Life Style Care plc

The Hawthorns Care Centre

Inspection report

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Ratings

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

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection undertaken on the 17 and 24 July 2014. We last inspected this service on 27 February 2014 which was a follow up inspection to check that improvements identified at the previous inspection had been completed. At this last inspection the concerns had been addressed.

The Hawthorns Care Centre is a nursing home providing accommodation for persons who require nursing or personal care. They provide long term care for people who may live with dementia, have physical or health impairments or who may require end of life care. They provide accommodation for 73 people but at the time of our inspection they were providing services to 49 people.

Summary of findings

The home was divided into three separate floors providing differing levels of care and support based on the needs of individuals. There is currently no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.'

Some people said they were happy to live at The Hawthorns and were satisfied with the support they received. However, other people and some relatives shared concerns they had about the level of care they received. Whilst all people had individualised care plans and assessments, some people's assessed needs were not included in their care plans. Where some people had to wait for support they tried to walk without staff support and placed themselves at risk of falling. People were not supported appropriately by staff and according to their care plans. For example one person said "I know when I want help I will have to wait some time for it."

People told us the staff were polite and caring, however they said there were never enough staff to support them on occasions. This was a view shared by relatives who told us of occasions when they noticed staff shortages. One relative said, "The carers are amazing and attentive. Sometimes there does not seem to be enough of them." Staff told us they did not feel supported by managers and lacked clear leadership. One member of staff said, "How can we give good care if we don't have the right staffing levels. Staff received supervisions; however these had not occurred on a regular, scheduled basis.

The provider told us how they were looking to recruit a manager who could provide the leadership required. Professionals shared their concerns about staff shortages but had noticed an improvement in staffing levels. Staff training was occurring and most staff had attended necessary training in the last year.

Staff were knowledgeable about the care needs of the people they supported. They spoke warmly about the relationships they had with people who used the service. We saw people responding well to the care and compassion shown by staff. Staff offered people choices in ways they understood and assisted them to make decisions about elements of their care.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to nursing homes. One person living in the service was subject to DoLS. This information was displayed on the person's care records and staff were aware restrictions were in place. A mental capacity act assessment had occurred and a best interests meeting had been held requiring what was necessary to ensure the safety of this person. The temporary manager understood when an application needed to be made and how to submit these if required.

People's health care needs were assessed and people were able to access support from visiting health professionals and visits to specialists when required. Healthcare professionals told us they could leave instruction for the nurses to follow and were confident these were carried out.

People told us the standard of cooking was excellent. There were choices at each meal time and where people did not want the main meal choices on the menu they were offered choices of foods they liked. The food was nutritious and provided healthy options for people. People had good access to drinks throughout the day and the chef planned the menu to suit the time of year. On the day of our inspection it was very hot and the chef and staff gave people cold drinks and ice creams throughout the day.

People's privacy and dignity was respected and staff showed care and compassion when speaking to people. We observed people were happy when they were engaged in conversations with staff. However one person told us, "the staff are so busy they don't have time to talk to us sometimes." When staff entered people's rooms they knocked and waited for an answer before entering.

Some people and relatives told us they were involved in some aspects of planning their care. One relative said they had been able to make changes to their mum's care plan, However we were also told by another relative, "I do not feel involved in care plans."

Staff told us they did not receive regular supervisions. Staff records confirmed this and that some staff had not received supervision for six months. The temporary manager was aware of this and had begun to schedule supervision sessions for all staff.

Thorough recruitment checks were carried out prior to staff working in the service. This ensured staff were suitable to work with people.

Summary of findings

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service is not safe. There were not sufficient staff on duty to ensure people got the help they needed when they wanted it. Staff did not follow a care plan which identified ways to ensure the safety of an individual.

Staff had received training in identifying abuse and how to report this if they observed it. They were aware of who they needed to report concerns to. However staff were unsure of how management would respond to this due to changes in management arrangements.

One person required protection under DoLS. Mental capacity act assessments were used to identify if they had capacity to make certain decisions. Best interest meetings were held to reflect the needs of people who could not make decisions for themselves.

Is the service effective?

Good

The service was effective. People were supported by staff who were aware of their needs and how to support them. Staff received regular training and updating on their skills and knowledge.

People told us how much they enjoyed the food prepared by the chef. The chef was aware of each person's dietary needs and choices they had made for their meals. They worked with health care professionals to ensure meals were nutritious and well balanced. Staff monitored people's food and fluid intakes on a regular basis.

People told us they had no problems accessing healthcare support. A GP visited the service on a regular basis and records showed people saw the GP when they wished to or when staff recognised they required medical assistance.

Is the service caring?

Good

The service was caring. Staff told us they treated people as if they were a member of the family. Staff spoke with kindness and compassion to people and asked people or informed them about what they were doing with them.

People were able to speak to staff about concerns or changes they wished to make. Some people had been involved in completing their care plans and had made changes where necessary.

People's privacy and dignity was respected. Staff showed care and compassion when talking with people.

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Is the service responsive?

Requires Improvement

The service was not responsive.

Summary of findings

People had personalised care plans which contained information to enable staff to support them. Staff had not responded to a person's request to spend time in a quiet area..

The provider had an effective complaints system in place. People's complaints were acknowledged and the provider worked with the complainant to effect changes to improve the quality of care received.

Is the service well-led?

Requires Improvement

The service was not well led.

The service has not got a registered manager in place. Staff and people told us they were concerned about leadership within the service. Staff were not receiving supervisions on a regular and scheduled basis.

Whilst the provider promoted an open culture this had been hard to embed due to the numerous changes in the management structure.

The provider and management were aware of the importance of improving the quality of care. They had identified ways in which to support nurses with medication and care planning by appointing healthcare assistants.

The Hawthorns Care Centre

Detailed findings

Background to this inspection

This was an unannounced inspection undertaken on the 17 and 24 July 2014

The inspection team consisted of two adult social care inspectors, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older persons and dementia care.

We used information the provider had sent to us through completion of a Provider Information return form. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to support what we found on the days of our inspection. We looked at notifications we received from the provider which is information about important events which the service is required to send us by law.

We spoke with 10 people who used the service and looked at care records and support plans for 11 people. We spoke with four relatives who were visiting people who used the service. We spoke with10 members of staff and looked at the training and recruitment records of 9 members of staff. Two visiting health professionals told us about their experiences of supporting people who used the service. We observed people being supported by staff throughout the course of our inspection. We pathway tracked one individual which meant we observed them and how staff interacted with them. We looked at their care records and also spoke with their relative.

Requires Improvement

Is the service safe?

Our findings

People told us they were concerned about a lack of staff. One person said, "There never seems to be enough staff to help us. I know when I want help I will have to wait some time for it." Another person said, "I sometimes worry that there are not enough staff to help me." A relative told us. "I have been to see my relative and had to go looking for staff. I am concerned that people are left on their own in the lounge." People told us they had to wait some time for staff to support them, one person saying, "I wish staff would move me into the lounge quicker after a meal." Another person said, "The staff are so busy they don't have time to talk to us sometimes." One person told us, "I feel safe and know staff are here to help me." Another person told us, "I can use my bell and staff are usually with me in about ten minutes. I have had to wait longer sometimes."

At a meal time we heard people calling out for help but they did not receive support for some time. One person had been sat at the table for at least an hour after their meal, before a member of staff took them to the lounge. Another person was calling out with their hand in the air trying to catch the attention of staff. Two staff went to the person and told them they would be back in a minute but did not return. Eventually the person got out of the chair and walked away. Staff were unaware of the person's movement. The person was unsteady on their feet and was at risk of falling. The person's care plan and records showed the person had suffered a number of falls recently and that staff should accompany this person when they were walking within the building. Staff were not delivering care as described in some people's care plans.

People's records contained some inconsistencies from what had been assessed as a need and how this had been included in the care plan. One care plan identified the person had dementia, osteoporosis, irritable bowel syndrome, haemorrhoids and was prone to falls. We saw there were two care plans for staff to follow about the falls and dementia but no care plans concerning the other three health conditions. Without care plans, staff would have been unaware of how to treat and care for the person's conditions. Another person had an assessed need around previous urinary tract infections, unsteady gait, eating difficulties and rheumatoid arthritis. There was no specific guidance in the care plans for staff about what these conditions meant for the person's care and support.

People were not protected against the risk of receiving care or treatment that was inappropriate or unsafe. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Seven of the eleven care records showed people had a "do not attempt cardio pulmonary resuscitation" (DNACPR) form in place. These had all been signed and agreed by the GP and relatives. Three people's DNACPRs stated they did not have the capacity to make a decision on this and they were not involved in the decision. However, a mental capacity assessment had not been completed to state people did not have the capacity to make this decision. Whilst this was a medical decision people's capacity to be involved in this decision needed to be assessed.

One person's records showed they were subject to a Deprivation of Liberties Safeguards (DoLS) authorisation. This is where the Court of Protection detail restrictions to people's liberties, rights and choices in order to protect them from harm or abuse. If other people wished to leave the floor on which they lived, they had to ask staff to open doors to stairs and lifts. People could not move freely within the building as all doors to stairs, lifts and out of the building, required access codes on key pads to open them which they did not have. Whilst the service was compliant with DoLS, due to the impact this had on other people's liberty, the management team had submitted a number of individual requests for DoLS authorisations to the local authority.

Care staff and relatives told us there were not enough staff on duty to meet people's needs consistently. In particular they said they were short staffed in the mornings when staff reported in sick at short notice. One member of staff said, "staffing is a problem. How can we give good care if we don't have the right staffing levels?" A relative told us, "My daughter visited recently and found it was pandemonium. Three staff had gone off sick and there weren't enough staff to care for people." The staffing rotas showed changes had been made on most days. The temporary manager told us they had a high level of sickness and vacancies. They were using agency staff to cover some shifts, along with regular staff doing extra hours. On some occasions they had been unable to cover all required shifts. Low staff numbers could place people at risk of receiving inadequate care or neglect.

Nursing staff and a visiting social care professional told us staffing had improved in the past few weeks and was now satisfactory. The nurses told us that health care assistants

Is the service safe?

were being trained to assist the nurses with medication and care planning. These would be employed in addition to the current staffing levels on each shift. On one day of our inspection we were made aware that a member of staff had phoned in sick and they had not been able to cover the shift. Staff were very busy and told us they were not able to spend as long with people as they would like, as they had to help other people or answer a call bell. This had an impact on people not receiving the care they required.

A member of staff shared their concerns about the staff shortages experienced in the last three months. They said, "people see us rushing around and they feel reluctant to ask for help. They tell us we know you are busy, but I don't want to bother you." They also said they were aware of people becoming restless at having to wait for staff support. This had led to people standing up and trying to walk away. This meant staff had to leave people they were supporting to help people who were at risk of falling.

There was not always sufficient staff on duty to be able to meet the needs of people. This was a breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010

The temporary manager told us they had looked at how much support each person required to determine appropriate levels of staff. When they used agency staff they always asked the agency to supply staff that had worked in the service before and who knew the people who used the service. Other staff confirmed this and one said it "was good as they know the residents."

Training records showed all staff had received safeguarding adults training. This was confirmed by staff who told us they had received this training. Staff were aware of how to recognise and report abuse, both within the service and to external agencies. Staff felt they would be supported by management if they raised concerns. One member of staff said they had reported a safeguarding concern and said, "the nurse and management were very supportive." However another member of staff said, "I'm not sure if I would be supported as there have been so many managers recently, but I think they would act."

There was a robust recruitment process in place to ensure staff were suitable to work with people. Staff records showed all staff had been subjected to appropriate checks prior to them working in the service. These consisted of criminal records checks and two references from their previous employers. In the case of nurses employed by the service, checks were made with the Nursing and Midwifery Council (NMC) that their registration was current and up to date. Staff completed an in depth induction process based on the skills for care nationally approved induction standards.

Good

Is the service effective?

Our findings

People told us they could talk to staff about their health needs. One person told us, "I tell staff when I am in pain and they give me medicine to help me. The nurse has also made an appointment for me to see my doctor." One person said, "the staff know what they are doing and they understand what I want." Another person said, "The staff are good at helping me to understand what is wrong with me and if I want to change something I can tell them. They will talk to the nurse or manager and will make changes to my care plan." Some people told us they had been supported by staff (agency) who did not know them well.

One person was calling out for help in a dining room. Staff were helping other people and said they would be with them in a minute. The person replied, "A minute is no bloody good to me I need help. I am in pain please help me. My back is killing me." A member of staff sat with them and explained to the person that they had only recently had some pain relief. Staff supported the person to their bedroom so they could lie down. Staff had followed the guidance in the person's care plan concerning pain relief for the person's painful back.

Staff received appropriate training and were supported to obtain relevant qualifications. All staff had attended training in the last year on moving and handling, safe handling of medication, medication updates and care planning. A comprehensive range of training was available for staff to ensure they had sufficient knowledge and skills to provide care of people. We saw extra courses had been introduced for nursing staff in use of syringe drivers, catheterisation and verification of death. These were in response to requests from GPs and the nurses to ensure nurse practice was up to date.

Staff told us they did not receive regular supervisions. Staff records showed that supervisions were not up to date or had occurred regularly. We raised this with the temporary manager who told us they were aware of this and were catching up with all staff supervisions. They showed us 18 individual staff supervisions notes that had taken place in June 2014 and July 2014 which were due to be placed in staff files. Staff told us they used their supervisions to discuss their training needs and to talk about people's care plans. Staff who had been working in the service for more than a year had received an annual appraisal.

Staff were aware of how to support people to receive adequate food and fluids. The chef demonstrated a comprehensive understanding of people's nutritional needs and how to meet them. They had devised a summer menu for the warmer weather and provided choc ices and iced drinks to help keep people cool. They said, "People love those and we have been getting through 200 to 400 a week." People were offered a choice of menu at each meal and could ask for alternatives if they did not want the menu of the day. In addition, the chef told us about their 'short order menu' which was used to provide meals at short notice for people who required additional food or who had missed a meal. For example someone had been out to a hospital appointment and returned after lunch.

The chef told us they were involved in meetings with speech and language therapists to ensure foods were prepared and presented in a way that was safe for people with swallowing or eating difficulties. The meals that needed to be a puree were presented in an attractive way. Each item of food had been pureed separately and was placed in an individual dish so people could identify the flavour of each item. One person said, "The standard of cooking is excellent. The chef will really go out of his way to meet our needs." A relative said, "I'd move in myself just for the meals the chef prepares."

People's care records showed when changes had been made to care plans. These had been reviewed within the last two months. Notes showed where amendments and changes had been made to some people's care plans. For example we saw where a person had undergone an increase in falls. The falls team had recommended the use of a pressure mat alarm to notify staff at night if the person got out of bed. They also recommended a new bed that could be lowered. These had been put into the person's room and staff told us they had told the person about the pads and why their bed was lowered at night.

A visiting GP and district nurse told us they were happy to visit the service. They both said they could leave instructions for the nurses to follow and knew they would be carried out. They said that people's records had improved and they could see people were more involved about decisions concerning their health. They told us about their regular visits and they were able to see people on the day if they had requested to see them. The GP said all referrals made to them were appropriate and they had been able to refer people on to specialist services when

Good

Is the service effective?

required. An example of this was concerning someone's dementia. Their behaviours had changed and the GP had been able to refer them to the mental health team who saw the person within two weeks. This had led to a review of the person's care plans and some changes were made to help the person with their memory loss.

Is the service caring?

Our findings

People told us they found staff to be caring and attentive. We observed staff engaging in everyday conversations with people. One person told us, "the staff were very nice and caring," and they "respected my privacy". Staff response (to call bells), they said was "very quick, especially at night." One person said "the staff have been very caring and supportive." Relatives told us the carers were very good and nothing was too much trouble for them. Two relatives told us about concerns they had when the service was short staffed and staff did not have enough time to spend with people. One person told us, "The carers are amazing and attentive. Sometimes there does not seem to be enough of them." The chef came into the lounge and greeted one person by their name and spent some time talking to the person about lunch. We also saw other staff chatting with this people about the weather.

A statement in a service quality questionnaire said, "Level of care varies from day to day, dependent on who is on duty. The level of care often drops at weekends." On discussion with the temporary manager they felt this was when they had to use agency staff most who were not familiar to people. We saw this when an agency staff greeted and acknowledged people on entering a room but they did not spend much time with them. However, other permanent staff engaged people in natural, friendly interaction and conversations. For example when offering a person drinks a care staff spent some time finding out what the person wanted and offering choices. Another member of staff sat and spoke with a person in the garden about a robin they had seen in the garden. The person was visibly pleased with this contact.

The temporary manager and nurses carried out assessments of need when people moved into the service. These identified areas of support that could be developed into care plans. For example in one person's assessment it was identified they required to be supported to use the toilet every two hours. A care plan was written with guidance for staff on how to support the person. We saw this happening throughout the day of our inspection. The records of managing continence were not completed at the time and were filled in by staff at the end of their shift. This could be confusing for staff who may assume the person had not been to the toilet.

People were involved in their own care plans where they could communicate their needs and wishes. For people who could not communicate their wishes staff would use information from relatives and other staff members to review the care plan. Staff told us how they reviewed care plans and went through them with the person. We noticed that a person had reported difficulty in sleeping in their bed. They had requested to be allowed to sleep in their reclining chair if they became uncomfortable in their bed. A risk assessment had been put in place and an occupational therapist had been involved in the decision process. The risk assessment agreed this could take place and recommended actions to minimise the risk for the individual. One suggestion was to make sure the person could access their call bell when in the chair.

One relative told us, "we have had a care plan review but some of the things that were agreed have not been put into place." The temporary manager told us they were aware of this and showed us an action plan to introduce changes to their care plan. Another relative told us of concerns they had about the care of their relative which they had brought to the attention of the temporary manager. This had led to a number of meetings with the relatives and changes made to reflect these discussions to the person's care plans.

Staff showed care and compassion when describing people and the way they cared for them. Staff told us they treated people "as their own or as a member of their family." This was a view shared by other staff we spoke with. A relative said, "This is my relative's home and the staff treat them and myself as if we were part of their family." We noticed visitors arriving at different times throughout the course of our inspection. One relative told us, "I am always made to feel welcome by staff and it is so helpful to be able to fit my visits around my shifts.

Staff treated people with respect and dignity concerning their privacy. We saw them taking people to the bathrooms or their own rooms when delivering personal care to them. Staff knocked when they entered people's rooms. We heard one member of staff knocking and asking the person, "is it alright for me to come in, just want to check you are comfortable." They waited for a reply before entering the room. A visiting professional said staff always showed compassion when caring for people.

Requires Improvement

Is the service responsive?

Our findings

One person told us, "The older carers are nice and always answer my questions." Another person said, "The chef is really good. They always check if I want what is on the menu. I've often changed my mind and they always cook me something else I like." Some people told us they were involved in planning their care. However, one person said, "I don't know if I've got a care plan." Another person said "I don't know who to talk to if I wanted to change something in my care plan. A person told us, "I have complained to the staff about things and nothing has changed." Another person said, "What's the point in complaining, staff and managers are always leaving so things get forgotten."

People's records were personalised and care plans were written to reflect needs identified in an assessment. Some relatives and people told us they were aware of care plans and had been involved in reviews. One relative told us, "This was a six monthly review but could be better if it happened more regularly as my relative's needs changed in that period." Another relative told us they did not feel involved in care plans. They said, "We asked the nurse if my relative could spend more time in the quieter areas. We have found them to be in a small lounge only once when we visited after this was mentioned. The person's care records did not contain a care plan to reflect this or a note saying the person preferred to spend some time in a quieter area than the lounge. This is an area that needs improvement.

We were told by relatives they were concerned about activities and how involved people were in choosing what they did. On the day of our inspection a hairdresser was visiting people in the service. We saw how positive this was for one person who enjoyed the attention and smiled throughout their time with the hairdresser. The provider employed an activities co-ordinator who was arranging a number of individual activities for people throughout the day. They organised a number of group activities such as quizzes, entertainers, church services, gardening and outings. These were activities that were known to be looked by people. A relative told us, "The activities co-ordinator tries really hard to provide interesting things for people to do." Another relative said, "Only problem is they don't have time to help everybody." Whilst some people enjoyed activities of their choosing, other people were not able to access activities in other areas of the service if the activity co-ordinator was not providing activities in their area. One person told us they had found activities to be enjoyable but they did not happen enough.

The activity co-ordinator offered hand massages with essential oils to two people. When seen earlier they had both displayed signs of anxiety and being upset. They were then involved in looking at pieces of jewellery and drinking fruit tea in a lounge set up to resemble a tea room. The improvement in their mood was marked. They were interested, content and smiling.

Residents and relatives meetings had been set up to inform people of changes and to promote the culture of the service. A relative told us, "There's lots of promises that things are going forward and will improve, but we haven't seen it yet." The relatives meeting on 02 July 2014 discussed communication. The provider agreed to send out weekly emails concerning changes to relatives if they wanted this. They also put a comments box in the entrance reception. The provider agreed to arrange dates for relative surgeries. These would be bookable slots for relatives to speak to the manager and provider in confidence if they wished.

The provider maintained a complaints file. Four complaints had been received in a three month period. The temporary manager told us how they had received the complaint and how this had been managed within the guidelines of the provider's complaints policy. This was in response to a letter received from a relative with a number of concerns about the care their relative received. The manager had responded to this letter and had arranged a meeting with the relative. A number of actions were agreed and put in place around supporting the person and their safety when they were walking. The relatives told us they were happy with the response they had received to their complaint and had noticed an improvement to the care their relative received.

The provider sent out a satisfaction survey every year to people who used the service, relatives and professionals. This had been completed in November 2013. We found the majority of the responses received were positive.

A concern raised within the survey was about problems with the laundry. One comment said. "Items go missing sometimes and turn up later on. We have found mum wearing someone else's clothes on a couple of occasions.

Requires Improvement

Is the service responsive?

“The provider had responded to this by reviewing the laundry systems and employing dedicated laundry staff. Names were sewn into all garments to ensure they were put into the appropriate person’s room.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us there had been a number of managers over the last year. One person said, "I don't know who the manager is do you?" Another person told us, "I don't know what is wrong as they (managers) never seem to stay." A person said, "You can't fault the carers, they work so hard. The nurses do their jobs but don't manage the carers." A relative told us, "I had no contact at all with the new manager. The nurse in charge was very good though." This showed there had been a lack of consistent leadership due to the changes in managers.

The service should have a registered manager in place as a condition of their registration. There has not been a registered manager in place for over a year. The provider told us they had appointed two managers since the last registered manager had left. Both appointed managers had left the service prior to their application for registration being completed. The last manager had been appointed in April 2014 but had left by June 2014. The provider shared with us the recruitment process they had in place for the appointment of a new manager who was due to commence in August 2014.

Temporary management arrangements were in place. A member of staff had been working in a management role supported by a manager from another of the provider's services. At the time of our inspection the temporary manager was leaving and the supporting manager was being replaced by another supporting manager. A relative told us, "The biggest problem with the home is the inconsistent management. We get used to dealing with one person then they move on or are replaced." One comment in the annual relatives' survey said, "Having familiar and regular staff would be important to maintain good communication." Another comment stated, "There have been too many changes in staff and we haven't spoken to the new manager yet." The temporary manager told us this had been a problem for the organisation and they had brought in experienced managers from other services to support senior staff in the service.

The provider told us the company promoted an open culture and welcomed comments about the services they provided. They told us this had been difficult to establish within the service due to the changes in manager they had experienced. This meant staff and relatives were not confident when reporting concerns, as they were concerned that managers would not deal with these before another change of manager occurred.

A member of staff said, "There has been a high turnover of staff, which has meant they were constantly training people and the managers keep changing." They added, "There's a complete lack of structure, we don't really know who's in charge, so people end up bossing other people about." Another member of staff told us, "Absence isn't managed very well and staff who don't turn up aren't disciplined, no action seems to be taken."

Staff told us they did not meet regularly as a staff team and communication was not good within the service. The last staff meeting records showed this had occurred on 20 March 2014 and seven staff had attended out of 67 staff employed in the service. The provider employed 13 nurses but the last registered nurses meeting had occurred on 02 October 2014. This would not assist the development of high quality care and ensure staff were suitably informed of areas of good practice.

The provider conducted audits of the service every three months. An audit had been completed in July 2014 but had not been available on the day of our inspection. This audit covered a number of key areas including admissions, complaints, staff sickness and absence, recruitment, accidents and complaints. The temporary manager told us this audit identified areas for improvement within the service and they prepared an action plan as to how they were going to make the necessary changes.

The manager completed a number of monthly audits of the service. A medication audit had been completed in June 2014. This highlighted gaps in medication administration records where topical applications had not been recorded. Other actions were identified for the lead nurse to implement. For example, some of the medication administration records did not have photos of the person on them.

Records for fire, health and safety and water checks were completed by the maintenance staff. These were carried out weekly and monthly as required. A fire evacuation plan was in place and personal evacuation plans for people highlighted if they required specific equipment to enable them to be moved in response to an emergency situation. A fire risk assessment had been completed in December

Requires Improvement

Is the service well-led?

2013. Contingency plans were in place for evacuation of the building in case of a number of emergency situations. An agreement was in place for people to be moved to a local community hall should the service be unsafe for people to move back into.

Two visiting health professionals told us they had seen some improvements in care over the last six months.

However they also shared concerns with us that the service experienced a high turnover of staff, lacked strong leadership and staff told them they felt undervalued. People and relatives told us this had an impact on the people who lived there when there were insufficient numbers of staff to support them or agency staff who were not providing consistent standards of care.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person did not take proper steps to ensure service users were protected against the risk of receiving care or treatment that was inappropriate or unsafe. They did not plan or deliver appropriate care or treatment in a way that met the service user's individual needs. They did not ensure the welfare and safety of the service user. Regulation 9 (1) (b) (i) (ii)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **In order to safeguard the health, safety and welfare of service users, the registered person did not take appropriate steps to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22**