. The project managers were in post to oversee the transition of a new manager once one had been appointed. There had not been a registered manager in post since March 2015.

Relatives raised concerns over the amount of managers that had been in post and they thought due to this there was lack of leadership in the home. One relative told us, "The service is not well led at all, because there has not been a suitable person." Staff also raised concerns about the amount of managers the home had commenting, "We've had a lot of managers, I found out today another manager had left, they were putting things in place, there's no leadership we don't know where the place is going." They went on to say this did not impact on the day to day

running of the home and the deputy manager in post was very accessible. Other comments from staff included, "They are always changing, it's difficult to keep up" and "We've had so many managers over the years, everything changes when a new one comes along and morale goes down." Staff however, felt able to go to the manager with any concerns one staff member said, "I don't know the managers that well, but I would go to them with any issues."

The project managers acknowledged there had been a lack of consistent leadership and stated this was one of their key challenges. They were holding weekly meetings with deputy managers and team leaders to promote communication and consistency throughout the team. A team leader told us the meetings were used to keep staff up to date and a two way process for staff concerns to be raised. They said the meetings were starting to work and where staff had raised concerns they were listened to and generally acted upon. One member of staff confirmed staff meetings were held every three to four months and they had the opportunity to, "Say what they feel" they went on to say they were not sure if they were listened to.

The project managers promoted an open door policy to enable staff to approach them with concerns and they completed daily walks around the home so they were visible to the staff team and able to monitor practice and performance.

We spoke with the project managers about the values and vision for the service. They said their vision was to, "Have a full complement of staff and to only rely on agency for occasional use." They also said they would like to create a dementia home that delivers, "Excellent dementia care." The provider had developed an approach to supporting people living with dementia; this had been accredited and was being rolled out to managers. The project manager told us they had plans to place a senior carer on this training and for them to become a dementia champion. This involved the staff member having knowledge and skills in the care of people with dementia and being a source of support and knowledge for co-workers.

Staff told us the visions of the service was to, "Help people through their dementia" and another commented, "Enabling people with a diagnosis of dementia to live as full and an active life as they are able to."

Is the service well-led?

The project manager said they kept up to date with best practice through their central quality and compliance team, who alerted them to new practices and trends. This information they said was disseminated across the organisation to service and home managers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

There were not always effective processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Regulation 12 (2) (b) People were at risk of receiving care from staff who were unfamiliar to them. There were not always measures in place to mitigate the risk.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Staff did not follow good hand hygiene procedures whilst administering medicines. Regulation 12 (2) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider did not always respond to complaints in line with their policy. Regulation 16 (2)