Embrace (UK) Limited

High Peak Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 18 and 19 February 2016 and was unannounced.

High Peak Lodge nursing home is registered to provide personal and nursing care for up to 39 people. It is situated close to Leigh town centre. All the rooms are single and have en-suite facilities. There are gardens to the front and rear of the home and car parking is available. At the time of our inspection there were 35 people living at the home.

We last inspected High Peak Lodge on 28 and 29 May 2015 when we rated the service 'requires improvement' overall and found two breaches of the regulations in relation to staff training and competency and in relation to staffing levels. At this inspection we identified six breaches of four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staffing levels; medicines; assessment of needs; staff supervision and records. We are currently considering our options in relation to enforcement and will update the section at the end of this report once any actions have been concluded.

There was not a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was working in a different position within the home and was in the process of cancelling their registration with CQC. There was an acting manager in post who was due to leave the service by mid-March 2016. The provider informed us they were in the process of recruiting a new registered manager.

We found issues with the way the service was protecting people from the risks presented by the spread of infection. We saw one person had signs of an infection and had leaking bandages on their legs. They were sitting in communal areas without any shoes on and this placed them and others at risk of acquiring an infection. We also observed sterile water used to flush a feeding tube was left out on a table in the lounge on two occasions.

Prior to the inspection we had become aware of concerns in relation to how the service was meeting the needs of people at risk of, or who had pressure sores. We found some issues with the way the service was assessing and managing the risk of pressure sores. For example, care plans did not document the settings required for pressure relief mattresses. We also found some gaps in records of care in relation to pressure sores, such as records of skin checks and repositioning. The provider had carried out an audit of pressure care following a number of incidents where pressure sores had developed. Actions to improve care in this area, including the provision of training had been identified, and issues surrounding record keeping had been addressed with staff. The area manager told us they felt improvements were being made, but that progress was slow.

We found a range of health professionals were involved in people's care as required. However, some of the care plans we looked at were lacking in details about the care required. This could lead to inconsistencies in the care delivered or result in the care being provided not meeting people's needs.

Daily checks had been introduced to help ensure care records were being accurately maintained. However, we identified some on-going issues with the completion of care records. For instance, we found some food and fluid intake charts indicated a low level of intake that would have placed people at risk of dehydration. Staff and the area manager thought this was a recording issue and said people were regularly supported with drinks.

Most people told us staff were kind and caring, and relatives we spoke with told us their family member's knew staff well. However, one person told us staff could be 'curt' and required more patience. We looked at minutes from a staff meeting, which also showed issues had been raised by relatives in relation to how staff addressed people living at the home.

An activity co-ordinator was employed to provide activities for 20 hours per week. We saw activities such as bulb planting had taken place. However, during the inspection we saw little in the way of activities or stimulation for people. Much of the interaction we observed from staff was task based, such as supporting people with meals, moving and handling and using the toilet.

Staff and people living at the home told us they didn't think there were sufficient numbers of staff to meet people's needs in a timely way. Some people told us they would have to wait long periods to be assisted to use the toilet and staff confirmed this was the case. We found a call bell took over nine minutes to respond to at one point in the inspection and there were also delays in supporting people to get up in the mornings due to availability of staff.

Medicines were administered safely and records of administration were being maintained. We found one person was self-administering a nicotine lozenge. Although we were confident from discussion with staff that they were able to do this safely, there had been no assessment to show any potential risks had been considered. At one point in the inspection we observed that thickening agent had been left unattended in the dining area, which placed people at potential risk of harm.

Staff had received training in a variety of topics including safeguarding, moving and handling and pressure ulcer prevention. We also saw that competency assessment had taken place in relation to areas of staff practice including medicines administration and PEG care. However, supervision of staff by a manager or supervisor had not been maintained. Supervision is another important way of ensuring staff are competent and well supported.

There were a limited number of adaptations to the environment to make it more accessible to people living with dementia. Adaptations included some pictorial and directional signage. There were no adaptations to help people identify their bedrooms and there had not been improvements in this area since our previous inspection. Staff had received basic training in dementia care.

A range of audits had been conducted and these fed into improvement plans. The area manager carried out a monthly visit to the service and had identified many of the same issues we found in relation to record keeping and other areas in their visit report. Many of these actions had not been signed off as completed. The area manager told us actions were revisited monthly and would only be signed off once they were confident any issues had been rectified.

The provider had chosen to implement a temporary restriction on admissions of people with complex support needs whilst improvements were made to record keeping and pressure care. We discussed this with the area manager and agreed this was a sensible and responsible decision.

There was no evidence of any recent residents or relatives meetings. Some people told us they didn't feel informed about what was happening on the home or said they were not asked for their opinion of the service. Relatives told us communication with the home was good. Everyone we spoke with told us they would be confident to raise a complaint if required.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.The expectation is that providers found to have been providing inadequate care should have made significant improvements wi

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Appropriate precautions had not been taken to protect people from risks associated with the spread of infections.

There were not sufficient numbers of staff to ensure people always received support promptly. This led to delays in people being supported to use the toilet and being assisted to move from the dining room to the lounge following meals.

Medicines were administered safely and accurate records had been kept. However, we saw thickening agent had been left unattended in the dining area. This posed a potential risk to people living at the home who could access and use the thickener inappropriately.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Care plans in relation to health care needs such as pressure care were sometimes lacking in detail.

Records relating to food and fluid intake had not been maintained accurately and sometimes indicated insufficient intake of food or fluids.

Staff had received training in a variety of areas including moving and handling, safeguarding and infection control. However, there was no evidence of recent supervision having been carried out with a manager or supervisor.

Is the service caring?

Requires Improvement

Not all aspects of the service were caring.

Most people told us staff were kind and caring, although one person told us staff could sometime be 'curt'. Issues had been raised with the service by staff and family members about how staff sometimes addressed people living at the home.

People told us they were treated with dignity and respect. However, at one point in the inspection we observed staff go on a break leaving five people sat in the dining area. This was despite them having finished their meals and some people were still wearing clothing protectors.

We observed staff taking time to explain what they were doing when supporting people with care tasks such as hoisting. The majority of the interactions we observed were based around care tasks rather than being person-centred.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

We observed little in the way of activities or stimulation for people during the inspection. Records of activities showed the last activity had been 10 days prior to the inspection.

Care plans contained information on people's preferences. Staff we spoke with were aware of people's preferences, interests and social histories. Care plans had been regularly reviewed.

People told us they would be confident to raise a complaint should they feel this was necessary. One relative told us a complaint they had raised had been dealt with to their satisfaction. However, another person living at the home told us it made no difference when they had made informal complaints.

Is the service well-led?

Inadequate

The service was not well-led.

Records were disorganised and were not always kept securely. We found gaps in records of care provided.

Audits of the quality and safety of the service had been completed and actions had been identified to implement improvements. The provider acknowledged progress was slow in some areas, but said improvements had been made.

There was an acting manager in post as the registered manager had moved to a different role within the home. The acting manager was due to leave the service in the near future and the provider was in the process of recruiting a new registered manager.

High Peak Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 February 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist advisor. The specialist advisor was an experienced tissue viability nurse.

Prior to the inspection we reviewed information we held about the service. This included past inspection reports and any feedback we had received about the service via email, our website or our national customer service centre. We also reviewed the statutory notifications we had received from the service. Services such as High Peak Lodge are required to send us information in the form of statutory notifications about safeguarding, serious injuries, deaths and other significant events that may occur.

Prior to the inspection we also sought feedback from Wigan Healthwatch, the clinical commissioning group (CCG) and the quality assurance and safeguarding teams at Wigan Council

During the inspection we took a tour of the home and looked at all the communal areas as well as a small number of bedrooms. We also visited the kitchen and laundry areas in the home. We carried out observations throughout both days of the inspection and spoke with people living at the home. We spoke with seven people living at the home and three visitors who were present at the time of our inspection. We spoke with 12 staff during the inspection. This included six care staff, one nurse, one domestic, the chef, the maintenance worker, the area manager and the quality assurance manager.

We looked at records relating to the care people were receiving. This included 10 care files, daily records and seven medication administration records. We looked at additional records kept in relation to the running of a care home including: Five staff personnel files; records of servicing and maintenance; audits; minutes from meetings.

Inadequate

Is the service safe?

Our findings

At our previous inspection on 28 and 29 May 2015 we found sufficient staff were not being deployed to meet the needs of people living at High Peak Lodge. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan following the inspection detailing how they would meet the requirements of the regulation. This included changing staff break allocations and assigning staff to work in particular areas of the home. Whilst we found these actions had been implemented, we found on-going issues in relation to sufficient staffing levels at the home.

The home assessed staffing level requirements using a dependency tool and was providing staff hours in excess of those indicated. However, staff and people living at High Peak Lodge consistently told us they thought there were not sufficient numbers of staff. Staff told us they struggled to support people in a timely way with care tasks such as supporting people to the toilet, supporting people to get up in the morning and supporting people at meal times. One staff member said; "Staffing is not at all enough. It's not fair; people are waiting to use the toilet. People have to wait over five minutes to use the bathroom." Staff also commented that staffing levels could impact on their ability to complete records accurately.

Two people we spoke with who were living at High Peak Lodge expressed similar concerns in relation to the length of time they would have to wait for staff support. One person said they would sometimes have to wait to use the toilet and would have to put their name down for a 'slot'. They said; "There's not really enough staff. In the morning they really need help with toileting." Another person told us; "No there is never enough staff. When I want to go to the toilet I have to wait and I am bursting. That's the only thing I don't like."

Our observations throughout the inspection supported what people had told us in relation to receiving timely support. One person had spilt a cold drink on their clothes and waited more than half an hour for staff to support them to change. Another person was sat in the dining room in their wheelchair after breakfast when most other people had left the room. They told us; "I've been waiting yonks to go and sit in the lounge." We also saw some people experienced long waits of up to 25 minutes to receive meals whilst they were sat at the dining table, and following one of the mid-day meals staff went on a break leaving five people, including one person that had earlier shown signs of agitation sat in the dining room without staff support.

There were also delays in providing people with support to get up in the morning. For example, at 10:20am staff told us there were four people upstairs who were still in bed. They told us for two people this was due to staffing pressures rather than their choice. The staff member told us all 24 people with rooms upstairs at the home required the support of two staff and that four staff were allocated to support these people in the morning. At another point in the day we found staff took over nine minutes to respond to a call bell, which staff told us was due to other people requiring support at the same time.

These issues in relation to staffing levels were a continuing breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they found the environment at High Peak Lodge to be clean and tidy. We saw there were cleaning schedules and daily checks for domestic staff, which would help maintain a clean environment. However, we identified some issues in relation to how the service was managing risks in relation to the spread of infection. We found bins in communal areas were not covered and on two occasions, sterile flush for a percutaneous endoscopic gastronomy (PEG) was left out on a table in the lounge. This would increase the risk of it becoming contaminated and no longer being sterile. A PEG is a tube that is inserted into the stomach, often to provide food, fluids or medicines to people who are not able to take them orally. The sterile flush was used to clear the tube prior to and after providing food or medicines through it.

We saw one person had ulcers on their legs that were covered with bandages. There were signs of fluid leaking through the bandages and this person had no shoes or other covering on their feet. This person was seen to be sitting in the dining room and in a lounge chair. This person was at risk of infection and adequate measures had not been taken to protect the individual, or others living at the home from the risks of infection. At the time we raised the issue regarding this person having signs of a potential infection, actions such as changing the dressings and taking a swab had not been taken. Staff told us this person's dressings were due to be changed that day and said this would have been followed up. We confirmed later in the inspection that the dressings had been changed and a swab had been sent for analysis. These issues were a breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to infection control.

The home had submitted few notifications about safeguarding incidents to us within the past year. We saw a record was kept of any concerns that had been referred to the local authority safeguarding team, with a copy of any meeting minutes and the outcomes. Staff we spoke with were aware of how to identify and appropriately report any concerns they may have that people were being abused or neglected. Forty-five of the 47 staff (96%) had completed some training in safeguarding.

We looked at whether medicines were being managed safely. Accurate records of administration had been maintained, although we saw one instance where a medicine had not been signed for on the medicine administration record (MAR). We checked the stock of this medicine and this indicated the medicine had been administered as required. Processes were in place to ensure people received their medicines correctly. All administration records had a photo of the individual and there were protocols in place to provide staff with the information needed to ensure 'when required' (PRN) medicines were administered safely and when they were needed. We found one person was self-administering nicotine lozenges. We discussed this with the nurse who told us this person had capacity and was able to manage this medicine safely. However, there was no record in place to show an appropriate assessment had been conducted.

We saw medicines, including controlled drugs were kept securely in appropriate storage. However, at one point during the inspection we saw that thickening agent used to thicken fluids for some people had been left unattended in the dining area. A patient safety alert was issued by NHS England in February 2015 in relation to risk of asphyxiation through accidental ingestion of thickening agents. Although there were no people in the area at this time, this area was accessible and unsupervised at the time we noticed the thickener. We made the nurse on duty aware who immediately removed the thickener to appropriate storage.

This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medicines.

We saw risk assessments had been carried out to assess and identify measures to reduce risk to individuals. There were risk assessments in people's care files relating to areas of risk including falls, moving and

handling, malnutrition, choking, pressure sores and use of equipment such as bed-rails. Risk assessments had been reviewed regularly on a monthly basis.

We looked at records of servicing and maintenance and saw regular checks and tests had been carried out as required. This included checks of lifting equipment, gas, water and electrical systems. During the inspection we tested the water temperature of some of the hot water outlets and found the hot water temperature in the sink in one person's en-suite felt very hot. We tested the temperature with a bath thermometer that indicated the temperature was in excess of 50 degrees Celsius (the maximum on the scale). We spoke with the maintenance worker who showed us records of regular testing of the water temperatures, which showed this outlet had been within recommended limits. They told us the water heaters were of an old design in some of the rooms and this meant the temperature could be adjusted within the rooms. They had removed the dials from the water heaters to discourage this but said some people or their family members could still adjust them. The maintenance worker confirmed they had adjusted the water temperature to a safe level and on the second day of our inspection confirmed they had re-tested the temperature and found it to be acceptable. The area manager told us they would highlight this concern to the estates department of the company.

We looked at records relating to the recruitment of staff. We found appropriate checks had been carried out by the provider prior to staff starting employment that would help the service make safer decisions when determining if applicants were of suitable character to work with vulnerable people. We saw references had been sought from former employers, criminal records checks carried out, application forms completed and there was identification on file as is required.

Requires Improvement

Is the service effective?

Our findings

Prior to our inspection we became aware of concerns in relation to how the service was meeting the needs of people at risk of pressure sores. Following a high incidence of pressure sores the area manager had visited the home and had started to identify and address concerns relating to the effective management of pressure sores in the home. We saw they had carried out an audit and had identified concerns in relation to accurate record keeping around interventions provided in relation to pressure sores. We saw actions had been identified to improve the management of pressure sores and reduce risk to individuals at the home. This included ensuring staff had completed e-learning in pressure sores, setting up a new wound care file, introducing daily checks of records and instructing staff to refer any signs of pressure damage to a tissue viability nurse as soon as it was noticed. Further actions such as provision of face to face training were in the process of being followed up. Minutes from a staff meeting showed that the area manager's concerns and expectations around management of pressure sores and record keeping had been discussed with staff at a team meeting.

We found risk assessments in relation to pressure ulcers had been completed and reviewed on a monthly basis and there were care plans in place detailing the support people required to reduce and manage the risk of skin breakdown. However, the pressure sore risk assessment in the file of one person whom had recently been admitted had not been completed until 13 days after their admission rather than within six hours as national guidance advises. We also found some gaps in older records of skin checks, although more recent checks had been completed. Records of repositioning also indicated gaps of up to six hours between support to reposition on several occasions where repositioning had been required three to four hourly. We spoke with one person who was assisted to reposition in bed throughout the day. They told us staff assisted them with repositioning on a regular basis.

Records in relation to pressure care and other healthcare support needs were sometimes lacking in detail. For example there was a limited description of wounds and care plans did not provide sufficient detail relating to the use of specialist equipment. For example, we found the mattress settings required for special pressure relief mattresses were not recorded in care plans and there was no clear check being carried out to ensure such equipment was set up correctly. There was no guidance for staff in relation to selection of pressure relieving equipment, although the acting manager told us all qualified staff would follow national guidance in relation to this. One person's care plan in relation to a PEG was also limited in detail and did not provide staff with guidance in relation to checking for signs of infection or detail how the PEG site should be cleaned. There was also contradictory information about how frequently the PEG should be rotated in the care plan. The care plan stated the PEG should be rotated daily, whilst a previous assessment by a healthcare professional indicated it should be rotated weekly. This could result in this person receiving inconsistent care or care that was not meeting their needs.

The issues in relation to lack of a clear assessment of needs in people's care were a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Despite the introduction of daily checks of records, we found on-going issues in relation to the recording of

nutrition and hydration. Some of the records we looked at indicated only small amounts of fluid had been taken or offered to people throughout the day. The intake recorded would have placed people at risk of dehydration. We discussed these issues with staff who told us despite perceived staffing pressures, people were regularly supported with drinks and they felt the issue was with accurate records being maintained. Intake records did not show totalled fluid intake, no targets for fluid intake had been recorded and actions were not documented where intake records showed insufficient fluid intake. We also identified gaps in records of care provided in respect of a person's PEG as checks had not been recorded on a daily basis consistently.

We observed the support provided to people during the mid-day meal. There were 24 places at tables in the dining area for the 35 people who were living at the home at the time of our inspection. Some people ate their meal in the lounge, which staff told us was down to choice. We saw the support provided to people requiring assistance to eat and drink was effective. Staff provided encouragement and prompting where required and did not rush the people they were providing support to. However, some aspects of the meal were not so well organised. One person had to wait half an hour to receive a drink with their meal and there were no condiments on the tables. This meant staff had to go to and from different tables to provide these when requested. Another person received and accepted their dessert before their main course as staff seemed unaware they had not yet received their main course.

People told us they would receive an alternative if they didn't like what was on the menu and we saw evidence of this during the inspection. One person did not want the meal provided and asked for a 'chip butty'. The request was passed to the kitchen and this was provided. Comments we received from people about the food were mixed. They included; "The food here is very good;" "You can't fault the food"; and "The food is alright but the meat is tough. The menu needs to vary more." We saw people's dietary preferences were recorded in their care plans and a board in the nurses office identified anyone with any special dietary requirements.

We saw a range of health professionals had been involved in people's care including GPs, advanced nurse practitioners, tissue viability nurses and dieticians. We saw health assessments in relation to areas such as mental health and falls had been carried out and people's weights had been recorded on a regular basis. One relative and one person we spoke with told us they felt the home was good at identifying any health-care needs and said they acted quickly to seek advice where required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records indicated ten DoLS applications had been submitted to the supervisory body and two had been authorised. Staff we spoke with had a working knowledge of the MCA and DoLS and were aware of the people they were supporting who had an authorised DoLS in place. We also saw people with an authorised DoLS in place were identified on a board in the nurses office. One of the authorised DoLS we looked at

contained conditions to be met by the care home. We found one of the conditions was a requirement for all activities offered to and declined by the individual to be recorded. There was no such record in place, which meant this condition was not being met.

We saw people's care files contained consent to care and photos forms, which had been signed by the individual where they were able to do this. Staff told us they would present choices visually or using picture books to support people to make certain decisions themselves. They told us they would look for non-verbal communication and check people's care plans if they were not able to say what they wanted. During the inspection we saw people were asked for permission before staff supported them to wear clothing protectors over meal-times or before they provided other support. We also saw records, which indicated a person's wishes in relation to attending health appointments had been respected.

At our last inspection on 10 and 11 August 2015 we identified that there were only limited adaptations to the environment to make it more accessible to people living with dementia. At this inspection we found the same adaptations in place, which included some directional and pictorial signage. However, there was little else to make the environment more 'dementia friendly', such as pictures on people's doors to help them locate their rooms. Staff had undertaken an e-learning course in dementia, with one additional staff member having completed more advanced dementia training. The activity co-ordinator told us a number of activities were provided that were more accessible to people living with dementia. They told us these included reminiscence sessions where the local area was discussed, music therapy and gentle exercise.

At our last inspection on 10 and 11 August 2015 we expressed concerns that there had not been sufficient assessment of competency of staff in delivering care in relation to PEGs. We found the provider had arranged training and competency assessments for carers in relation to PEG care. Nursing staff had not been able to attend this training and we were assured the provision of this training would be followed up.

Staff had completed a range of training, including training in pressure ulcer prevention, dementia, MCA and DoLS, infection control, moving and handling, safeguarding, nutrition and first aid. The majority of training provided consisted of e-learning courses. One member of staff told us they didn't think this training was very effective as you could just click through the course and guess the answers at the assessment stage. Records showed competency assessments were carried out in key areas such as for fire safety and infection control, which would help ensure staff had gained an adequate understanding from some of the training. However, we found supervisions and appraisals, which are another important way for ensuring staff are competent and adequately supported in their roles had not been completed regularly. There was no up to date overview of when staff had received supervision and the staff files we looked in contained no supervisions from within the past year. Staff we spoke with confirmed they had not received recent supervision.

This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff had not received appropriate supervision and appraisal.

Requires Improvement

Is the service caring?

Our findings

All but one of the people living at High Peak Lodge we spoke with told us thought staff were kind and caring. One person said; "Yes, the staff are very kind here. They work very hard." Another person told us; "Staff are very kind and considerate. I feel happy and safe." Relatives we spoke with who were visiting at the time of our inspection told us they thought their family members were well cared for and had a good relationship with the staff. Comments included; "Staff are brilliant, very good," and "Staff have a caring approach. [Family member] knows them all by name." This was confirmed by one of the people living at the home who said; "I get on with the staff and they are caring."

The one person who was less positive about the staff approach told us; "Most of [the staff] are caring. One or two are a bit curt or a bit abrupt. It's every morning, they need more patience." One member of staff told us other staff did not always speak in a respectful manner about people living at the home. We discussed this with the acting manager following the inspection and they confirmed this had been looked into and addressed with staff. They told us, and we saw in minutes of a staff meeting, that the acting manager had raised that complaints had been received from family members about how staff were addressing people living at the home.

Many of the interactions we observed throughout the inspection appeared tasked based, such as supporting people to use the toilet or serving meals. Staff told us they did sometimes have time to sit and talk with people, although we saw limited evidence of this during the inspection. On several occasions we observed staff talking together outside the main lounge, and on one occasion we observed a staff member sat in the lounge, but not interacting with anyone. We asked three staff if they would be happy for a friend or family member to move to the home. One staff member said they would be happy and two said they would not. One staff member explained the reason they would not be happy was not due to the care provided, but due to the amount of time staff were occupied by paperwork.

The people we spoke with told us they felt staff respected their privacy and dignity. Staff told us they would knock before entering anyone's room and would ensure people were covered when receiving personal care as far as was possible. However, we observed some poor practice in staff approach to respecting people's dignity. For instance, shortly after the mid-day meal we heard staff say they were going to take their break. They left five people, all of whom had finished their meals sat in the dining room. Some of these people were also still wearing clothing protectors even though they had finished their meals some time ago. Another person was wheeled into the main lounge and had food stuck to their mouth following their meal.

There was a service user guide, which contained information people may find useful when living at the home. The guide was due to be updated in August 2014, and one person told us they were not aware of a guide and said when they first moved in they had been uncertain about things such as when they could see the hairdresser.

People had care plans in place that provided staff with information about how they could effectively communicate with people, and detailed whether any communication aids were required including glasses

and hearing aids. One care plan we looked at contained information on how the individual expressed pain and emotions through facial expressions. This would help ensure any new staff were able to recognise and respond appropriately to these signs. During the inspection we saw staff took the time to explain clearly what they were doing, such as when supporting people using the hoist. However, one person told us that staff could not always understand what they were saying.

We saw there were signs displayed requesting visitors not to visit the home over 'protected meal-times'. The sign also noted that if visitors wanted to have a meal with their friend or family member this could be arranged. None of the visitors we spoke with expressed any concerns about any restrictions on visiting times. The family members we spoke with during our inspection told us communication with the home was good and said they were kept informed of any changes to their relatives health.

Requires Improvement

Is the service responsive?

Our findings

We saw care plans had been completed, which considered people's abilities and support needs in relation to a range of their health and social care support needs including personal care, mobility, activities, nutrition and any specific health care needs. People's preferences had been recorded in the relevant sections of the care plans.

The care plans we looked at had been reviewed regularly on a monthly basis and we saw evidence that needs had been re-assessed if people had returned to the home following a hospital admission. There was a form in the care plans, which highlighted any changes to assessments or care plans. This would help make staff aware of any changes to the care plan, and would help track any changes in the person's care needs. We saw the monthly review form had space for the person or their representative to sign to indicate the review of their care plan had been discussed with them. We spoke with one person who told us a member of staff had gone through their care plan with them the day before our inspection visit.

Staff we spoke with told us they did not think there were sufficient activities for people at the home. One staff member said; "I don't think people have enough to do. They are getting up and doing absolutely nothing." Another staff member told us; "There isn't enough for people to do. They do flower arranging, ball games and singing. The clients tell me they are bored." We asked three people if they had enough to do at the home. One person said they had enough to do, one person said they only watched TV, but did not want anything else to do and one person said they did not have enough to do. The home employed an activity co-ordinator for 20 hours per week, however on the second day of our inspection they were covering a care shift. The activity co-ordinator told us activities such as bulb planting, flower arranging and craft activities took place, and we saw evidence of these activities having taken place. However, looking at records of activities we saw no activities had been recorded for 10 days prior to our inspection. One person we spoke with who was cared for in bed told us they had not seen the activity co-ordinator, although they had their TV and visitors to keep them company.

During the inspection we saw little in the way of activities or stimulation for people living at the home. On the first day we observed a seated exercise session that took about 30 minutes. However the majority of the time we found people were sat in the lounge unengaged in activity. There was one large 'L' shaped lounge at the home, which contained three TVs. At times all three TVs were showing different programmes, meaning the sounds clashed. At other times, all TVs were showing the same programme and this created an echo. This could make the sound hard or confusing for people trying to watch the programmes.

The home kept a log of formal complaints made. We saw three complaints had been received so far in 2016 and two of these had been closed. We saw responses to complaints had been provided, and actions had been taken when required. People living at the home and their visitors we spoke with told us they would feel comfortable making a complaint should they think this was required. One relative told us they had raised a complaint with staff and that the issue had been dealt with to their satisfaction. One person we spoke with said; "I'm not scared of anything. If I wanted to complain I would speak to the manager." However, another person told us they had raised informal complaints with staff in relation to having to wait to use the toilet.

They said this had not made any difference.

We saw there was a suggestions box in the entrance lobby to the home. The home had also taken part in a survey run by an external research company between August and October 2015. Ten people had responded to this survey, which showed the home had a below average score compared to other homes taking part in the survey. Staff told us there had been no recent satisfaction surveys carried out with people living at the home or others involved in their care. There was also no record of any resident or relatives meetings having taken place recently. One person said; "No, I'm not asked for my opinion [about the service]" and another person told us; "They don't let me know what's going on in the home."

People we spoke with told us they were able to make choices about their day to day care such as when they were supported with bathing and when they got up or went to bed. One person told us they were told when to get up in the mornings, but said this suited them as they liked to get up early. We asked staff what they did to ensure people received person-centred care. Staff told us they knew people living at the home well and were aware of their preferences. We asked one staff member to tell us about one of the people they provided support to and tell us about their preferences. They were aware of this person's social history, interests and their current preferences in relation aspects of care such as food and drink and support with personal care.

Inadequate

Is the service well-led?

Our findings

There was no acting registered manager in post at the time of our inspection. The registered manager was working at the home but had made the decision to step down from the position. They were in the process of submitting an application to CQC to cancel their registration. There was an acting manager in post who was on annual leave at the time of our inspection. We were informed they would be leaving the service in mid-March. The provider confirmed they were in the process of recruiting a permanent registered manager.

We found there was a lack of visible leadership during the inspection. Staff did not appear well organised in their deployment; for example, staff were observed to take a break together shortly after the mid-day meal leaving people in the dining room. At other points in the day staff were seen to congregate outside the main lounge in small groups.

There was one permanent registered nurse on duty during our inspection, with the second member of nursing staff being an agency staff nurse. The permanent nurse told us they felt there was adequate nursing cover, but acknowledged that current use of agency staff did increase pressures in relation to completion and review of paperwork and care plans. The week of the inspection, the rotas showed one of the two nurses on duty was an agency staff nurse and the other nurse on shift was a permanent staff member. We were told there was no permanent nurse staff member on night shifts, but that a regular agency staff nurse worked this shift. From our observations we could see there was a high workload for the permanent nurse, and this limited the time they spent working 'on the floor'.

We found records in relation to care provided were not always accurately maintained, well organised or kept securely. There were gaps in records such as food and fluid records and records of skin checks. We also found there were multiple files in use relating to the care people were receiving, with some documents being duplicated across files. We found people's food and fluid intake records were not always stored in one place and we found loose copies of these records in the lounge area. In one file of daily records we found records relating to a different person, but not the most recent records for the person the file related to. These records were located elsewhere in the lounge area. Despite a daily check of daily records having been introduced, there were on-going issues in relation to records. This showed this measure had not been effective in addressing the issues. We also found recording to demonstrate conditions of authorised DoLS were being met was inadequate. These issues in relation to the accurate recording of care being received by individuals were a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the actions taken by the provider had not been sufficient to address the concerns and shortfalls we identified in relation to staffing levels at our last inspection and there was a continuing breach of the regulations. We also identified new breaches of the regulations and areas where standards had declined, such as in relation to the provision of supervision to staff and seeking feedback from people living at the home and relevant others.

We saw audits relating to the quality and safety of the service were being conducted on a regular basis. This

included audits of health and safety, medicines and the environment. There was also a monthly visit from the area manager and we saw they had identified many of the issues in relation to records that we found. We saw actions had been identified from audits, but it was not always clear from the audit whether the action had been completed. The area manager showed us a document they used to track audit actions and they said an action would not be signed off until they were confident any issue had been rectified. We saw improvement plans had been drafted from the results of the audits and we asked the area manager whether they felt progress was being made following the findings of their audits and the issues they had identified. They told us issues such as record keeping had improved a lot, but that progress was slow.

We asked if there was an audit relating to meal-time experience given the issues we highlighted around the mid-day meal. The area manager told us there had been meal-time audits, but these had not been completed recently. We saw their visit report had also highlighted this issue.

Prior to the inspection we had been informed by the local authority that the provider had started to restrict admissions to the home. We spoke with the area manager about this who informed us they had taken a voluntary decision not to admit people with higher levels of dependency for an interim period until they were confident the issues in relation to record keeping and pressure care had been rectified. We agreed with the area manager that this had been a responsible decision.

We saw there had been a recent staff meeting in January 2016 where concerns arising from the area manager's recent visit had been discussed. Guidance had also been provided to staff to help address these concerns. The previous staff meeting had been held in June 2015. We saw the last CQC report had been discussed with staff as well as discussions around policies and procedures. There was also opportunity for staff to provide feedback under 'any other business'. However, not all staff felt they were listened to. One staff member told us staff had repeatedly asked for another staff member and they didn't feel due consideration had been given to this request.

Services such as High Peak Lodge are legally required to submit notifications to CQC about significant events such as any serious injuries, safeguarding or events involving the police. We found evidence that the provider had not submitted notifications to us as required in relation to one serious injury, and the authorisation of two DoLS. These were events that had occurred in the past year and following our last inspection. We are dealing with this matter outside the formal inspection process.

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	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive regular supervision to ensure they were adequately supported and able to undertake their duties. Regulation 18(2)(a)

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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was inadequate assessment of people's needs. Regulation 9 (1)

The enforcement action we took:

We issued a warning notice. The provider was required to make improvements to meet the standards of the regulation by 18 May 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being managed safely. Adequate measures to detect and prevent the spread of infections were not being taken. Regulation 12(2)(g)(h)

The enforcement action we took:

We issued a warning notice. The provider was required to make improvements to meet the standards of the regulation by 11 May 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate records of care and treatment provided were not kept. Records were not kept securely. The service was not seeking and acting on feedback from relevant persons. Regulation 17(2)

The enforcement action we took:

We issued a warning notice. The provider was required to make improvements to meet the requirements of the regulation by 11 May 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not deployed. Regulation 18(1)

Treatment of disease, disorder or injury

The enforcement action we took:

We issued a warning notice. The provider was required to make improvements to meet the requirements of the regulation by 25 May 2016