

Abbeyfield North Northumberland Extra Care Society Limited

Abbeyfield House - Alnwick

Inspection report

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Alnwick
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15 December 2017

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Ratings

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Abbeyfield House – Alnwick in November 2016. We identified a breach of regulation 17, good governance. Following our inspection, the provider wrote to us and stated what action they were going to take to improve. We undertook an unannounced focused inspection in May 2017 to check that they had followed their plan and to confirm that they met legal requirements. This inspection was also prompted in part by the receipt of a notification of an incident following which a person using the service sustained a serious injury. We found a repeated breach of good governance and two further breaches relating to safeguarding and safe care and treatment. We issued a warning notice and told the provider they needed to take action to improve.

Abbeyfield House – Alnwick is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 25 people. There were 24 people living at the home at the time of the inspection.

A registered manager was in post. 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 provider was a charitable organisation. A committee of volunteers oversaw the home. Most staff told us that more support from the registered manager and the Committee would be appreciated. They told us morale was low and several staff were leaving.

Most staff and several people raised concerns about the manner of a small number of staff who could be abrupt at times towards people and the other staff. Several staff informed us they were unable to use the provider's whistle-blowing procedure because they felt it was ineffective. This was the third inspection in which comments had been made about the behaviour of a minority of staff.

We received mixed feedback regarding staffing levels. Some people, staff and relatives told us that more staff would be appreciated. We have recommended that staff deployment is kept under review due to the mixed feedback we received.

The service was clean and there were no malodours. Checks and tests had been carried out on equipment to ensure this was safe. Risk assessments had been completed regarding roller blind cords. Blind cord pulls were attached to the wall to reduce the risk of injury. We found however, that the temperature in the home dropped to 19 degrees at certain times of the day. In addition, one person told us that her hot water tap sometimes ran cold. The registered manager told us that this was being addressed. Records were not available to evidence that water temperatures were within safe limits.

We checked the management of medicines. The treatment room had been refurbished and was clean and orderly. Medicines administration records were accurately completed. However, we identified shortfalls in relation to the monitoring of one person who self-administered their medicines and the storage of those medicines.

Staff said there was sufficient training. Most told us there was too much training. We noticed there were some gaps in the provision of training such as 'challenging behaviour'. The registered manager told us that staff were currently completing this training.

We found omissions in the maintenance of records relating to the Mental Capacity Act 2005.

People told us they were generally satisfied with the meals at the home. We observed the lunchtime experience. Staff sat and ate their meal with people which they told us added to the social experience.

Staff worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GPs, speech and language therapist, dietitians, the chiropodist and dentist.

We found that not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. We have made a recommendation about this.

We received mixed feedback from people and relatives about the caring nature of staff. We did not witness any inappropriate care during the inspection. People and relatives said that staff promoted people's dignity. We observed that certain staff procedures such as moving and handling did not always promote people's dignity.

Care plans were extensive and not always relevant or necessary. Some of the assessment tools we viewed were outdated. We have recommended that the provider reviews their care documentation and assessment tools to ensure they are person centred, up to date and based on best practice guidelines.

An activities coordinator was employed. There was an activities programme in place. People told us there was enough going on to occupy their attention.

There was a complaints procedure in place. However, the registered manager had not recorded full details of the complaints which had been received.

At our previous two inspections, we found that the provider had not informed CQC of certain notifiable events in line with legal requirements. At this inspection, we identified that the provider had not notified CQC of a safeguarding investigation and the outcome of a DoLS application. This meant an effective system was not in place to ensure that all notifiable incidents were reported to ensure CQC had oversight of all notifiable events to ensure the correct actions were taken.

The omissions and shortfalls we identified did not appear to have a major impact upon people themselves.

People and most relatives told us they were happy with the service. One relative told us, "This [home] has definitely got the nicest feel."

Since 2015, we have rated the service as requires improvement at our last three inspections. At this inspection, we found that improvements had not been fully made. This meant that systems were not fully in place to ensure compliance with the regulations and achieve good outcomes for people.

We held a meeting following the inspection with the registered manager and nominated individual to discuss our concerns, improvements needed and support that may be available. The registered manager wrote to us following this meeting and informed us what action they had taken to address the concerns we had raised.

We found two breaches of the Health and Social Care Act 2008. These related to dignity and respect and good governance.

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 always safe.

Most staff and several people raised concerns about the manner of a small number of staff who could be abrupt at times towards people and the other staff. Several staff said they felt unable to use the whistle-blowing procedure because they considered it was ineffective.

We received mixed feedback regarding staffing levels. Some people and relatives said that more staff would be appreciated.

We identified shortfalls in relation to the monitoring of one person who self-administered their medicines and the storage of those medicines.

The temperature in the home dropped to 19 degrees at certain times of the day. Records were not available to evidence that water temperatures were within safe limits.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found omissions in the maintenance of records relating to the Mental Capacity Act 2005.

Not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia.

People told us they were generally satisfied with the meals at the home.

Staff worked with various agencies and accessed other services when people's needs had changed.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

We received mixed feedback from people and relatives about the caring nature of staff. We did not witness any inappropriate care during the inspection. We observed that staff were polite towards people.

People and relatives said that staff promoted people's dignity. We observed that certain staff procedures did not always promote people's dignity.

Is the service responsive?

The service was not always responsive.

Care plans were extensive and not always relevant or necessary. Some of the assessment tools we viewed were outdated.

There was a complaints procedure in place. However, the registered manager had not recorded full details of the complaints which had been received.

An activities coordinator was employed. There was an activities programme in place. People told us there was enough going on to occupy their attention.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The provider was a charitable organisation. A committee of volunteers oversaw the home. A registered manager was in post.

Most staff told us that more support from the registered manager and the Committee would be appreciated. They told us morale was low and several staff were leaving.

Since 2015, we have rated the service as requires improvement at our last three inspections. At this inspection, we found that improvements had not been fully made. This meant that systems were not fully in place to ensure compliance with the regulations and achieve good outcomes for people.

Inadequate ●

Abbeyfield House - Alnwick

Detailed findings

Background to this inspection

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

The inspection took place on 5, 13, and 15 December 2017. The visit on the 5 December 2017 was unannounced. The other visits to the service were announced.

The inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered manager completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection, we reviewed information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted Northumberland commissioning and safeguarding teams. We also contacted Northumberland Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the registered manager, deputy manager, five senior care workers, two care workers, a chef, a kitchen assistant, a housekeeper, a member of the hospitality team and the activities coordinator. We also spoke with one member of night staff by phone to find out how care was delivered at night. Following the inspection, we spoke with the nominated individual.

We spoke with eight people and six relatives to obtain their views about the service. We also spoke with a specialist nurse following our inspection.

We observed the care and support staff provided to people in the communal areas of the home and during the lunch time meals on the first and second day of our inspection. We looked at the care plans and records for five people. We also viewed other documentation, which was relevant to the management of the service including quality monitoring systems and training records.



Our findings

At our previous focused inspection in May 2017, we identified a breach in the regulations relating to safe care and treatment and safeguarding. We identified omissions and shortfalls relating to one person's care following an accident. Roller blinds with pull cords were fitted in some people's rooms; this risk had not been fully assessed and we found that one specific safeguarding allegation had not been fully investigated.

At this inspection, most staff raised concerns about the manner of a small number of them who could be abrupt at times towards people and the other staff. Some people also raised concerns about the manner of a small number of staff. Comments included, "Some haven't had training in how to be nice yet," "That depends on the personalities of the carers who come to look after you. Some of them have a poor manner in how they treat," "About 90% of the staff are pleasant – when they get under pressure can get a bit snarly" and "Most of them are good, but there are some nasty ones [with] nasty words".

This was the third inspection in which comments had been made about the behaviour of a minority of staff. People living with dementia are sensitive to the interactions between staff and the social environment in which they live. We considered that this prolonged disharmony exposed people to the risk of psychological ill-being and we concluded that systems to address this problem were ineffective.

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

Following our inspection, the registered manager wrote to us and stated that personal improvement plans were in place for certain staff and training had been carried out or was being undertaken in areas such as team leading and dignity and respect.

We received mixed feedback regarding staffing levels. Some people, staff and relatives told us that more staff would be appreciated. One person told us, "Oh aye, yes. There's always staff going up and down and if I ring, they're here immediately." However, others commented, "No, they're always complaining about lack of staff. I have to wait to go to the toilet," "No, there never are. They can't always be available when you want them," "Sometimes – [there's enough staff] other times they're a bit short, but I don't wait very long when I ring my buzzer," "I've only been asked once if I would like a push around the grounds; they don't seem to have the time," "No, I don't think so [enough staff]; they're always rushing around. They sometimes have agency staff" and "The main thing is the lack of staff. Give staff more time to chat to people".

Although we observed that people's needs were met by the number of staff on duty, we saw that some staff spent time in the office completing paperwork. Other members of staff informed us that at the weekend, certain staff spent long periods of time in the office with the door closed whilst people were left unattended. One member of staff said, "They sit in that office with the door shut." We discussed staff deployment with the registered manager and acknowledged that the paperwork was necessary, but we considered that it would be beneficial if staff could do their paperwork in the presence of people.

We recommend that staff deployment is kept under review due to the mixed feedback we received.

Following our inspection, the registered manager wrote to us and informed us that she had increased staffing levels when she commenced employment at the home. She stated, "Staffing levels are up to four carers, one activities co-ordinator, one hospitality, all staff are trained regardless of the role to support residents when needed, working as part of a team." She also told us, "I have reminded staff to complete care plans in the lounge to be visible and support residents when needed and ensure the office door is only closed for confidentiality purposes only."

The service was clean and there were no malodours. Staff had access to and used personal protective equipment such as gloves and aprons. Checks and tests had been carried out on equipment to ensure this was safe. Risk assessments had been completed regarding the roller blind cords. Blind cord pulls were attached to the wall to reduce the risk of injury.

We found however, that the temperature in the home dropped to 19 degrees at certain times of the day. In addition, one person told us that her hot water tap sometimes ran cold. We spoke with the registered manager about these issues. She told us that a new boiler had been installed and there had been some issues with the heating which were being addressed. Following our inspection, the registered manager wrote us and stated, "I have arranged with a local company to install a heating system for the corridors and will obtain a digital thermometer to audit temperatures twice a day to ensure correct temperature [is maintained]."

Certain checks were carried out to monitor and reduce the risk of Legionella such as showerhead cleaning. Infection by Legionella bacteria causes Legionnaires' disease which is a serious form of pneumonia. Legionella bacteria are dormant below 20°C and do not survive above 60°C. Water temperature records were not available to evidence that water temperatures were within safe limits. Following our inspection, the registered manager wrote to us and stated that cold water temperatures were now being monitored.

We checked the management of medicines. People told us they received their medicines as prescribed. Comments included, "Oh yes, it's all done on time and there's always two of them and they wait until you've taken them" and "I'm on strong antibiotics at the moment and I get those when I should".

The treatment room had been refurbished and was clean and orderly. Medicines administration records were accurately completed. One person self-administered their medicines. We visited them in their room and noticed a pot with 12 tablets on top of their bedside cabinet. The person told us that one of their medicines had been discontinued. They explained they removed this tablet from their monitored dosage system and placed it in the medicines pot for disposal. This posed a health and safety risk because other people could access these tablets if they were to come into the person's room. In addition, the person stored their medicines in an unlockable drawer.

Audits were carried out to monitor medicines management. However, this did not cover the storage of self-administered medicines.

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

Following our inspection, the registered manager wrote to us and stated, "Residents have a lockable safe in their room to keep medication in...I have introduced a monitoring system to be completed daily."

Recruitment checks were carried out prior to staff starting work. These included obtaining a Disclosure and Barring Service [DBS] check and two references. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

We have rated this key question as requires improvement at our last three inspections, including this inspection. This meant the provider had not ensured good outcomes for people in this area.



Our findings

At our previous comprehensive inspection in November 2016, we rated this key question as requires improvement. We found that information relating to mental capacity was unclear.

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 make 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 authorisation 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.

At this inspection, we found continuing shortfalls and omissions in relation to mental capacity. We read one person's DoLS assessment form and noted that their DoLS application had not been granted. However, their DoLS review form stated, "No concerns for DoLS." This statement was ambiguous because their DoLS application had not been granted. The registered manager had not notified us of the outcome of this DoLS application in line with legal requirements.

Two people's care files included a blank mental capacity form with a review form. The review form stated, "DoLS unchanged." This was confusing since the mental capacity forms were blank and there was no information about what staff were reviewing.

Mental capacity assessments had not been completed for all specific decisions such as restrictions on people's movement; for example, if sensor alarms or bed rails were in place. A document was included in people's care plans which stated what people had the 'incapacity to do'. This was incorrect and should have read 'capacity.' Following the inspection, the registered manager told us that this form had been amended.

The registered manager told us they asked people and their representatives whether there was a Lasting Power of Attorney [LPA] in place. LPA is a legal tool which allows people to appoint someone (known as an attorney) to make decisions on their behalf if they reach a point where they are no longer able to make specific decisions. There are two types of LPA; property and financial affairs and health and welfare. We

asked to see copies of these legal documents. The registered manager explained copies were not available to ensure the information they had received was correct. She told us that this would be addressed.

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

Following our inspection, the registered manager wrote to us and stated, "We have introduced Northumberland's MCA 1 and 2 forms and best interests forms to support with the mental capacity requirements." She also stated they had requested copies of LPA's from people's representatives.

Most people told us that staff knew what they were doing. Comments included, "Oh, they know what they're doing. I have to use a hoist for the bath and things" and "As far as I can tell, yes [they know what they are doing]. I don't have use of them much really; they just bring me my food and help me into the bath". However, one person told us, "I sometimes think they've done the job so long, they don't think about what they're doing. It's not a very high standard I'm afraid. I don't know what training they get."

Staff said there was sufficient training. Most told us there was too much training. We noticed there were some gaps in the provision of training such as 'challenging behaviour'. The registered manager told us that staff were currently completing this training.

Most staff told us that more support would be appreciated from the registered manager and the Committee. Regular supervision sessions and an annual appraisal were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

The registered manager told us that some staff were on a 'personal improvement plan' because of concerns about their performance. It was not clear however, what a personal improvement plan involved because policy guidance was not available. Following our inspection, the registered manager wrote to us and stated that policy guidance was now available.

We checked whether the design and décor of the premises met the needs of people. Accommodation was on the ground floor. There was a lounge, dining room, conservatory and well-maintained gardens. One person told us, "I like to go into the small lounge when it's quiet, to do my water colours."

The service had seen an increase in the number people who lived at the home who had a dementia related condition. We found that not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. Flooring did not meet best practice guidance. There were contrasting light and dark areas of flooring which some people living with dementia can perceive as a void or step.

We recommend that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living at the service.

Following our inspection, the registered manager wrote to us and stated that the environmental issues were being addressed.

People told us they were generally satisfied with the meals at the home. Comments included, "Meals are generally very good," "Oh, they're nice; you've got a choice of two," "On the whole, very good. Sometimes, very boring. The meat's always very good and there's a choice every day. My main complaint would be cooking the vegetables for too long," "Well, I suppose they're very much alright; you have a choice every

time," "Not bad, could be better. I don't know who the cook was when I came, but they were very much better than now" and "They're alright; they have a variety you know". Comments from relatives included, "The quality of the food here is good" and "She's put on weight."

We observed the lunchtime experience. Staff sat with people at meal times which they told us added to the social experience. We noted that picture menus were not available for those who had a dementia related condition to help them visualise and chose what they would like to eat.

Following our inspection, the registered manager wrote to us and stated, "We have purchased a new plate and bowl for [person] who may take a long time to eat their meals. These are used to retain heat to ensure their meal is kept warm until they have finished. I am looking into purchasing more plates and bowls which are dementia friendly. I am introducing picture format of the meals so as to ensure residents are able to distinguish their food choices."

Nutritional risk assessments were carried out. We noted that these were not always completed accurately. However, action was taken if weight loss was identified.

People told us they were supported to maintain good health and access healthcare services. Comments included, "The optician comes here about every six months. I get my own chiropodist as well," "I do have my own optician and dentist. I've got a friend who takes me, but I'm sure someone would take me from here," "If I want a doctor I just say so. My niece takes me to the optician" and "If I ask, the GP comes in to see me".

We saw evidence in records that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GPs, speech and language therapist, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were met to maintain their health.



Our findings

At our previous comprehensive inspection in November 2016, we rated this key question as requires improvement. We stated, "We heard from a number of sources that a small minority of staff could be abrupt to people and impatient at times."

At this inspection, we received mixed feedback from people and relatives about the caring nature of staff. Comments included, "Happy staff – staff are lovely" and "My mother loves it here."

We found however, that some people and staff continued to raise concerns about the attitude and manner of a small number of staff. Comments from people included, "Some yes [nice] – some will say, 'What do you want?' It's just their attitude," "Some of them are a bit quick for me - these are the little things that make a difference to the person," "Some don't have any personality," "Yes, on the whole [nice], but I do feel they don't always treat people as individuals, but, there are good ones" and "Most staff are nice, just one or two [aren't] If I'm not getting on [quick enough] in the morning they push my arms in [to clothing], but most are lovely." One member of staff said, "No one has been horrible, but it is their [staff] manner to the residents here."

We checked how staff promoted people's privacy and dignity. We observed that moving and handling procedures did not always promote people's dignity. In addition, staff administered one person's eye drops at the dining room table during lunch which we considered did not promote the person's dignity.

These issues constituted a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

Following the inspection, the registered manager wrote to us and stated she had advised staff not to administer eye drops during meals times. In addition, she informed us she had reminded staff to ensure people's dignity was upheld during all moving and handling procedures.

People and relatives said that staff promoted people's dignity. Comments included, "Well the door's shut and that, when I have a bath. They just chat away to me," "On the whole, yes. There's just the two of us when I have a shower, so from that point of view, you're private and nobody would come in without knocking. They put the [shower] curtain round as well," "Oh yes [they promote privacy and dignity]. When they take me along to the bathroom, they give me my dressing gown to wear" and "They help me gently to the toilet. Mind, they do that for everyone, not just me."

People told us they were involved in their care. One person told us, "I did have someone talk to me before I came in and again when I got here."

We have rated this key question as requires improvement at our last two comprehensive inspections, including this inspection. This meant the provider had not ensured good outcomes for people in this area.



Our findings

At our previous comprehensive inspection in November 2016, we rated this key question as requires improvement. We stated, "Care plans were in place but were not always person centred and were in need of updating" and "A complaints procedure was in place and complaints recorded but these sometimes lacked detail".

At this inspection, we found continuing shortfalls with care plans. Care plans were extensive and not always relevant or necessary. For example, one person had a care plan for breathing; however, they did not have any concerns with their breathing. In addition, some of the wording which was attributed to people seemed to be the words of staff rather than from the person themselves. For example, one care plan stated, "I would like staff to be aware of the Abbeyfield policy on autonomy and choice."

Some of the assessment tools we viewed were outdated. We read a behaviour assessment which was dated 2005. Staff had to circle various behaviours which described the individual. We noted that some of the behavioural descriptors were ambiguous, negative and subjective such as "winds people up".

We recommend the provider review provider reviews their care documentation and assessment tools to ensure they are person centred, up to date and based on best practice guidelines.

Following our inspection, the registered manager wrote to us and stated they had contacted another of the provider's care homes with regards to seeking more up to date assessments and documentation.

An activities coordinator was employed. People and relatives spoke positively about her. There was an activities programme in place. People told us there was enough going on to occupy their attention. Comments included, "If you want them [activities], yes. It doesn't bother me," "Well, there is plenty if you want to join in, but I'm a bit of a loner. I do pop up sometimes if I want to. I like it when the entertainment comes in. I do read a lot," "I like it here. It's quite nice here. We are going out this afternoon," "They have a trip out once a week and I could go if I wanted" and "As far as I want [activities]. I don't have any real hobbies". People were supported to access the local community.

People's spiritual needs were met. Church services were held. One person said, "If I'm well enough, I go to the service every week and communion every month."

There was a complaints procedure in place. On the first day of our inspection, some staff informed us that

several complaints had been received. We checked the complaints book and noted that none had been recorded. On the second day of our inspection, the registered manager had recorded two complaints which had been received in November 2017. Full details of the complaints however, were not recorded.

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

Following our inspection, the registered manager wrote to us and stated that new documentation had been introduced to ensure that all relevant information and actions taken in response to any complaints, were recorded.

The service was involved in the research programme 'Supporting Excellence in End of Life Care in Dementia' [SEED]. The aim of the project was to support providers and commissioners identify and deliver good quality, community-based end of life care in dementia. A specialist nurse from this programme visited one person at the home who was a participant in this study. The specialist nurse also delivered training to staff.

We have rated this key question as requires improvement at our last three comprehensive inspections, including this inspection. This meant the provider had not ensured good outcomes for people in this area.



Our findings

At our previous focused inspection in May 2017, we rated this key question as requires improvement. We identified a continuing breach in the regulation relating to good governance. We issued a warning notice and told the provider they needed to take action to improve.

Since 2015, we have rated the service as requires improvement at our last three inspections. At this inspection, we found that improvements had not been fully made. This meant that systems were not fully in place to ensure compliance with the regulations and achieve good outcomes for people.

We found shortfalls in certain aspects of the service. This included omissions in the maintenance of records relating to the MCA, complaints and care plans. We also identified shortfalls in relation to the monitoring of one person who self-administered their medicines. There were continuing concerns about the attitude and manner of a small number of staff. Several staff informed us they were unable to use the provider's whistle-blowing procedure because they felt it was ineffective.

At our previous two inspections, we found that the provider had not informed the Commission (CQC) of certain notifiable events in line with legal requirements. At this inspection, we identified that the provider had not notified CQC of a safeguarding investigation and the outcome of a DoLS application. This meant an effective system was not in place to ensure that all notifiable incidents were reported to ensure CQC had oversight of all notifiable events to ensure the correct actions were taken.

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

Following our inspection, the registered manager submitted the necessary notifications and assured us that these would always be sent in a timely manner. She stated she was now aware of her obligations in relation to the submission of notifications.

These omissions and shortfalls did not appear to have a major impact upon people themselves. People and most relatives told us they were happy with the service. Comments included, "This [home] has definitely got the nicest feel," "It's a homely environment," "Everything works very nicely," "I am very happy that she is here" and "It's come up to an excellent level now". However, this is the fourth consecutive breach of the regulation relating to good governance. We have taken this into account when rating this key question as inadequate.

The provider was a charitable organisation. A committee of volunteers oversaw the home. A registered manager was in post. Most staff told us that more support from the registered manager and the Committee would be appreciated. They told us morale was low and several staff were leaving.

Staff meetings were carried out. We read the minutes of recent staff meetings. We noted that communication, safeguarding and whistleblowing were discussed. The deputy manager had told staff, "All staff were asked to have empathy to both residents and other staff members and be mindful of how they speak to each other." Some staff told us they considered that communication could be improved and the registered manager focused on notices rather than speaking to staff in person.

Following our inspection, the registered manager wrote to us and stated that the nominated individual was going to carry out one to one meetings with staff to ensure he was aware of any concerns and make sure that action was taken if necessary. She also stated, "I work the floor in the morning to assist through the busy periods, I hold supervisions on a one to one basis, appraisals are being held, training is being delivered, personal improvement plans are used to support staff to develop their skills, staff meetings are held monthly where a committee member attends to deliver information and answer any questions staff may have" and "Policy and training needs of the month are delivered with staff pay slips to inform them which one needs to be read and questions are to be answered so as to gather evidence of understanding. Staff meeting minutes are also in staff pay slips to ensure they are kept up to date with what has been raised at a staff meeting if they have not attended."

'Resident and relatives' meetings' were held to obtain the views of people and their representatives. One person said, "We do have a meeting once a month in the lounge, we can say if we have any complaints." Pictorial surveys were carried out. It was not always clear however, what action had been taken if any issues were highlighted. We noted that one person had circled the 'sad face' symbol to state she could not always get up and go to bed when she liked. There was no evidence that this had been followed up to obtain further details.

Following the inspection, we had a meeting with the registered manager and nominated individual to discuss our concerns, improvements needed and support that may be available.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People's privacy and dignity was not always maintained. We received continuing concerns from people and staff that the behaviour of a small number of staff did not always promote privacy and dignity. Regulation 10 (1).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were ongoing omissions and shortfalls including the maintenance of records relating to the Mental Capacity Act 2005, care records, complaints and health and safety. In addition, there were shortfalls in relation to monitoring one person who self-administered their medicines and the storage of those medicines. There were continuing concerns about the attitude and manner of a small number of staff. Several staff informed us they were unable to use the provider's whistle-blowing procedure because they felt it was ineffective. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).</p>

