

Tamaris Healthcare (England) Limited







Harrogate Lodge CRH

Inspection report

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Date of inspection visit: 28 & 31 October 2014
Date of publication: 30/01/2015

Ratings

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

Overall summary

This was an unannounced inspection carried out on the 28 and 31 October 2014.

Harrogate Lodge Care Home is a care home with nursing and is registered to provide accommodation for up to 50 people. The home is located over two floors and has lift access. There is also a garden area and car parking is available. The home is close to local shops and amenities. At the time of our inspection there were 32 people living at the home.

At the last inspection in July 2014 we found the provider had breached three regulations associated with the Health and Social Care Act 2008. We found people did not experience care, treatment and support that met their needs and ensured their safety and welfare, staff members did not receive supervision or appraisals and care records did not protect people from the risk of unsafe care or treatment. We told the provider they needed to take action and we received a report on the 2 September 2014 setting out the action they would take to meet the regulations. The provider told us they would

Summary of findings

have met the regulations by the end of October 2014 but said they needed until the 1 December 2014 to ensure all staff received regular supervision. At this inspection we found some improvements had been made with regard to these breaches. However, these still remained areas of concern. We also found additional areas of concern.

At the time of this inspection the home did not have a registered manager. The registered manager had submitted their application to cancel their registration with the Care Quality Commission on the 18 September 2014. 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.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely.

Some staff could not recall if they had received safeguarding training so we were not confident staff fully understood their responsibilities in relation to protecting people from abuse. The management team failed to report incidents appropriately. This did not safeguard people from the risk of abuse.

On the first day of our visit staffing shortfalls were not covered. Staffing levels were determined by occupancy levels in the service rather than people's needs. We found people were not always cared for, or supported by, enough skilled and experienced staff to meet their needs.

Applications for the Deprivation of Liberty Safeguards had not been assessed or carried out. It was not clear in the care plans we looked at if the rights of people who lacked the mental capacity to make decisions were respected.

Some staff did not follow the guidance in people's care plans and we found care plans were difficult to navigate and did not contain sufficient and relevant information. End of life support was not recorded in people's care plans. People were not protected against the risks of receiving care that was inappropriate or unsafe.

From the records we looked at we were not able to see if complaints had been responded to appropriately or if any lessons learnt had been implemented.

There were not always effective systems in place to manage, monitor and improve the quality of the service provided. The management team had failed to protect people from inappropriate or unsafe care and treatment as effective analysis of accidents, incidents and audits had not been carried out.

The provider had informed CQC about one significant event that had occurred but they had failed to inform CQC about all reportable events. They should have reported two safeguarding incidents but had failed to do so.

Staff records showed staff were not receiving appropriate training, support or completed induction. Although the provider told us they would not have staff support systems fully operational until December 2014, we found the provider had made very little progress since the last inspection. One person had completed their induction in one day however the services policy and associated records showed that this should have been over a two day period. The provider could not be sure all staff understood how to deliver care safely and to an appropriate standard.

People's health, care and support needs were assessed. Risks to people's health and well-being were identified and care plans put in place to help people manage these risks. We saw good relationships between people living at the home and members of staff. The atmosphere was calm and relaxed.

People lived in a clean, comfortable and well maintained environment and were protected against the risk of infection.

People received a choice of suitable healthy food and drink ensuring their nutritional needs were met. At meal times appropriate assistance was provided.

People's physical health was monitored and appropriate referrals to health professionals were made. The provider worked effectively with health professionals and made sure people received good support when they moved between different services.

Staff were aware and knew how to respect people's privacy and dignity.

Summary of findings

Activities were provided both in the home and in the community. Staff told us people were encouraged to maintain contact with friends and family.

There were some effective systems for monitoring the quality of the service in place. However, where

improvements were needed, these were not always addressed and followed up to ensure continuous improvement. We saw staff, relatives and residents meetings were held.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

The service was not safe.

Medicines were not managed safely. Staff sometimes failed to follow the prescribers' direction fully and people were not given their medicines properly.

Staff knew how to recognise and respond to abuse correctly. However, some members of staff told us they had not received training in safeguarding vulnerable adults and we found not all safeguarding incidents had been reported to the Care Quality Commission.

There were not always enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were determined by occupancy levels in the service rather than people's needs.

Individual risks had been assessed and identified as part of the support and care planning process.

There were effective systems in place to reduce the risk and spread of infection.

Inadequate



Is the service effective?

The service was not effective in meeting people's needs.

Staff told us they had not completed Mental Capacity Act 2005 or Deprivation of Liberty Safeguards (DoL's) training. It was not clear from the care plans if people had received appropriate mental capacity assessments. Further work was needed by the management team to meet the requirements of the DoL's.

Staff did not complete a comprehensive induction when they started work and staff training provided did not equip staff with the knowledge and skills to support people safely.

People's nutritional needs were being met. People were supported to eat and drink enough to maintain their health.

People had regular access to healthcare professionals, such as GPs, district nurses and chiropodists.

The home was well decorated and furnished although we noted refurbishment was ongoing on the upper floor corridor and dining room area.

Inadequate



Is the service caring?

The service was not always caring.

The home accessed support from the district nursing and palliative care teams when people reached end of life. However, end of life plans and people's wishes were not recorded in people's care plans. Staff also told us they had not received training in end of life care.

Requires Improvement



Summary of findings

Throughout the inspection there was a pleasant and relaxed atmosphere. We saw caring interactions when staff provided assistance. Staff knew the people they were supporting and chatted to them about family and friends.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

The service was not responsive to people needs.

We found care plans were difficult to navigate and did not contain sufficient and relevant information. People were not protected against the risks of receiving care that was inappropriate or unsafe.

The provider's records did not demonstrate that complaints were responded to in a timely way or appropriate action had been taken as a result of the complaint.

There was a programme of activity for people to join in with.

Appropriate care arrangements were in place for people who moved between services.

Inadequate



Is the service well-led?

The service was not well led.

There was no effective accident and incident analysis carried out and therefore, people were not protected from unsafe care.

The provider had informed CQC about a number of significant events that had occurred but they had failed to inform CQC about all reportable events.

There were some effective systems for monitoring quality of the service in place. However, some actions from audits had not been acted upon.

We saw staff, resident and relatives meeting were held. Relatives told us they had mixed views of whether the meetings were effective and if actions were addressed.

We received positive feedback from a health professional who said the provider worked very effectively with them to make sure people's healthcare needs were met.

Inadequate



Harrogate Lodge CRH

Detailed findings

Background to this inspection

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

This inspection took place on 28 and 31 October 2014 and was unannounced.

At the time of our inspection there were 32 people living at the home. During our visit we spoke with 11 people living at the home, two relatives, 15 members of staff, the temporary manager and the acting regional manager. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans.

The inspection team consisted of three inspectors, a specialist advisor in tissue viability and an expert by experience in people living with Dementia. 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 our inspection, we reviewed all the information we held about the home. The provider had partially completed a provider information return. This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. We were aware of concerns that the local authority and safeguarding teams had. Healthwatch feedback stated they had no comments or concerns regarding Harrogate Lodge Care Home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We looked at medication records for seven people who were living in the home and found some concerns about medicines or the records relating to medicines for all those people. We found medicines were recorded and signed for by staff when they came in to the home. However, one person's records stated there were 43 ibuprofen tablets expected but we found 64 tablets were stored. It was not clear where the surplus stock number came from and no explanation was given by staff.

Medicines in current use were kept securely in locked cupboards and trolleys. We found the medicines were stored at the correct room temperatures. However, we found the fridge on the ground floor was not working. We saw one person's eye drops were not stored in the fridge in accordance with the prescriber's guidance. This person may be at risk from the unsafe use and management of medicines.

We saw people's medication administration records (MAR) had a photograph of the person along with how people liked to take their medicine. However, we saw one person's 'resident identification sheet' stated, 'likes their medicines to put in left hand'. The person's care plan for covert medicines stated, 'to take tablets in food'. A member of staff told us, "Tablets are crushed as directed in the care plan." We also saw side effects from the medicines were not recorded on any of the care plans we looked at. Some information was not recorded on people's MAR records or in their care plan about how they wanted to take their medication and this was not followed by staff.

We found medicines were not administered safely. People were not given medicines at the correct time of day or in the correct way. For example, one person's MAR stated, they should take their medicine at 8:00am however, we found the medication round did not start until 8:30am. On the 28 October 2014 we saw the person received their medicine after breakfast. The prescriber's instruction clearly stated that it was important to administer the medicine at the same time each day; however, there was no reference to this in the person's care plan.

We saw one person was unable to swallow tablets and a member of staff told us they dispersed the tablets in water. We saw there was no record the tablets needed to be dispersed in water and records did not indicate this had been checked with the GP or pharmacist.

One person's MAR stated paracetamol was refused on the 16 October 2014. There was no information recorded as to why this was. We saw that most days it was documented paracetamol was offered but not needed. Another person's MAR chart stated eye drops were noted as not needed; however, there was no explanation for this. We did not see any guidance or information about medicines to be administered 'when required'. This meant there was a risk staff did not have enough information about what medicines were prescribed for and how to safely administer them.

We found creams were not stored safely in people's bedrooms because they were not locked away. If creams are not locked safely away people's health could be placed at risk. We found there was no clear information recorded to guide staff as to where to apply creams or when creams had been applied. This could result in people's skin conditions not being managed effectively.

We saw the disposed medicines were recorded in a medication destroyed book. However, the destroyed stock was placed in a container that was not tamper proof and did not meet the National Institute for Health & Care Excellence (NICE) guidance which states 'medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy'.

We looked at the controlled drugs (CD's) kept in the home and the CD register. The CD's were kept in a locked cupboard in a locked room. Checks of the stock levels found these were correct and matched the records kept. We also saw the electronic system prompted when medication management required a second staff signature. For example, the booking in of CD's required the signature of both nurses on duty.

We found that appropriate arrangements were not fully in place in relation to the recording and administration of medicines. It is important this information is recorded to

Is the service safe?

ensure people were given their medicines safely and consistently at all times. This is a breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with said they felt safe in the home and felt comfortable in the company of staff who assisted them. For example, one person told us, “The staff are friendly and they know me. I’m safe enough here. My room is nice and quiet.” Another person said, “I feel safe since they put the window locks on.”

We spoke with members of staff about their understanding of protecting vulnerable adults. We got mixed views about their understanding. Some staff had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents; other staff were not as clear. For example, One member of staff told us, “I did safeguarding training last year and I would report incidents to the manager.” Another member of staff said, “I did safeguarding training near the beginning but I can’t remember what it is about.”

Members of staff told us they had received training on how to recognise harm or abuse and this was carried out through e-learning. However, four members of staff we spoke with told us they had not received safeguarding training or the training was due. The staff training records we saw confirmed staff had received safeguarding training in 2014; therefore it was unclear why these staff did not think they had received training.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff.

The temporary manager told us they would notify the local authority and Care Quality Commission of safeguarding incidents. However, we noted from the provider’s online computer system two incidents that should have been reported had not been.

This is a breach of Regulation 11a & b (Safeguarding people who use the service from abuse); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because it was not clear if staff had recognised they had received safeguarding training and management team’s failure to report incidents appropriately. This did not safeguard people from the risk of harm.

Staff were aware of the whistle blowing procedures should they wish to raise any concerns about, colleagues, the manager or provider.

Through our observations and discussions with people and staff members, we found there were not always enough staff with the right experience and training to meet the needs of the people living at the home. One member of staff said, “Lots of agency staff. Staff leave and are replaced by agency staff.” Another member of staff told us, “Last night there were only two care workers and two nurses. One member of staff had to cover at another home.” One staff member said, “Staffing is ok but it is difficult when staff phone in sick.” Another staff member said, “Staffing is ok but we need more cover when staff ring in sick which happens quite a lot.”

We spoke with people living at the home and their relatives and they told us there were not always sufficient staff on duty at all times. Several people remarked on shortage of staff, particularly at weekends. One person told us, “There is not enough staff. Sometimes they’re like zombies they’re so exhausted. Often people are off sick, especially at night or the weekend.” One relative we spoke with said, “Sometimes they’re short staffed. It’s mostly at weekends. They do use bank staff. All the staff are lovely. I had to smile because the door was opened straight away for me today; sometimes I’m left waiting outside for a long time.”

The acting regional manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed there were staff, of all designations, on shift at all times. They told us they used a staffing grid to determine staffing levels. For example, 18 people living at the home on the ground floor, the staffing level would be one nurse and four care staff. They also said an assessment of people’s needs was carried out on admission. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or agency staff were used.

On the first day of our visit three staff had called in sick, leaving one nurse and two care staff on each floor. One member of staff from the ancillary team had to work in the kitchen. The shortage in staffing was not covered by agency or existing members of staff. The acting regional manager told us staffing levels for each floor were one nurse and three care staff on both floors during the day. Night staffing level were two nurses and three care staff. Weekends were the same. The second day of our visit the home was fully

Is the service safe?

staffed and we saw more activities were taking place. If staffing levels are not maintained people may be at risk of not receiving the care and support they needed when they need it.

The acting regional manager and temporary manager were due to attend training on dependency levels on the 29 October 2014, which they said would be a more effective system for determining safe staffing levels. On the second day of our visit the management team confirmed they had attended this training.

There were not always enough qualified, skilled and experienced staff to meet people's needs. This is a breach of Regulation 22 (Staffing); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. One member of staff we spoke with told us they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service check had been completed before they started work in the home. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

The temporary manager told us checks and services were carried out on the premises to make sure they met safety requirements and this included internal checks and servicing from external contractors. We saw from the maintenance records we looked at appropriate checks were carried out daily and monthly. For example, water temperatures, window restrictors and fire extinguishers. When we looked around the home we saw the premises were well maintained and measures were in place to help keep people safe.

There were arrangements in place to deal with possible emergencies. The home had first aid kits and these were stored securely and were accessible to staff. Staff talked confidently about what to do in an emergency. Staff had received training in basic life support skills and resuscitation.

The temporary manager was able to describe emergency fire procedures and the actions they may need to take to protect people in the event of a fire. Personal evacuation

plans were in place for people who used the service. We also saw emergency evacuation equipment was available on the corridors. We saw fire evacuation procedures had been routinely practiced and/or tested.

We looked at four people's care plans and found appropriate risk management processes were in place. There were risk assessments in place where areas of potential risk to people's general health, safety and welfare had been identified. For example, moving and handling, choking and bed rails. Where risks were identified, care plans were put in place which provided information to staff on how to keep people safe. This helped ensure people were supported to take responsible risks as part of their daily life with the minimum necessary restrictions. We saw there had been several environmental risk assessments carried out, for example, use of the bath hoist.

We observed staff assisting people with restricted mobility throughout our inspection and saw they were given reassurance, handled appropriately and at their own pace when being assisted to move around the home.

We looked around the home which included all communal areas and a number of bedrooms and saw the home was clean and hygienic. We found people were cared for in a clean and pleasant environment. We saw personal protective equipment, alcohol hand rub and liquid soap was available to people. We noted one toilet area had a strong odour and the toilet frame had patches of rust. This was a potential infection risk and the acting regional manager said they would replace this piece of equipment. There were effective systems in place to reduce the risk and spread of infection.

Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control and there was evidence staff had received relevant training. Members of staff we spoke with said they had completed infection control training.

We looked at the cleaning schedules for the home and found daily tasks did not include sufficient detailed information for staff to carry out these tasks. For example, they stated general cleaning and high dusting. They were not specific in what this meant. The acting regional manager told us this was the incorrect form that was in use.

Is the service safe?

The provider's policy for domestic cleaning routines was quite detailed and included flooring, bins, flower vases, curtains and windows. The acting regional manager told us they would address this immediately.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included fire safety practical, care planning and documentation, moving and handling and infection control.

Staff we spoke with told us they had completed several training courses during 2014 and these included wound management, dementia, fire safety, pressure care, information governance, food hygiene, safeguarding and basic first aid.

The acting regional manager told us staff completed a knowledge test at the end of each e-learning session. However, we were concerned the training provided would not equip staff with the knowledge and skills needed because staff completed several training sessions in one day, sometimes up to seven and these could include conflict resolution, equality and diversity, first aid awareness, health and safety law and infection control. We were told by the acting regional manager that no other competency checks for staff were in place. One member of staff told us they were not able to attend pressure area care training and so far there was no planned training for them to attend. This meant staff may not fully understand how to deliver care safely and to an appropriate standard.

We were told by the temporary manager staff completed an induction programme which included information about the company, health and safety and principles of care. We looked at four staff files and were only able to see information relating to the completion of induction in one of the files. We noted in this person's file, induction days one and two had been signed to say they had been completed on the same day. Only review of the job description, walk around the home and discussion about client groups were carried out on a different day. One member of staff told us, "I did an induction on my first day and did a checklist." Another member of staff said, "I didn't know what I was doing to start with, didn't know what was expected. When the manager came she gave me good guidance and someone from head office went through everything but I didn't get it at the beginning."

We saw senior care and nursing staff had attended waterlow score (used to assess the risk for pressure ulcer development) and prevention of pressure ulcers training.

Other members of staff had completed an e-learning module. One member of staff said, "The e-learning module was not very good for my needs." Whilst the provider maybe actively providing training around wound care/management we did not see any evidence, at the time of the visit, of how they evaluated the competencies and effectiveness of staff who had undertaken training and how they applied it to practice.

Staff did not complete a comprehensive induction when they started work and staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and implementation was checked following completion of specific training courses. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. On the first day of our visit only 20% of the staff team had received supervision since July 2014. The acting regional manager told us on the second day this had risen to 50%. It was clear from speaking with staff that not all staff had received supervision recently. However, some staff said they had completed supervision in the last few weeks. One member of staff told us, "I had supervision with a senior care worker. Really happy with what she had to say and got some praise and I am doing a good job." Another staff member told us, "I had supervision at the beginning of the year with the deputy manager." Other comments included, "A while since last supervision", "Not had recent supervision. I supervise my team; last month did some supervision with them. Not had supervision training but I am experienced so I know what to do" and "Not had supervision for a while, quite a while." Staff also told us they had not received an appraisal for some time.

The staff files we looked at showed supervision had been carried out for three people and these were dated 23 April 2014, 22 May 2014 and 29 September 2014. One member of staff told us, "Managers are trying to sort supervision." Another member of staff said, "Supervision should be six to eight weeks but it has been longer than eight weeks." We looked at the staff supervision and appraisal policy which stated, 'supervision shall take place every eight weeks or six times per year. The acting regional manager told us they would achieve their action plan date of 1 December 2014

Is the service effective?

which stated 'the home manager will monitor the supervision process utilising diarising the supervisions matrix and audits. The regional manager will monitor supervisions are being maintained via their monthly quality audit of the home'.

The provider told us they would not have staff support systems fully operational until December 2014, we found the provider had made very little progress since the last inspection. The home was not following the provider's supervision and appraisal policy.

We found staff understood how to help people with limited mental capacity to make decisions. For example, members of staff showed people the choices at mealtimes. We saw on occasions that people were asked for their consent before any care interventions. For example, we saw people were asked for their consent when putting aprons on during meal times or when being assisted by staff with moving and handling.

The staff we spoke with confirmed they had not attended training and had limited understanding on the Mental Capacity Act 2005. One member of staff said, "No-one here had the capacity to make big decisions and they have relatives who do that for them."

One person we spoke with said, "They look after me very well. The staff are nice and they ask me before they do things and they always ask me if I want more tea."

One person's care plan stated 'can make non-complex decisions for example what they would like to wear and to eat'. Information was clear on how best to help support this person to make decisions for example, in private and in small digestible chunks. This had been completed in April 2014. In September 2014 this person's health deteriorated and the care plan was reviewed to show the person found it difficult to make decisions. In October 2014 health improved and they were now able to make less complex decisions once again. One person's care records contained information which showed they were encouraged to make decisions about their care.

However, others peoples care records did not contain clear information about decision making processes. We saw the consent for use of photographs, in one person's care plan had been signed by a member of staff. In the person's care plan for rights, consent and capacity we were not able to see evidence the person had been involved in the development of this. In their capacity assessment it stated

'[name of person] capacity to make decisions is assessed due to [name of person] not being able to make decisions regarding their health and also care needs and finances'. At the end of the assessment it stated '[name of person] can communicate simple decisions'. This was dated 19 May 2014. This was conflicting information regarding this person's capacity to make decisions.

We were told that no-one living in the home was subject to an authorised Deprivation of Liberty Safeguard (DoLs). The temporary manager said, "We have no DoLs application in progress at the moment. We have no one in immediate urgency. I will be working through this with the new manager." The staff we spoke with told us they had not received and DoLs training.

It was not clear from the care plans we looked at that people had received appropriate and person specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. The applications for the Deprivation of Liberty Safeguards had not been carried out and it was not clear if people were at risk of having their liberty deprived. This is a breach of Regulation 18 (Consent to care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed the lunchtime meal and saw staff provided people with appropriate assistance and no one was rushed to eat their meal. The atmosphere was pleasant, with staff engaging those they were assisting in conversation. We saw one person being shown the options as they were unable to decide. A number of people had lunch taken to them in their rooms. We saw one person wanted to leave the dining room and a member of staff went with them for a walk and reassured them. The staff member confirmed this person had their lunch in the lounge area.

There was a choice of two main courses, which was the case for every day and the menu was both on the wall and on each table. There was also a breakfast menu and a separate menu on the wall for foods 'available throughout the day'. Members of staff told us there was a kitchenette on each floor to make snacks and drinks and these were available all day and night with juice machines placed in the dining areas. One member of staff said, "We can access the main kitchen during the night and snacks and drinks are available." Another member of staff said they often made tea and toast for people living at the home. However, we noted the juice machine on the first floor was empty.

Is the service effective?

We spoke with the chef who told us they had details of everyone's likes and dislikes; there were nine people at risk of weight loss and some people had a soft diet. They said they did smoothies twice a day and added cream to enrich foods such as mashed potato. They told us they baked every day and had an adequate supply of provisions.

Some people spoke very positively about the food which they said was varied and plentiful. One person said, "I asked for sandwiches because I don't like the meat pie." One person had pureed food, which looked well presented in separate sections on the plate. One person was given egg and chips with brown sauce. We saw they clearly enjoyed it. The food looked appetising and was well presented. We found people's nutritional needs were being met.

However, some people were not as complimentary about the food. One person said, "I don't like mashed potato. I tell them I don't like it, but they keep putting it in front of me. I like rice and peas. They do make rice and peas, but they use those green peas not red ones, but still they keep putting mashed potato there. I don't like it." There was a Caribbean menu on the wall that indicated that Jerk chicken with rice and peas; fry fish; curried goat and fried plantain were available. We spoke with a member of staff who told us they were aware of this and would update the person's care plan immediately. We spoke with the temporary manager who said they would also address this.

A relative we spoke with said, "My main complaint is the food – I mean, it's the high point of their day, isn't it? Mum says it's not very nice. Sometimes the puddings are like rock. I think a lot of it is frozen. They say you can get cake in the afternoon, but often you can't."

People spoken with said they received appropriate healthcare support.

We looked at people's care plans and these contained information about visits from health care professionals, for example Parkinson's nurse, dietician, optician, and chiropodist. Where advice was given we saw this was implemented and followed by staff. The temporary manager told us a GP from one local surgery visited on a weekly basis to review some people living at the home.

The home was well decorated and furnished. We observed people in communal areas where relaxed and comfortable. We saw the corridor on the upper floor was bland with no pictures or tactile items to stimulate the interest of people living with dementia. We were told by the acting regional manager that a refurbishment programme was underway and this corridor was due to be decorated and would have themed walls. However, the timescale for completion was not known by the acting regional manager or the temporary manager.

We saw people's bedroom doors had signs, the person's picture and their name on. People's bedrooms were personalised with photographs and ornaments. People were able to move around most of the home freely. This included moving between communal areas and the dining room. Some communal areas were spacious but others were smaller and these were used as quiet lounges.

One member of staff told us people living at the home were able to choose which room they wanted to stay in and one person had chosen to remain on the upper floor. One staff member told us, "Things are maintained. We have come on leaps and bounds since the refurbishment."

Is the service caring?

Our findings

We spoke with staff about people's end of life care. Staff told us they had not received training in end of life care. One member of staff said, "End of life care plans is a gradual thing. We would speak with the family and GP. The palliative care team would be involved." Another member of staff told us, "No care plans. We need to discuss with families. Years ago I did end of life training but nothing for years. We have someone who comes from the Hospice and assists when people are near the end of life and we call her when we need her. Palliative care advice is available." One staff member said, "Everyone should have an end of life plan. We should record their or their relative's wishes."

One care plan we looked at contained information regarding the person's wishes and a discussion had taken place with their relative. However, other care plans we looked at did not contain end of life information. There was no information for staff on how to support and care for people at this time.

End of life information was not recorded in people's care plans; therefore people were not protected against the risks or receiving the end of life care they wished for. This is a breach of Regulation 9 (Care and welfare of people who use the service); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People living at the home we spoke with during our visit felt the care and support provided was good. People commented they felt supported and staff were approachable. People and relatives said they liked the staff. One person said, "I think it's alright." A relative we spoke with said, "To be honest, I'm not so worried about the décor; it's the way they look after Mum that matters to me. I know she's well looked after, that's what matters to me. I come here most mornings."

People told us they had been involved in their care planning and had been asked about their likes and dislikes. One person said, "Oh, I've filled in forms that go on for pages and pages." Another person said, "They ask you, but they don't listen." One person told us, "Staff are friendly and

they know you." Relatives said they were involved in discussions about their relative's care and the associated risk factors. One person said, "The carers are very kind and caring. They do talk to me if there's an issue."

We observed interactions between staff and people living at the home were friendly, respectful and caring. We saw staff spoke with people as they moved around the home and when approaching people. Staff demonstrated knowledge of people's likes and dislikes and were cheerful and encouraging to residents. We saw people looked well dressed and had well-fitted slippers. However, we observed one person was ignored by two members of staff when she was saying she wanted to go home. The nurse then said they could go home after lunch. This was not an option for the person to go home. Therefore, the person's situation was not explained to them accurately.

Staff we spoke with were able to tell us about the people they cared for and said people were well looked after. One member of staff said, "They give you time to chat and hang out with the residents. The people mostly lived in this area before, so it feels like community." Another member of staff told us, "All the carers care. We love our residents."

We reviewed the care plans of four people living at the home. People's care plans contained several sections which we found difficult to navigate and cumbersome. We spent some time with the acting regional manager being talked through the plans and found daily notes were mixed in with monthly care plan reviews. Health professional's contacts were very muddled and difficult to find. We saw the local authority assessment for each person and found these had been accurately translated into the person's care plan by the provider.

People we spoke with said their privacy and dignity was respected. We observed this was routine during our observations on the day of the visit. Staff were calm and patient with people and explained things well and were able to explain and give examples of how they would maintain people's dignity, privacy and independence. Staff told us they would close people's doors and draw curtains when providing personal care. We also observed staff used people's preferred names.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

Each care plan had sections which covered for example, mobility, nutritional needs, skin integrity and personal hygiene. They also contained life histories and connecting with the community sections. However, we found the care plans were not up to date. For example, one person's 'what is important to me section' stated 'I don't really enjoy group activities. I used to like listening to five live radio and watching the horse racing. It does not really interest me anymore. I don't like music or watching TV. I prefer peace and quiet. I like to go to bed when I'm sleepy and rest. I enjoy seeing my brother every afternoon. (Daily records stated that he no longer visits). I like food that is softer as I have no teeth. I love tea and sweet things. Noisy impatient, rude people annoy me. I like to talk to people who are gentle and quiet.

We saw care plans did not always reflect the needs and support people required. One care plan for mobility dated 14 October 2014 at stated 'walking with support of one or two care staff'. We observed them walking unaided but using the handrail in the corridor. A member of staff said they should have one member of staff with them.

Care plans we looked did not always provide the relevant information for staff to look after people effectively. For example, one person's depression assessment score was nine. Eight or more suggested significant depressive symptoms. However, there was no evidence of any action taken. We also saw one person's pain scale assessment stated mild or moderate pain on four separate occasions but there was no evidence of action taken if needed.

We saw some sections of people's care plans had not been completed or recently updated. For example, one person's core assessment was blank and the monthly evaluation of dependency had not been completed since August 2014. Another person's monthly evaluation of dependency had not been reviewed since May 2014.

We looked at how people's pressure care was managed and understood by staff. Two members of staff told us,

"Some people are turned every two hours and always with two members of staff. Position change charts are signed with two signatures." We looked at three people care plans. We found staff were recording in the daily notes of the use of equipment and pressure relieving strategies related to pressure area care. However, we found some wound charts were not always fully completed. The base line document included wounds as well as pressure ulceration. This could lead to confusion as staff were recording in areas of the forms that had boxes related to pressure damage grading (boxes for grades of pressure ulceration and their description) but were also putting in information about a wound.

One member of staff said, "I don't know care from care records; I know from knowing the residents." Another member of staff said, "The care plans are not good and everyone knows that. They are working on the new ones. The monthly evaluation is very difficult." We did not see much evidence of people who used the service and family being involved in developing care plans.

One person we spoke with told us they felt very nervous going to the toilet. There were two commodes, one in the bedroom which was a more rigid construction and a large one in the en-suite toilet which took up the whole room. They said, "They measured me for my wheelchair, but not for the commode. I'm frightened because I've fallen off it twice, off the big new one. It's too high for me and it's wobbly, and they don't always lock the wheels so it scoots about. I prefer the other one. I've told them, but nothing's changed." Records did show some action had been taken to address this, however, this was not timely and there had been delays which the temporary manager was unable to explain.

The management team told us they had made some improvements with documentation but said they still had some way to go. However, care plans were difficult to follow and people were not protected against the risks or receiving care or treatment that was inappropriate or unsafe. This is a breach of Regulation 9 (Care and welfare of people who use the service); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All of the people we spoke with said they felt comfortable in raising any concerns with the manager. One person said, "If I had any complaints I'd talk to the manager, I have no problems with that. They do listen and I think they take things on board."

Is the service responsive?

The temporary manager told us people were given support to make a comment or complaint where they needed assistance. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. There was a clear procedure for staff to follow should a concern be raised.

The temporary manager told us there were no ongoing complaints. We saw one complaint was recorded in a book called 'please feel free to leave me a message' on the 31 August 2014. The complaint was addressed by the temporary manager the day after to the satisfaction of the relative. We spoke with the relative who told us, "I am happy with the response, the manager is really good."

We looked at other complaints that were received in 2014 which were recorded on the provider's online computer system. We saw five complaints had been received by the home during this time; however, we were only able to see one of the complaints had received a response. It was recorded that a response had been sent regarding the other four complaints. The temporary manager was unable to explain if a response had been sent, what the response contained or the outcome. We looked at the provider's policy for complaints which stated an 'analysis wherever possible to identify the causes' and 'make recommendations that would help prevent recurrence/improve service.' We were not able to see any evidence of this.

From the records we looked at we were not able to see if complaints had been responded to appropriately or any lessons learnt implemented. This is a breach of Regulation 19 (Complaints); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw activities included live entertainment, shopping and fun days out, gentle exercise, arts and crafts and trips

down memory lane. We also saw some areas of the home were decorated for Halloween. On the first day of the inspection, there was an activity taking place in the lounge which involved singing to music. We saw people were engaged and tapping their feet and singing along. One person gave us the thumbs up to indicate they liked it. However, the activities were limited due to a member of staff being off sick. On the second day of our visit we saw more activity taking place. For example, one to one games and singing. We also saw Halloween activities taking place.

Staff were aware one person liked Reggae music and said they listened to it in their room. We observed the person listening to music in the afternoon. One member of staff said they try to get people involved but it's a struggle. People don't want to join in, they like bingo. However, they said they took two people out in the summer into town and to the local pub and park.

People told us the home enabled them to maintain relationships with family and friends without restrictions. They said relatives were able to visit as often as they wished. We observed relatives were welcomed in the home when they visited.

The temporary manager talked to us about the arrangements in place to ensure people received a positive experience when they transferred between services. They had considered how the person would continue to receive important health care support to ensure their needs were met. The temporary manager also provided examples where people had experienced well co-ordinated care when they had transferred between services, such as hospital. The temporary manager said a document called 'transfer/discharge' which included summary of care, allergies and medications was used which helped other professionals support them in an unfamiliar place.

Is the service well-led?

Our findings

At the time of our inspection the registered manager had submitted an application to the Care Quality Commission to cancel their registration. The home had been managed by a temporary manager since mid-July 2014. A new manager was due to start at the home on the 3 November 2014.

We saw from the records we looked at monthly audits were carried out which included dining room experience, medication, care documentation, infection control and MAR sheets. We saw a home visit report for September 2014 had been completed which included observations. We saw action plans had been completed following the audits and it was recorded when some actions had been completed. However, one member of staff told us, "I did an infection control audit in June 2014 when I first started and nothing since, but I think the home is well managed." The temporary manager said they had completed an audit about medication however, this had not picked up the concerns we found with management of medicines during our visit. They had also completed an infection control audit in June 2014 and had identified some issues but had not acted on them.

The management team had failed to protect people from inappropriate or unsafe care and treatment by not effectively conducting quality monitoring of the service. This is a breach Regulation 10 (Assessing and monitoring the quality of service provision); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At the time of our visit, we saw the home had records of accidents and incidents, including safeguarding incidents but they did not have a system to look for any patterns and trends. From the information we looked in regard to the process for reporting incidents related to people's pressure damage staff were aware of this. However, staff did not receive any feedback from analysis of the information therefore lessons learnt were not identified. The management team did not have any information on the trends within the home of pressure damage within the year. One member of staff said, "I reported an incident to the manager and appropriate action taken I think but I never heard back about it."

We saw there had been several incidents between July 2014 and October 2014; however, the management team

did not know which should have been reported to the Care Quality Commission. For example, we looked at one record which should have been reported but the records showed that neither the Care Quality Commission nor local authority safeguarding team had been notified.

We noted from one person's care plan there was evidence of unexplained bruising/skin tears and soreness. Care records showed the GP had been consulted and photographs had been taken. However, there was no evidence the cause of bruising and soreness had been investigated even though staff had completed all personal care tasks. We saw two incidents of bruising had been recorded on the provider's online computer system. The manager told us they would investigate the incidents and report to the appropriate agencies.

The management team had failed to protect people from inappropriate or unsafe care and treatment by not conducting an effective accident and incident analysis. This is a breach Regulation 10 (Assessing and monitoring the quality of service provision); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider had informed CQC about a one significant event that had occurred but they had failed to inform CQC about all reportable events. They should have reported two safeguarding incidents but had failed to do so. This is a breach Regulation 18 (Notification of other incidents); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff spoke positively about the temporary manager and the changes they had implemented since they took up their post. One member of staff said, "I feel well supported and I like working here." Another member of staff said, "The manager has been very supportive. We are getting a new manager next week. I hope the manager gets support. If more support was given they may stay longer. We have had seven managers in five years." Other comments included, "Manager is very good but there is going to be a change and I am not sure who the manager is going to be", "Things are quiet settled", "It's hard but it's good, I enjoy it" and "It has been difficult with the change of managers, turnover is high."

The temporary manager told us, "I feel we have turned a corner", "It's been quite a journey" and "It feels safer, staff

Is the service well-led?

are more aware because of training and communication has improved.” The acting regional manager said, “We have made some progress but still some area to go which include supervision of staff and documentation.”

We saw the staff meeting notes for September 2014 which included rotas, e-learning, recruitment, care planning and documentation and staffing. We also saw staff meeting minutes for the qualified staff dated September 2014 which included a discussion of the future, care plans, staffing and medication. The temporary manager told us a staff survey had been sent out in September 2014. They said approximately 40% of survey’s had been returned but this still needed to be analysed. One member of staff said, “I think I’ve been well supported. There is always someone to talk to. I’ve attended one staff meeting.”

We saw minutes of ‘resident/relatives’ meetings dated July 2014 and September 2014 which included new garden furniture, temporary manager, CQC feedback of inspection, recruitment, deputy manager and café area. Relatives we spoke with told us they were aware of the meetings but feelings about the effectiveness of these were mixed. One

relative told us, “I find them very informative and useful.” Another relative said, “I attend most relatives and residents meetings and they keep us up to date with what’s going on. There is a notice in the entrance area showing dates and times of the relatives and residents meetings, which are monthly.” One relative told us, “I didn’t feel listened to or informed.” Another person told us, “The existing staff are really nice and well trained, but they need a new manager. Apparently someone is starting soon, but I’m not kept informed by official channels. It’s often left to the grapevine. The ex-manager was very good and made a lot of positive changes. That seems to have stopped and I feel we’re not kept informed about what’s going on.”

The acting regional manager told us people were asked to comment on the quality of care through surveys, However, the last survey for people living at the home was at the end of 2012.

During the inspection we spoke with one visiting health professional. They told us the home ensured people’s health care needs were met. They said, “Appropriate referrals were made and I have no major concerns.”

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

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

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines
People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

Regulated activity

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

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations
2010 Safeguarding people who use services from abuse
The registered person did not have suitable arrangements to ensure people were safeguarded against the risk of abuse.

Regulated activity

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

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations
2010 Staffing
The registered person did not make appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified and skilled and experience staff to meet people's health and welfare needs.

Regulated activity

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

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations
2010 Consent to care and treatment
Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived. It was not clear in the care plans we looked at if the rights of people who lacked the mental capacity to make decisions were respected

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

The registered person did not have effective systems in place for assessing, and preventing the impact of unsafe of inappropriate care or treatment.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered person did not notify the Care Quality Commission without delay of incidents.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The registered person did not take proper steps to ensure that each person was protected against the risks of receiving care or treatment that was inappropriate of unsafe.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 10 February 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

There were not suitable arrangements in place to ensure staff are appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 10 February 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

There were not always effective systems in place to manage, monitor and improve the quality of the service provided. The management team had failed to protect people from inappropriate or unsafe care and treatment as effective analysis of accidents, incidents and audits had not been carried out.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 10 February 2015.