HICA

Wilton Lodge - Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Wilton Lodge is registered to provide personal care and accommodation for older people, including those with dementia related conditions. Communal accommodation is provided in a variety of lounge and dining areas and bedroom accommodation is provided in single rooms, some with en suite facilities. The home is situated in a residential area on a main road and close to local amenities and bus routes into the city of Hull.

The last full comprehensive inspection was completed on 21 January 2014 and the service was compliant in all five areas assessed.

The service is required to have 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. At the time of the inspection the service did not have a registered manager as they had left in June 2015.

This inspection was unannounced and took place on 2 and 3 September 2015.

Summary of findings

We found there were insufficient staff to meet the needs of people who used the service. There had been some people recently admitted to the service who had complex needs. Staffing levels had not kept pace with this.

We found there had been inconsistent management of the service since the registered manager and deputy manager left in June 2015. This had affected staff support and morale, and the effectiveness of the quality monitoring system.

Staff were recruited safely and they received induction and training. The training record showed some refresher training was required. Staff told us they found workbooks used for refresher training were not the most effective way to absorb important information and suggested more face to face, classroom-based methods would enhance this.

We found staff ensured they gained consent from people prior to completing care tasks. In the main, staff worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions. However, we found two instances when best practice had not been followed when gates had been installed at bedroom doorways which restricted entry and exit. Consultation with relatives had occurred but documentation was missing to reflect capacity assessments and decision-making. The deputy manager told us they would address this straight away.

We observed staff engaged positively with people who used the service and supported and reassured them in a caring way. Staff respected people's privacy but we found more care could be taken when looking after people's belongings.

We found people's needs were assessed and plans of care produced to guide staff in how to meet them. In some instances, the care plans were thorough and in others they could have included more person-centred information.

There were policies and procedures to guide staff in how to keep people safe from abuse and harm. Staff were aware of how to raise concerns with management and other agencies. Staff had completed safeguarding training. Risk assessments were completed to guide staff in helping people to remain safe during activities of daily living.

We found people's health and nutritional needs were met. Health professionals were involved in their care and treatment when required. Menus provided a choice of meals for people and a tool was used to help gauge their nutritional risk; dieticians were contacted and people's weight was monitored in line with their risk assessments.

We found people received their medicines as prescribed. Medicines were stored, recorded and administered to people in line with good practice. A new air conditioning unit was planned for the ground floor medicines room to ensure the correct temperature for storing medicines was achieved consistently.

There were two activity co-ordinators. They ensured there was a programme of events which included activities within the service and the opportunity for some people to access the community via trips out and attendance at a local church club.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Although staff were recruited safely, there was insufficient care staff on duty at all times to meet people's assessed needs. This had resulted in some people having to wait longer than expected for personal care tasks.

People received their medicines as prescribed.

Risk assessments were completed which made sure staff knew how to support people safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

In the main staff ensured people provided consent prior to care being carried out and when they lacked capacity to make their own decisions the principles of the Mental Capacity Act 2005 [MCA] were followed. There were two instances when decisions had been made to put in place restrictions such as gates to people's bedroom doorways at the request of relatives. The principles of best practice with MCA of assessing capacity and recording best interest decisions had not been followed in these two instances.

People's health and nutritional needs were met; they had access to a range of community health professionals for treatment and guidance and they were provided with choices at each meal.

Staff received induction and training, although some courses required updating. Formal staff supervision had slipped due to a lack of consistent management.

Is the service caring?

Requires improvement

The service was not consistently caring.

There were instances when staff had not taken due care of people's clothes and belongings.

Some confidential information relating to personal records had to be made secure on the day of inspection.

Staff were kind and caring when they interacted with people who used the service and their privacy was respected. They supported people to be as independent as possible.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

Some people's care plans contained good information about their preferences for how care was to be delivered but some did not provide sufficient guidance for staff in how to meet their needs.

People were provided with activities and occupations to help them socialise within the service and on occasions in the community.

There was a complaints policy and procedure to guide people who wished to raise a concern and staff in how to manage them.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There had been inconsistent management of the service since June 2015; this had affected support systems within the service and led to staff feeling that morale was low.

Although there was a quality monitoring system, this had not been wholly effective in highlighting shortfalls and taking action to address them.

Wilton Lodge - 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 registered 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 unannounced inspection was carried out by two adult social care inspectors and took place on 2 and 3 September 2015.

Prior to the inspection we spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service. They told us there were no concerns about the service.

During the inspection we spoke with six people who used the service; we also observed how staff interacted with them.

During the inspection, we spoke with the newly appointed deputy manager who was to start full time at the service the following week and the quality assurance manager who arrived on the first day to support staff. We spoke with two team managers, one senior personal care worker, seven personal care workers, three domestic staff, one activity co-ordinator, the cook and a maintenance worker. We also spoke with two visiting health professionals.

We looked at the care records of five people who used the service including assessments, risk assessments, care plans and daily recording of care.

We looked at other records relating to people who used the service; these included accidents and incidents and medication records for 13 people.

We also looked at a selection of records used in the management of the service. These included staff rotas, shift handovers, memos and notices, training and supervision records, quality assurance audit checks and minutes of meetings with staff and people who used the service.

Requires improvement

Is the service safe?

Our findings

Five of the six people spoken with told us there was insufficient staff on duty which had resulted in them having to wait longer than required for assistance. Comments included, "When I press the buzzer, it takes a fair few minutes; it's very poor at present as there are very few staff. I do things I shouldn't be doing and see to myself", "I was happy here but now I sit too long. They haven't time to do anything which means I have to sit here", "It's not as good as it used to be; they're short staffed. Sometimes when I press the bell they ask why I've pressed it and I tell them it's because I need someone to come. Sometimes they answer in minutes and sometimes it's much longer. Sometimes if I want the toilet, I have to hang on", "There's not always enough staff about just lately; sometimes it's immediate [answering call bells] and sometimes quite a while. It's hard holding on when you need the loo" and "I press the bell a few times and it's quite a while before they come. They say they'll just be a minute and that ends up being 10minutes to a quarter of an hour; it's not good at all."

People who used the service did state that staff treated them well and they confirmed they felt safe living in the home and they received medicines on time. Comments included, "I get my tablets fine; they don't run out", "I had my painkillers this morning on time" and "Yes, I feel safe here. I couldn't look after myself; I feel more secure here."

We found there was insufficient staff on duty at all times to meet the needs of people who used the service. All of the staff we spoke with told us they had been struggling to provide care over and above what would be considered as meeting people's basic needs. They all stated staff morale was low. There had been recent admissions to the service of people with complex needs associated with dementia and staffing levels had not kept pace with this. We were told staff had been staying back past the end of their shift to try and get tasks completed. Staff also told us that when they went for breaks, it left the 'floor' short staffed. We have asked the quality manager to complete a needs analysis of people who used the service in order to determine the correct staffing levels.

Comments about staffing levels from staff included, "It's horrible at the moment and morale is down; you try to get things done but you can't", "It really has been a struggle. We lost a manager, a deputy and a senior in the space of three weeks plus another senior changed to a personal carer role. There has been little consistent back up", "I used to go home and feel proud and had job satisfaction but I don't now", "We need extra carers on the floor", "It's frustrating and heart-breaking not being able to give the support people deserve" and "It's very hard at the moment; it feels like we're headless chickens and they [people who used the service] don't get as much attention as they should."

Two visiting health professionals said, "They are organised and there is always someone to let you in but it's sometimes difficult to find a supervisor" and "The staff are often occupied and I always have to search for them."

Staffing rotas confirmed there were insufficient care staff on duty each day and some nights. The rotas indicated there had been several occasions throughout August 2015 when there had been three night personal carers instead of four. There was sufficient ancillary staff each day such as activity co-ordinators, housekeepers, a cook, an administrator and a maintenance worker.

Not ensuring the service had sufficient numbers of staff on duty at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the end of this report. During the writing of this report, we received information from the registered provider that stated they were addressing the staffing shortages straight away. We will check this out at a follow up inspection.

The service had policies and procedures to guide staff in how to respond to safeguarding issues. Staff had completed training and in discussions were able to describe the different types of abuse, the signs and symptoms that would alert them to concerns and what action they would take to safeguard people. When safeguarding incidents occurred, we found staff had followed local safeguarding procedures and notified relevant agencies.

We saw risk assessments had been completed and steps put in place to help minimise risks to people. These included moving and assisting, falls, nutrition, skin integrity and the use of equipment such as floor mattresses, wheelchairs and bed rails.

We found people received their medicines as prescribed. There were designated rooms for storing medicines and two trolleys to use when administering them to people;

Requires improvement

Is the service safe?

there was good stock control. We saw the medicines fridge in the first floor room was out of use and had been reported to the contracted pharmacy; they were to supply a new one. There was only one item that required refrigeration which was to be stored temporarily and securely in the kitchen fridge. A new air conditioning unit was planned for the ground floor medicines room to ensure the correct temperature for storing medicines was achieved consistently. We observed staff administer medicines to people in a patient and professional way. We found some minor recording issues which were mentioned to the team managers to address, such as a lack of protocols for 'when required' pain relief and an inconsistency when recording the application of topical products. The team managers assured us these would be addressed quickly.

We found staff were recruited appropriately. Employment checks were carried out prior to potential staff starting work at the service. These included gaps in employment, references, proof of identity and disclosure and barring checks [DBS] to ensure people had not been barred from working in care settings. Potential staff had an interview and went through a selection process.

Equipment used in the service had been maintained appropriately. For example, we saw certificates of service for hoists, the lift, electrical and gas appliances and fire safety equipment. Maintenance personnel completed safety checks on areas such as window restrictors, bed rails, hot water outlets, the fire alarm, emergency lights and fire doors, and the nurse call system. The boiler was descaled and maintained, unused hot water outlets were flushed and an external company took water samples to check for the presence of legionella. Staff also had a book to record any maintenance jobs which helped to ensure these were passed onto the maintenance worker to be addressed. The maintenance worker told us they completed monthly fire drills and recorded response times so these could be checked and improved if required. These measures helped to ensure the environment was safe for people who lived there and staff who worked there.

The communal areas were clean and tidy. There were some minor hygiene issues found in some bedrooms which were attended to during the inspection.

Requires improvement

Is the service effective?

Our findings

People who used the service told us they liked the meals provided and they had sufficient to eat and drink. Comments included, "I've had a cooked breakfast, bacon and tomatoes; you can have a cooked breakfast every day", "The food is lovely; you get too much so I have small portions", "The food is nice and you can have what you want. There's plenty to eat and drink and they would get something else if you didn't like it. I'm a faddy eater, always have been, but there is always something for me", "I have bacon and eggs every morning and I look forward to it; you can have cornflakes during the night", "I like a healthy breakfast of muesli and banana. Most meals are nice and there are always two choices which isn't bad; if you don't like them you can always have soup and sandwiches."

People also confirmed staff called their GPs when they were unwell. They said, "Yes, they get my doctor if I need them" and "The heart nurse comes to check me."

We saw people's health care needs were met. People who used the service had access to a range of health care professionals. We saw these included GPs, specialist nurses, community nurses, dieticians, physiotherapists, community psychiatric nurses, opticians and chiropodists. During the inspection, we noted one person had very dry legs and feet. Staff told us they applied specific cream for this but the two staff spoken with each named a different type of cream. There was one cream supplied on the person's medication administration record; the new deputy manager told us they would check this out with the person's GP and make sure all staff were aware of the correct cream to use.

In discussions, senior staff were clear about when they would need to seek medical or nursing attention for people and personal care workers told us they would always report any health concerns to senior staff to check out.

People's nutritional needs were met. The lunchtime and evening meals were prepared and delivered frozen by an external company. The catering staff heated the meals in a specific oven and served them to people. Special meals, for example textured food or those for specific health or cultural diets were also provided in this prepared format. There was fresh fruit delivered and made available to people. We saw staff had assessed people's nutritional needs on admission and weighed them in accordance with a risk management score. This meant some people were weighed weekly and others monthly. People's weight was recorded in their care files. There was evidence that some people had gained weight following involvement from a dietician.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. There were no people subject to a DoLS at the time of this inspection; the new deputy manager was aware of the criteria for DoLS and told us two applications had been made to the local authority supervisory body and they were waiting authorisation. The deputy manager is to keep us informed of the outcome.

We found that generally the registered provider worked within the good practice guidelines of Mental Capacity Act 2005 [MCA]. For example, mental capacity assessments and best interest meetings had been held to discuss specific restrictions, resuscitation decisions and also to decide where one person was to live. We did note that some people had gates to prevent other people who used the service from entering their bedrooms. Not all these people had been assessed as being able to agree to this restriction and although a discussion had been held with relatives it had not been recorded as a best interest decision. We discussed this with the new deputy manager and they told us this would be addressed. Staff had received training in MCA and DoLS.

In discussions, staff were clear about how they would ensure people consented to the care provided to them. Comments included, "We ask them [people who use the service], if they refuse care we tell them we'll come back when they are ready", "Different staff go back, it helps to give people space" and "We always have to wait until people wake up." Staff told us about two people who used the service who were unable to consent to care, they said, "We still talk to them and explain what we are doing."

There was a four-day induction programme for new staff. This included awareness sessions on a range of topics such as policies and procedures, values and attitudes, codes of practice and essential training, for example safeguarding, dementia care, infection control and moving and handling. The training record indicated staff completed training to build on information received during induction. The

Requires improvement

Is the service effective?

training documentation provided information on the courses completed and those due for refresher. Staff confirmed they completed training but stated the workbooks used as refresher training did not provide them with a forum to discuss issues. The workbooks were completed individually and checked by senior staff. Team managers and senior personal care workers completed first aid training and were responsible for administering first aid when required. Two senior personal care workers had not received additional first aid training that followed on from induction awareness training and three senior personal care workers were overdue refresher first aid training. This was mentioned to the new deputy manager to address. Staff told us one person had recently been admitted with a stoma and staff were awaiting training in how to manage it correctly.

Senior staff told us they had tried to keep up to date with formal staff supervision meetings since the previous registered manager and deputy manager left in June but this had been difficult. They said they supported staff on a day to day basis and would resume formal supervision meetings when the management structure was back in place. Of the six staff supervision records we saw, four had received a formal supervision meeting six months ago and one, nine months ago; one member of staff had three meetings in three months. Comments from staff about training and supervision included, “Supervision has gone as we [seniors] are needed on the floor more; the seniors are working as a team but it is hard”, “We used to be on top of training but it has slipped”, “I know we need first aid refresher training”, “Training on induction was good but now it’s just booklets which are not very useful” and “It’s all booklets now and it’s not as effective; back care is alright.” One personal care worker said, “We are still getting supervision every couple of months.” The quality manager told us the use of booklets to complement training was currently under review.

We found the building was suitably adapted for people who used the service. Corridors were wide enough for people who used wheelchairs. There were handrails in corridors, toilets and bathrooms and the service had assisted baths and walk-in shower rooms. The dining room was large and spacious enough to accommodate people in wheelchairs and there were various communal rooms some of which were used more frequently than others. The main shower room had no windows and one person who used the service told us this affected their asthma. This was mentioned in feedback to address during any refurbishment plan.

Requires improvement

Is the service caring?

Our findings

People who used the service told us staff spoke to them in a kind way and looked after them well. They confirmed staff respected their privacy and promoted their dignity. Comments included, "It's lovely living here", "The staff are very good", "The staff are very nice and look after us; they are there when you want them and they do their best", "Oh yes, they knock on the door. They help me with a shower as I can't do this myself; there's no window in the shower room and it does affect my asthma", "The staff are nice even though there is not enough of them about" and "I'm quite happy here, thank you."

We observed staff spoke to people in a kind and patient way. Throughout the day, they were observed asking people if they were warm enough, whether they wanted anything to drink, telling them when their relatives would be arriving and generally offering comfort and reassurance. In the reception area there was a 'wishes and pledges tree'. This was to enable people who used the service, their relatives and staff to write down their thoughts, wishes and pledges. It was unclear if these were checked to see if it was possible to address some of them.

We observed the lunchtime experience for people who used the service, and who ate their meal in the dining room upstairs. We saw staff provided information to people about the choices of meals available and they showed them platefuls of food to assist their decision. Some people had plate guards to help maintain their independence when eating their meal. We observed staff used serving lids when taking meals to people who preferred to eat lunch in their bedrooms. Staff asked people if they wanted any assistance rather than just providing it without consultation; when assistance was required to eat their meal or cut up food, this was completed in a sensitive way. Staff were overheard asking people where they wanted to sit and whether they required a clothes protector.

We observed senior staff administer medicines to people. This was completed in a professional and patient way. They described what the medicine was for and chatted to them as they took it. We observed two staff support a person when they came out of a toilet in a state of undress. This was completed sensitively, with the members of staff providing lots of encouragement which enabled the person to accept the support. Staff were observed providing drinks and snacks in between meals and offered choices each time.

We saw people were provided with information and explanations. There was a newsletter which provided information about activities and trips out. We found in some instances the provision of information could be improved. For example, there were no menus in pictorial format which would have assisted people with their choices of meals and information on notice boards was out of date.

Staff described ways in which they promoted core values such as equality, diversity and independence and we saw some people had been supported to vote in the general election. Staff also told us how they respected privacy and dignity. Comments included, "We always make sure doors are shut and curtains closed during personal care", "You have to speak to people in a nice way as you would like to be spoken to" and "Keep people covered up so they are not exposed." However, during a check of the environment we found some issues that had been the result of staff shortages. For example, some people's clothes in wardrobes had not been put away neatly, toothbrushes were not maintained correctly in toothbrush holders, one person's dentures were still soaking in a denture pot when they were up and dressed, some bedrooms were not personalised and some people did not have names on their bedroom doors. These issues were mentioned in feedback to senior staff.

People's confidential and personal records held in care files were stored securely in the staff office although we saw some old records ready for collection and destruction were tied up in bags in an activity room and also in boxes in the staff room. A senior manager addressed those in the activity room and the bags of records were removed during the inspection. They told us the boxes of records in the staff room will be moved to archive. Staff files were held securely and computers were password protected. We saw there were offices for staff to use to discuss confidential and personal information with health professionals or relatives.

There were leaflets about advocacy services but staff told us most people had relatives to assist them to make important decisions and choices.

Requires improvement

Is the service responsive?

Our findings

People who used the service told us they would be able to complain if they needed to. They said staff knew them well and how to look after them. They also said there were things to do to keep them occupied. People told us one of the activity co-ordinators was not working at present and activities have reduced. Comments included, "I like it here, everyone gets on", "[Staff name] does activities; they came to see me and we made things yesterday", "I knit baby clothes; I'm clever at craft work and [staff name] comes and asks me for ideas", "I do knitting and enjoy nattering to people. We do colouring and jigsaws and there has been cruise foods [themed meals from around the world]" and "I would complain – loudly if necessary."

One person told us they were interested in snooker and used to play when they were younger. They said, "I would love to play it again – I was pretty good you know." They had not had the opportunity to visit any local venues to watch or participate in any snooker games yet. This was mentioned to the activity co-ordinator to see if it could be accommodated. The person also liked watching 'old cowboy movies'; the activity co-ordinator told us they were aware of this and had ensured the person watched these movies at times.

We saw people had their needs assessed prior to admission to the service. The assessments were updated when people's needs changed or on an annual basis. The care files contained information about life histories to enable staff to learn more about the person as an individual rather than someone who used the service. Care plans were produced from the assessments and in most instances these contained good information to enable staff to have clear guidance in how to support people and to meet their needs. For example, one care plan we saw described how the person preferred to have one to one time with staff rather than activities in groups, another described the person's cultural nutritional needs and yet another described how the person was assisted to maintain their independence.

However, this was not consistent in all care plans we looked at. For example, one person had cream prescribed on their medication administration records and staff could tell us when and where this was applied. However, there was no record in the skin integrity care plan about this nor was the information covered in the person's 'topical products body map'. Another person had lots of general information about their care but there was important information missing about how to manage their behaviour which could be challenging to staff and how they were to support them with their religious needs. The new deputy manager was to complete a care plan audit to check they were up to date and staff were aware of any changes.

In practice staff had responded to people's needs. For example, they supported one person to sleep on a mattress on the floor, however, they had not removed the bed out of the room, which made it overcrowded for the person. This was mentioned to senior staff to address. Staff had also contacted the person's GP to seek permission to administer all their medicines in one go during the period of Ramadan; permission had been provided by the GP and in this way staff had helped to maintain this person's religious needs. Staff had responded to some people's inability to eat and drink independently by providing them with appropriate drinking beakers and plate guards to assist them. We saw people at risk of pressure ulcers were sat on 'pressure cushions' and had special mattresses for their beds. There were no people with any pressure ulcers at the time of the inspection; staff knew which people were at risk of becoming sore and monitored them.

In discussions, staff described how they provided person-centred care and it was clear they knew people's needs well. They were still getting to know the needs of people who had recently been admitted to the home from another service. They did say that it had been difficult recently to fully provide as much person-centred care as they wanted to due to staffing shortages.

People were provided with choices about where they wanted to spend their day. There were several communal rooms, a separate room for people who wished to smoke and a hairdresser's room. The garden was spacious and had seating, patios, raised tubs for plants and grassed areas. Some areas of the garden needed attention, for example the greenhouse could not be used as it was filled with items waiting to be removed from the service. Some of the benches needed sanding and repainting which could be an occupation for some of the people who used the service to participate in.

We spoke with the activity co-ordinator and they described the activities and occupations provided to people. These included, pet and doll therapy, watching dvds and listening to music, bingo, nail care, life story work, adult art therapy,

Requires improvement

Is the service responsive?

trips out, celebrations and commemorations of events, and one to one work with specific people. There were 'Oomph sessions' which were exercises to music and activity games such as hoopla and throwing and catching bean bags. Four people who used the service attended a knitting group twice a month at a local church. During the warmer months, some people had enjoyed potting plants so the garden could take part in the 'service in bloom' competition with other HICA [registered provider] homes. The activity co-ordinator told us there had been a recent slide show on war memorabilia which was really enjoyed by people; there were photographs of the event on display. We saw a lot of reminiscence work had been completed with people regarding their memories and past histories. Information about these was displayed in people's bedrooms.

We saw some people's bedrooms were very personalised, whilst others could be improved and some did not have the person's name on the door.

There was a complaints policy and procedure with timescales for acknowledgement. The procedure stated the length of time for investigation would be decided during discussion with the complainant. There had been two complaints in the last year, both of which had been addressed. During the writing of this report we became aware of a complaint issue and have asked the registered provider to investigate it.

Requires improvement

Is the service well-led?

Our findings

People we spoke with were unsure who was managing the service. They all said there had been changes recently and they felt these had led to difficulties in staffing levels. Comments included, "I don't know who the manager is at the moment" and "They [registered manager] left and I don't know who the new one is."

There had not been a registered manager at the service since June 2015. The deputy manager left in July 2015. There had been support provided by a registered manager from another service two days a week but this had recently stopped. There had not been any consistent backfill for the deputy manager post during this time. During the three weeks prior to the inspection, a deputy manager from another service had completed five shifts at Wilton Lodge.This new deputy manager told us they were to start full time at the service the week following the inspection. Because of the leadership situation there were areas of the service that had not been managed as robustly as required.

All the staff we spoke with told us there had been a dip in morale over the last few months and they felt support could be improved. Other staff commented that the environment needed refurbishment and redecoration. Comments included, "The morale is low; it used to be such a lovely atmosphere. I try to perk it up a bit as low mood can impact on residents", "It's been difficult not knowing where to go for support", "Low morale and staffing has led to us being exhausted and bickering with each other", "Support has not been as good these last few months; there is no-one to bring us together, no-one running it [Wilton Lodge]" and "The environment is looking shabby and although we try, it looks like we're not doing our job properly; they haven't kept on top of things." During the inspection, a senior manager showed us a refurbishment plan that was due to commence on 28 September 2015. This included decoration of all communal sitting rooms, the reception area, two bathrooms and three unoccupied bedrooms. There was to be new floor covering in several areas and new furniture.

We asked staff what the culture of the organisation was like. They said, "We do have an open-door policy and a complaints policy for people to raise concerns", "The emphasis seems to have gone off the clients, and staff are not valued at the moment", "We need more meetings to discuss things; they don't listen to us" and "I don't feel listened to just now." The staff comments about morale and support has been taken on board and we received information during the writing of this report that an interim management structure has been put in place until the new manager takes up their post in October 2015. We will check this out at a follow up inspection.

We checked what information the new deputy manager had received during their handover when they arrived to manage the service for one shift last week. The information included which senior manager was overseeing the service for the next two weeks, computer passwords, instructions to investigate unwitnessed falls, record accidents, arrange specific training and update the vacancy list. There had not been time for them to discuss the specific needs of people who used the service.

There was a quality monitoring system which consisted of monthly audits and meetings. We found some areas of this system had slipped in recent months due to the lack of consistent management oversight. For example, environmental audits had not picked up areas for improvement, tidying or cleaning. Care plan and medicines audits lacked action plans when shortfalls were identified. Some storerooms were cluttered with items no longer in use. There was some broken equipment which had not been repaired in a timely way. We were told staff had four pagers between them when there should be eight. We were also told by a visitor that they had witnessed a member of staff wheel their bicycle through the service and place this in one of the bathrooms; this practice was confirmed during the inspection and we were told it was done because a bicycle had recently been stolen from outside the service. The inside of the service was not an appropriate place for the storage of bicycles; this action could be a trip hazard for people and an infection control issue. A senior manager told us this should not be happening and they were to check it out and ensure it was not repeated. They told us there was space at the rear of the service for this type of storage if required.

We could not locate any records of surveys completed to seek the views of people who used the service, their relatives, staff and visiting professionals.

The quality monitoring information was recorded monthly on a specific tool for this purpose. This covered a range of topics and was scored. The monthly audit had not been completed for August 2015 yet. A senior manager told us that the quality assurance system was under review at

Requires improvement

Is the service well-led?

present and tools are being produced that would be linked to the Care Quality Commission's [CQC] KLOEs. The KLOEs [Key Lines of Enquiry] are what CQC inspectors use guide them when they look for evidence that the service is compliant and meeting regulations.

Not ensuring the service had consistent oversight to monitor the quality of service provided to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the end of this report.

Accidents were recorded and information included to reports sent to senior managers. They would check what action had been taken if they identified serious or repetitive falls.

We saw there had been some staff meetings in 2015 but none since May 2015. The main staff meetings had taken place in January, March and the last one in May 2015. A senior staff meeting had taken place in January 2015, one for night staff in February 2015 and one for domestic staff in May 2015. There had been three meetings for people who used the service, the latest one was with the activity co-ordinators, and two meetings for their relatives. The meetings gave people the opportunity to discuss any issues.

CQC had usually received notifications of incidents that affected the welfare of people who used the service. However, there had been an oversight and we had not received two reports of incidents that had occurred recently. The deputy manager told us they would complete these notifications as soon as possible. It is important for CQC to receive notifications of incidents so we can check out how they are managed.

The local authority had inspected the service regarding how staff managed food safety; the score awarded was five [highest score]. This showed there were good catering systems in place.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered provider did not have effective systems and processes to ensure the service provided was safe, effective, caring, responsive or well-led. Regulation 17 [1] [2] [a] [e]

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The service did not have sufficient numbers of staff on duty at all times to meet people's needs safely. Regulation 18 [1]