

Onetree Estates Limited

Ashbrook Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 25 April 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting. We carried out further announced visit to the home on 2 May 2018 to complete the inspection.

Ashbrook Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Ashbrook Nursing Home is a purpose built 70 bed care home for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those who need it. When we visited, 36 people were using the service. This was because since December 2017, when building work had been completed, Ashbrook Nursing Home changed registration from a 37 bed home to a 70 bed home. The provider had limited admissions to the service during the transition period.

At the last inspection in September 2015, the service was rated Good overall with a rating of Requires Improvement in well led. We made a recommendation that improvements were made to provide consistent and robust management of the service so that people received a safe, quality service. This was complied with.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the arrangements for administering medicines were not always safe. Robust systems were not in place to manage prescribed medicines consistently and safely. Medicine records were not always accurate and we could not be confident that people received all of their prescribed medicines safely.

We found that not all care plans were personalised for people who used the service and did not contain all of the necessary information to enable staff to support them safely.

Staffing levels were not sufficient to meet people's needs. Appropriate systems were not in place to review staffing levels in line with people's needs.

Staff received training but the registered manager did not have suitable systems in place to ensure this was kept up to date and in line with best practice. Staff did not always receive training, appraisals and supervision to support them in their role.

The provider's governance and quality assurance systems were not robust. They had failed to identify the concerns identified at this inspection. However, the management team had submitted an action plan after the inspection to show how they will address the concerns raised.

People and relatives told us that people felt safe using the service.. The provider's recruitment process ensured that staff were suitable to work with people who needed support. Staff received safeguarding training and knew how to report safeguarding concerns.

Risk assessments were completed and management plans were in place to enable people to receive safe care and support. Staff had a good understanding of infection control procedures and used personal protective clothing such as aprons and gloves to prevent the spread of infection.

Systems were in place to maintain the safety of the premises and equipment. Lessons were learnt when accidents and incidents occurred to minimise the risk of recurrence. However, improvements were needed to ensure all health and safety measures, such as regular fire drills were in place and robustly implemented.

People's needs were assessed before they began using the service and they had access to healthcare professionals as required to meet their needs.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 and appropriate applications for Deprivation of Liberty Safeguards had been made and authorised. People were offered nutritious food and drink to maintain good health.

People using the service and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence. People had the opportunity to participate in activities. People and their relatives knew how to make a complaint. We have recommended that the registered manager keeps a record of all the complaints received and what had been done in response to these, to ensure people were satisfied with the way it was dealt with and identify any lessons to be learnt.

People had the opportunity to participate in a programme of activities. However, there were mixed views about the activities available to people so we have made a recommendation to keep this under review.

The service had systems in place to seek the views of people and their relatives regarding the quality of the service. Quality monitoring systems needed to be consistent to identify areas for improvement.

People and their relatives told us the manager and management team were supportive and approachable.

We found four breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Medicines were not always managed safely. Records associated with the safe management of people's medicines were not always available or completed to guide staff and support safe administration.

There were not always sufficient, suitably experienced and competent staff available to meet people's needs at all times.

Risk assessments were completed for people using the service and management plans put in place to minimise the risk.

The service carried out regular equipment and premises checks.

Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff did not always receive training, appraisals and supervision to support them in their role.

People were supported to have sufficient amounts to eat and drink but some improvements were needed to ensure people always had a choice at mealtimes according to their preference.

Assessments of people's needs were carried out prior to receiving care and support.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

People were supported to maintain good health and to access healthcare services.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

We observed kind and caring interactions with people and visitors and people spoke highly of the care provided.

People told us the service was caring and staff treated them with respect and dignity by offering care and support discreetly. People were supported to remain as independent as possible.

There was a complaints process and people using the service and their relatives said they knew how to complain.

The service enabled people to maintain links to their beliefs and religious practices.

Is the service responsive?

The service was not consistently responsive.

Care plans were not always personalised and did not include sufficient information about meeting people's specific care and support needs.

There were mixed views about the activities available to people so we have made a recommendation to keep this under review.

There was a complaints process and people using the service and their relatives said they knew how to complain.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The provider did not have effective quality assurance and governance systems. There was a lack of oversight to ensure legal requirements were met and improvements made.

People's views were sought and used to make improvements at the service.

People using the service and their relatives told us they found the management team approachable.

Requires Improvement ●

Ashbrook Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 25 April and 2 May 2018 and was unannounced. The inspection team consisted of two inspectors on both days.

Before the inspection we reviewed information we held about the service. We looked at notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. This information helped us to identify and address potential areas of concern.

The provider was asked to complete a Provider Information Return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with nine people who used the service, eight relatives, two professionals and one volunteer visitor. We observed care and support being delivered in communal areas of the home. We spoke with the manager, deputy manager and the area manager. We also spoke with six staff including, ancillary staff, care staff and nursing staff. We spent time observing interactions between staff and people in communal areas.

We looked at the care files for five people using the service including care plans, risk assessments and care and treatment records. We looked at medicines records of five people. We reviewed the training matrix for all staff. We looked at the minutes of team meetings. We checked various policies and procedures including adult safeguarding procedures. We reviewed quality assurance and monitoring systems at the service.

Is the service safe?

Our findings

Most people and relatives told us there were not enough staff. One person told us, "There is always someone around". Another person said "There are not enough staff. I have to wait a long time for someone to get me up and ready in the mornings." A third person commented, "We do have to wait sometimes when we call, they are busy." A relative told us "There are not enough staff. On occasions we have sat in the lounge and there have been no staff in there while staff were on breaks." A professional who visits the service regularly told us, "No concerns. Service is good but retention of staff has been an issue."

The service used risk assessments to analyse the needs of people using the service which informed the decision about the levels of staffing needed. We asked staff about staffing levels. Most of the staff we spoke with expressed concerns to us about the reliance on staff working extra shifts and on bank and agency staff to maintain safe staffing levels. They told us that agency staff needed additional supervision or guidance due to not being as familiar with people's needs as the permanent staff. One staff member told us, "There have only been three staff upstairs at weekends sometimes. They (management) know about staffing but nothing is being done. It is stressing us out. There is a lot of sickness." Another member of staff told us, "Sometimes we are short of staff, sometimes there are agency staff. We try to cover as much as possible." Staff were clear that they worked hard to ensure people's needs were met, but they expressed regret that they did not always have quality time to spend with the people they cared for. During our inspection we observed that although staff were attentive, they were task oriented and there was little time for them to engage with people in conversation or activities.

We spoke with the area manager and the registered manager about the staffing issues. They told us that they had identified that improvements were needed in staffing numbers, allocations and shift management to make the most effective use of staffing resources, as they admitted more people on each floor. They had held staff meetings and a relative's meeting to explain the issues they faced and a plan of action was in place to recruit more permanent staff and nurses in order to reduce reliance on agency staff. The failure to ensure sufficient numbers of suitably competent and experienced staff were deployed to meet people's needs at all times was a breach of Regulation 18 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the first day of the inspection, we observed a medicine round on the top floor with the nurse. We looked at how medicines were managed. Nurses on each floor were responsible for medicine management. A professional told us, "Nurses are proactive in getting medication reviews. Medication is reviewed regularly and staff document these."

The home had medicine rooms on each floor, where there were controlled drugs (CD) cupboards. These are prescription medicines controlled under the Misuse of Drugs Act 1971, and which require special storage, recording and administration procedures. We undertook a balance check of the controlled drugs held in the CD cupboard on the top floor against the register and these tallied. This meant people were receiving CD's safely and on time.

Other medicines were stored within locked medicine trolleys, which were kept in the nurse's room on each floor. People had an individual Medicines Administration Record (MAR), which should include their photograph, date of birth and information about any allergies they might have. We noted that a number of MAR charts did not have people's photographs. Having photographs in place helps staff to identify if the medicine is being administered to the correct person, especially when there was a heavy reliance on agency nurses.

People told us they received their medicine on time and when they needed them. Where people were prescribed 'if required' or PRN medicines, we found that protocols were not in place which provided guidance for staff about when these should be given. Although this protocol was shown to us by the registered manager in the main policies and procedures folder with in their office, this was not available in the MAR records or the nurses station on the day of the inspection. This meant that there was no guidance in place to advise staff about when and how to give these medicines.

Arrangements were in place for recording medicines but these were not consistently implemented. We looked at a sample of Medicines Administration Records (MAR). In some cases we saw that the MAR had been appropriately completed and were up to date. For others we saw that the MAR was not always signed and in another case a prescribed supplement was given twice but not the third time.

Another person who was at high risk of aspiration and choking required all their medicines to be administered with the use of a thickener. We observed that although the nurse administered the person's medicines using a thickener, there was no instruction on the MAR that they required a thickener or the amount and consistency of the thickener. This meant that there was a risk that staff may not be aware that the person required their medicine to be thickened placing them at risk of choking.

We checked eye drops for two people who required this, for the dates of when they were opened and found that they did not have a date of when they were opened. This meant that people may be administered medicine which may not be fully effective.

We also observed that whilst administering medicines the trolley was left open and unsupervised except on one occasion when the nurse asked a staff member to stand nearby whilst they were away from the trolley. This meant that there was a risk that people may have taken medicine from the trolley without the nurses which may cause harm to them.

Prior to our inspection we noted in the PIR that four medicine errors had occurred. We discussed these with the registered manager who told us that an agency nurse had not signed MAR after administering medicines on two occasions and they were unable to recall the nature of the other two medicine errors. The registered manager had not recorded any action taken in relation to the medicines errors that had been found and there was no recorded action to ensure that these errors would not be repeated.

There were no records of regular medicine audits being carried out by a designated professional. The last medicine audit was carried out by the deputy manager in December 2017. We were informed that the service were now using a new pharmacy to supply medicines and that a system of regular audits by a pharmacist were planned.

Between the two dates of our inspection the service had commissioned an independent pharmacist audit. However, although a report had been produced by them we did not have sight of it at the time of the inspection. We had asked for it be sent to us after the inspection, however it had not been sent at the time of writing this report. The registered manager informed us that an action plan was in place to address the

shortfalls identified during the inspection and following the pharmacist's audit.

We found the home did not have the necessary systems in place to manage medicines safely. The management team had not assessed the competency of the nurses to ensure they handled medicines safely. There was not a robust process in place to report and investigate medicine errors. Medicines systems were not regularly audited for improvement and to ensure it was managed safely. This meant that people were at risk of unsafe medicine management and treatment.

Therefore the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were employed subject to the completion of various checks including references, proof of identification, eligibility to work in the UK and criminal record checks. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service. Staff records confirmed that appropriate checks were carried out before staff began their employment at the service.

Nursing staff had their registration status with the Nursing and Midwifery Council (NMC) checked by the service to ensure they were registered to practice. We found all nurses working at the service had up to date NMC registrations and no restrictions on practice.

People told us they felt safe at the home and this was confirmed by their relatives. One person told us, "Yes, definitely I feel safe here." Another person nodded and said, "I feel safe. The staff are good." A relative told us, "She is safe." A second relative said, "No problems. They tend to him very well."

The provider had policies and procedures in place for staff to refer to if they had any concerns about people's safety. Staff recognised and responded to any allegations of abuse and this helped to ensure people were safe. They were aware of different types of abuse people may experience and the actions they would take to protect people from harm. They had an understanding of their responsibilities and said they would report abuse if they were concerned about a person. They were also aware of the whistle blowing procedures. A whistleblower is a person who raises a concern about the practice of an organisation to external organisations, such as the local authority or the CQC. All staff had received safeguarding training which was refreshed annually. New staff received the training as part of their induction. One member of staff said they would report concerns to the nurse, or the manager and they felt confident they would be listened and action would be taken to keep people safe.

The premises inspected was a new building which opened in November 2017. The premises were clean to prevent any risks of infection spreading. Staff received training in infection control. They followed infection control procedures and used Personal Protective Equipment (PPE) such as anti-bacterial gels, gloves and aprons when carrying out their work.

Equipment was managed in a way that supported people to stay safe. Regular maintenance checks took place of equipment, such as hoists. Window restrictors were in place where these were required. Gas, electric and water services were maintained annually or when they were due and checked to ensure that they were functioning appropriately and safely.

We saw that the fire alarm and emergency lighting were serviced in March 2018 and the fire extinguishers were checked in July 2017. A fire risk assessment was completed by the registered manager in November 2017. However, in the two fire logbooks checked, there were no recorded fire drills or fire alarm tests

completed since early 2016. The last recorded evacuation was recorded in June 2016. The fire alarms had not been tested and there had not been any fire drills since this date. The only alarm checks carried out had been when the system was serviced. We discussed this with the registered manager and the area manager and stressed the seriousness of this failure which potentially placed people at risk. We were informed that these had not been carried out because of building works being carried out at the premises.

On the second day of our inspection, the registered manager told us that the fire alarms were going to be tested that morning and weekly from then on. Staff and visitors were made aware that this was going to happen. In response to the concerns we stated during the inspection, the management team sent an action plan to address the issues, by commencing weekly fire drills as well as providing fire safety training for staff. This action showed that the management team had taken the concerns we raised seriously and had taken steps to make improvements.

Risks to people's health were assessed and guidance was in place on how to manage these. People's care plans contained specific sections on their health care needs that included any risks and included a dependency score to indicate the level of risk to the person. For example a risk assessment for skin integrity stated, "[The person] to be nursed in bed on a pressure relieving mattress, to be turned two hourly and to place a pillow between [person's] knees to ensure skin integrity is maintained." There was a risk checklist against each health care need such as with the person's mobility, falls, personal hygiene, nutrition or any skin conditions. Staff were required to tick the risk if they were relevant or state whether there were 'other' risks that were not specified.

Other areas which posed risks to people were understood by staff and risk assessments and plans were in place which would aid the reduction of the risk. For example, the use of bed rails had been assessed. Where these were suitable to use they were in place and checked on a regular basis. Where it had been assessed as not appropriate to use them, alternative measures had been implemented including the use of high-low beds (these lower to the floor) and crash mats (a mat placed next to the bed to prevent injury should the person fall or roll out of bed). Where it had been assessed that a person required the use of bed rails, staff ensured that protective bumpers were also in place to prevent any injuries. The bed rails were checked regularly by staff to ensure they were safe and working correctly. This meant that risk assessments identified what the risks were and what strategies were used to minimise risks.

Is the service effective?

Our findings

People and their relatives told us they thought the staff were trained, the regular staff knew people's needs and provided the care that they needed. One person said, "The staff know how to care for me." A second person told us "They [staff] know what to do."

The induction for new staff included a period of shadowing, where they worked alongside more experienced staff to gain the skills and competencies that they required to work within the home. Staff told us that they underwent a period of training before starting to work at the home. Care staff worked towards completion of the Care Certificate following induction. The Care Certificate requires staff to complete a programme of training, including observations by a senior colleague, followed by an assessment of their competency.

Staff told us they received the training they needed to carry out their role effectively. The training was provided by an in-house trainer. We were provided with a copy of the training matrix, which was colour coded and contained details of training the staff had undertaken which was considered mandatory by the provider. It showed that staff had received training in infection control, fire safety, end of life care, dementia awareness, whistle blowing, medicine management and Mental Capacity Act 2005 (MCA). However, the matrix also showed areas where refresher training was overdue for some staff. We were informed by the registered manager that this was planned and was being provided on a rolling basis. The training matrix showed that some nurses had attended the in-house mandatory training. However, not all the nurses had attended training as part of their Continuing Professional Development [CPD] to maintain their clinical skills. This was also a requirement to maintain registration with the Nursing and Midwifery Council (NMC). This meant that the nurses may not have up to date knowledge and skills to provide effective care to people.

Staff told us that they felt supported in their role but they had not been receiving regular supervision or annual appraisals. One staff member told us, "We don't get regular supervision. I think I have had one supervision in the last 17 months." Another staff member told us, "Supervision is done every six months, I had mine in the middle of last year." Supervision meetings, where staff have the opportunity to formally discuss any issues or concerns with the service manager, are a requirement for providers of health and social care. Records confirmed that some supervision meetings took place. However, we found that staff were not provided with up to date supervision. Staff had not received an appraisal in the past year. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

The lack of sufficient, appropriate on going training and support for staff meant that people were not effectively supported by staff to deliver a service that met their needs. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to people moving into the home, pre-admission assessments were undertaken to ensure the home and staff could meet the person's needs. The pre-admission assessment process identified the areas of support people needed in relation to their health, social and personal needs. People and where appropriate their relatives, were involved in this process. Following admission to the home, care plans were developed.

The care plans were reviewed and up dated if required.

We checked how people's nutritional needs were being met. The service used a nutritional needs tool, Malnutrition Universal Screening Tool (MUST) to monitor and support staff to identify people who were at risk of malnutrition. Nutrition care plans were in place and the records we checked showed that appropriate action was taken to support people who were at risk of malnutrition such as consulting with a dietician or GP when appropriate.

We observed lunchtime on the top and middle floor. People's lunch was served to them in the lounge and they remained in their armchairs with individual small tables in front of them. The meal was served by one of the kitchen staff who knew people's needs for example, a normal diet, a soft diet or a pureed diet. However, we did not see anyone offered any condiments and no one was offered a choice of hot meal. We saw that for desert an arctic roll or ice cream were offered, which were both ice cream desserts. No one was offered an alternative; however, we saw a relative take a yoghurt for a person they were assisting.

Staff assisted people who required help with food in an calm manner. Staff sat next to people when they were given their food. They told people what the meal was. They were patient, talked to people and did not rush them. Staff told us that they were aware of any risks associated with people's nutrition or hydration needs and the support needed.

We received mixed feedback from people about the food. They told us they received enough to eat and drink but not all people were happy with the choice and quality of the food available. Comments regarding the food included, "The food could be better. I don't like it. It's bland", "There is no choice about meals and it would be good to have a choice", "There is no choice" and "The food is ok." However other people living in the home described the food as, "Nice", "I like the food. I am not fussy." Comments from relatives was mixed and included, "There is no choice about food" and "Mum said the food is nice."

We spoke with the chef regarding the meals and they told us they were aware of people's preferences and dietary needs and this information was available in the kitchen. They made alternatives for people if they did not like the main meals. Staff we spoke with agreed that people had one main meal choice and that alternatives were always available.

After the inspection the registered manager informed us that they had commenced a survey asking for people's choices and preferences about food and that this would feed into the creation of a seasonal menu that reflecting people's choices.

Food and fluid charts were used to monitor people's dietary intake where this was required. A small number of the charts had some gaps and were not totalled. Totalling fluid charts helps staff to monitor more effectively how much a person has drank. We also noted that food charts often just showed what meal the person had been given, rather than how much of this they had eaten. People's records showed they were weighed on a regular basis and where they had lost weight, they were referred to relevant professionals such as the GP or dietician. Where people were at risk of choking, they had been referred to a speech and language therapist.

Staff felt they worked well as a team to ensure everyone was aware of any changes in a person's support needs but said communication was sometimes difficult due to the high level of agency staff that the service had been using.

Records showed that people were supported daily by registered nurses and were also supported to access

appropriate healthcare services. People's records confirmed they had regular appointments with health professionals, such as chiropodists, GPs, dieticians and others as needed. People told us they were supported to see their doctor when required. We spoke to the GP who visited weekly. They told us, "The regular nurses are good. They know the names of residents and their conditions and are aware of their medicines." A relative told us "They are on top of his health needs. A mental health assessment has been requested but his overall health needs are met."

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 so that they can 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. Applications had been made to the supervisory bodies at the time of the inspection, following a mental capacity assessment. The manager held a list of those application submitted that were awaiting approval. Where DoLS had been authorised the service was complying with any conditions applied to the authorisation. The service followed the requirements of the DoLS.

The care plans we looked at showed that mental capacity assessments had been carried out using the MCA principles and DoLS referrals were made when needed. One of the nursing staff took the lead on this. DoLS had been agreed for nine people. Where people did not have capacity to make specific decisions about their care, they had a relative with legal responsibility for making decisions on their behalf, we saw that the staff had consulted them when developing care plans or in response to any concerns about the person's welfare.

Staff we spoke with confirmed that they had attended MCA training and were able to tell us about the principles of the MCA and how they applied these in their work with people. For example, a staff member said, "We explain things to them and involve them as much as possible in decision making." People confirmed that staff asked for consent, comments included , "Staff explain things to us and ask us" and "The staff explain what they are doing before helping us."

During the tour of the building with the deputy manager, we saw that some areas of the premises required attention. On both the floors, we found that toilet seats were missing and in one of the toilets, the toilet roll holder was broken. Some equipment such as a hoist, a zimmer frame, and wheelchair foot plates were stored in the assisted bathroom on the top floor. We were informed that this was being addressed.

People living with dementia were accommodated on both the floors. We saw that the environment was not suitably adapted to meet their needs. Although there was some signage to indicate the bathroom or toilet and people's individual rooms, there was no dementia friendly signage or sensory items for people living with dementia. The registered manager informed us that they were planning to open a dementia floor and would give further consideration to changes to facilitate this. We recommend that the provider continues to review the environment, surroundings and the activities and make appropriate improvements in line with guidance on this from its own review, the Alzheimer's Society and the University of Sterling guidance.

Is the service caring?

Our findings

Most people and their relatives told us staff were kind and caring. People's comments included, "The staff are kind and caring" and "The staff are good." Relatives told us, "Yes, the staff are kind. Another relative said, "The staff are caring and even if there's only one member of staff they are attentive."

Generally, the interactions we saw between people who used the service and staff were kind and caring. Staff spoke cheerfully and kindly with people and demonstrated respect towards them. People told us the staff respected their privacy and treated them with dignity and respect. One staff member said, "I make sure doors are closed and curtains drawn for personal care." We observed staff promoting people's dignity, choice, privacy and independence.

When staff were aware of people's calls for support they responded positively. For example, we observed one person who was quite distressed. The member of staff made sure they held the person's hand and comforted them, talking softly. They recognised this person was uncomfortable and discreetly took them to their room to make them more comfortable. On another occasion, a person said they were in pain and were reassured and comforted by a member of staff who called the nurse to see the person. The staff member was knowledgeable about this person and knew how to support them when they became distressed. Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices.

People told us the service promoted their independence. People were supported to remain independent and were encouraged to participate in activities outside the service. One person told us, "I went to the town centre with [staff member] to do some shopping and enjoyed it."

At the time of our inspection the service was supporting people who were at the end of their lives. A relative told us, "Initially she engaged with staff and settled in quickly but is now receiving palliative care. They look after her extremely well, she has half hourly checks. They [staff] have risen to the occasion and [the manager] is very supportive. Mum saw the GP today and end of life medicines are available if needed."

The service told us they involved people and their relatives in the running of the service. However, relatives told us that they did not recall having regular relative's meetings. They had attended one recently where the management explained about the staffing situation and what they were going to do.

Relatives were positive about their communication with the service. The service involved people and their relatives in decision making about their care. They told us they were contacted by the service and updated if there were concerns about their family member's health or well-being. One relative said, "We have good communication and they tell us immediately if things are happening."

The service sought to meet people's needs in relation to equality and diversity. This was included in the pre-admission assessment carried out before people began using the service. People's care files contained details of their beliefs and preferences. People were supported to take part in their cultural or spiritual practices and records showed they were supported to take part in religious services. Staff knew about

people's cultural backgrounds and told us how they supported them by providing specific meals and observing religious and cultural practices. Staff completed equality and diversity training. The service collected information about people with particular protected characteristics who used the service, to ensure their preferences were considered when meeting their needs.

Confidential records were stored in the service's offices in locked cabinets and in password protected computers. Staff had a responsibility not to share confidential information about people with unauthorised persons and signed a confidentiality agreement. This protected people's privacy.

Is the service responsive?

Our findings

Our findings in relation to the quality of information in the care plans was mixed. Care plans did not always reflect people's individual preferences and choice. They did not contain details of people's life history to help staff understand people's needs and provide person centred support. Some care plans we looked at did not contain clear guidance for staff when supporting people's specific medical conditions. The care plan for one person who was diabetic stated, '[Person] is at risk of going in to a HYPO coma (hypoglycaemic coma). It is very important to maintain a safe range of blood sugar level. In case of low blood sugar give [branded drink] via [method of feeding].' The person's care plan did not state the range in which their blood sugar level must be maintained.

We spoke with a member of the nursing team about this who confirmed the person was administered insulin. The person's care plan stated their blood sugar level must be checked twice a day. However, upon checking the person's records we found gaps during which there was no indication if their blood sugar level was checked. We raised our concerns with the nurse on duty who was unable to provide a satisfactory response.

Another person's care plan who was at risk of developing a pressure ulcer said, "Support to maintain personal care and incontinence care and provide optimum nutrition." There was no further guidance for staff about this. The care plan for nutrition said to offer snacks between meals but there was no record of what these should be when they should be offered.

Another person's care plan stated that they sometimes behaved inappropriately towards female carers. There were no details about what this inappropriate behaviour might be. Staff were advised that if possible two male carers were to provide support. The same person was recorded as shouting a lot. The guidance to staff for this was to explain to [the person] that they were disturbing other people. There was no guidance about on how staff should manage this behaviour. The lack of clear guidance for staff and the failure of the service to check the person's blood sugar levels meant the person was at risk of harm. The lack of guidance for staff about behaviour that challenges may put staff and people at risk of harm.

We found that people living at the home had complex health conditions and high support needs. We found that the service had a high turnover of nursing staff and relied on agency staff to cover shifts. Therefore, it is essential to have clear, up to date information and guidance about people's individual support needs and how these are to be met by staff. Without personalised care planning, people were at risk of not having their specific needs met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people and relatives told us staff were responsive to their needs. One person said, "When I call for help I get very good response." Another person told us "The staff come to help when I call them. We do have to wait some times because they are busy." A relative told us, "Everyone is really nice and they give [person] good care. They're never rude or make [person] feel bad and they calm [person] down when anxious." Another relative said, "No problems. They tend to [person] very well."

People's views about the satisfaction with activities were mixed. Some people felt they would like to get out more. The provider employed two activity coordinators who both worked alternately to ensure one of them was available to carry out activities with people daily. They told us that they organised one to one and group activities, outings and social events. The activities co-ordinator explained people living at the service were encouraged to participate in activities they enjoyed such as puzzles, arts and crafts, sing along, quizzes, nail and beauty.

We did not observe any activities taking place on the first day of our inspection. On the second day of our inspection we saw, that the activity co-ordinator carried out an individual activity with a person in the lounge. This person told us that they sometimes did puzzles and exercise with the activity person and also went out with them. Other people told us that they did activities but none that they enjoyed and that they just sat in the lounge from morning to evening. We spoke with a volunteer visitor who told us, "I visit most days and have been coming here for about eight years. It's lovely and I really enjoy coming. I talk to people and play cards with them." Our observations were that although the activities person spent some one to one time with people and carried out a group activity on both floors, mostly people just sat in their armchairs.

We recommend, in light of the mixed views received that the variety and frequency of activities is kept under review, in order to encourage people to participate in meaningful activities that stimulate memories and encourage independence.

At the time of our inspection the service was supporting people who were at the end of their lives. A relative told us, "Initially she engaged with staff and settled in quickly but is now receiving palliative care. They look after her extremely well, she has half hourly checks. They [staff] have risen to the occasion and [the manager] is very supportive. Mum saw the GP today and end of life medicines are available if needed."

End of life care plans were reviewed or updated when needed to ensure people received appropriate care in line with their wishes. Care plans included advanced care planning with people's wishes stated for end of life preferences and included preferred place of care and specific funeral plans. Staff knew people's wishes. Staff told us about the recent death of someone using the service and spoke fondly of the person and told us how they had provided care to the person and support to their family. End of life care plans gave guidance to staff on possible presentations, which could occur towards the end of life and ways to support people. Staff were able to contact the GP daily as necessary.

The service has a complaints policy and procedure. The policy included timescales for responding to complaints and details of how people could escalate their complaint if they were not satisfied with the initial response from the service. People using the service and their relatives told us they knew how to complain if they needed to. People told us they would talk to the registered manager or the deputy if they had any concerns. A relative told us, "When small things come up, they do deal with them." Another relative said, "If I had a problem I could talk to people. [The manager] will help." We looked at the complaints log and saw that the last recorded complaint was in November 2017. A relative we spoke with asked us if we were aware that they had made a complaint. Details of their complaint had not been recorded. They also told us that when they had raised smaller issues in the past they had been dealt with.

We recommend that the registered manager keeps a record of all the complaints received and what had been done in response to these, to ensure people were satisfied with the way it was dealt with and identify any lessons to be learnt.

The management team were aware of the need to provide accessible information that met people's different needs. Information was available to people in different formats such as large print or alternative

languages if required to enable people to make decisions about their care and support.

Is the service well-led?

Our findings

People using the service and their relatives told us they felt the service was well-led. When asked if they thought the service was well led, one person said, "It's fine, wonderful in fact. Staff are absolutely polite and are a good bunch. My friends are made welcome." Another person told us, "Oh yes, they are good." Relatives told us that they were kept informed about any concerns or issues about their family member. Staff felt the manager was approachable and listened to them. However, some staff also felt that little action was being taken about the lack of staff and the high use of agency staff and nurses. We spoke with the management team about this. We were satisfied they were aware of the concerns and had begun to address some of the issues. They told us that a staff meeting was held where they had informed staff about the action they were planning to take going forward.

There was a registered manager in overall charge of the service, who was supported by a deputy manager and an area manager who worked within the organisation and supported the registered manager at this service and other services operated by the provider.

We looked at the systems that were in place where by the provider and the registered manager were able to monitor the quality and safety of the service provided. The area manager told us that they carried out monthly audits covering specific areas. For example, the February visit covered the rota and rota systems, care plans in March and in April they looked at rotas again. They informed us that until late February, the monitoring of the service was at arm's length because they were supporting another of the provider's services until it was up and running. The area manager informed us that they had monthly meetings with the director of operations for an overview of all the services.

The area manager also informed us that the registered manager completed a weekly registered manager's report, which included information on occupancy, admissions, deaths, hospitalisations, accidents, safeguarding and staffing. From these weekly reports, the registered manager had to complete a monthly quality assurance report which was sent to head office. They told us that they followed up any issues from these.

We looked at the above monitoring information in the manager's office and found that it only included old weekly reports and the last one on the file was from July 2017. The registered manager told us that they had not been able to complete the above quality assurance returns to the area manager. They said they got behind due to the building works but did give verbal feedback. The registered manager also said they had not been able to complete quality assurance monitoring.

We saw that when the deputy manager came into post in November 2017, they had carried out a care plan audit. Points for action were indicated on this. The registered manager said that the deputy told the nurses what should be changed or added on the care plans but we did not find information to show if this had been followed up. The deputy manager also carried out a medicines audit on November 17 and again actions raised from this had not been followed up.

Therefore, despite the systems in place, not all the provider's processes to assess monitor and improve the quality and safety of the services provided were effective and records required to be maintained were not always available and were not up to date.

The concerns identified during this inspection illustrated that the quality assurance measures in place were not fully effective. This was because there had not been a consistent approach to quality monitoring meaning measures were not in place to resolve areas where regulations were breached. This was a breach of Regulation 17 of the Health and Social Care Act Regulations 2014.

During the inspection, the area manager and the registered manager told us they had already identified some of the shortfalls we had identified at our inspection. For example, they were working hard to look at ways of improving the recruitment and retention of staff. In response to some of the concerns we stated during our verbal feedback, the management team had sent an action plan to address some of the issues such as the provision of up to date medicine training for the nurses and commencing weekly fire drills as well as providing fire safety training for staff. This action showed that the management team had taken the concerns we raised seriously and had taken steps to make improvements.

The provider and registered manager worked well with health and social care professionals such as the falls team, occupational therapists and social workers in order to achieve the best outcome for people.

The registered manager told us that they sought people's, relatives' and staff views in different ways mostly during individual discussions. Yearly questionnaires were sent to relatives, people and other stakeholders to seek their views about the service in order to drive improvement. Residents and relative's surveys had been sent out in December 2017. Results had been analysed and an action plan was in place to address points that were raised. For example, the outcome of the survey report stated that additional laundry hours had been allocated and that more activities would be introduced. A recommendation for another activity person had been actioned and that staff would be advised of people's dietary needs during handovers between shifts.

The registered manager told us that residents were invited to the relative's meetings. The last minutes on file for relative's meetings were dated March 2015. However, the area manager had met relatives in March 2018 to discuss the staffing issues and the action they proposed to take.

The service had daily staff briefings on each floor to keep staff and nurses informed and included a clinical overview. Staff told us that staff meetings were held three monthly but this had slipped recently. The registered manager planned to re-introduce staff meeting at regular intervals to keep them involved and informed about the service.

The registered manager submitted statutory notifications relating to significant incidents that had occurred in the service and took appropriate action to manage any issues. The statutory notification is a notice informing the Care Quality Commission of significant events and is required by law.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider failed to develop individual and personalised care plans which identified people's specific care needs, their preferences and how these need to be met by staff.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not administered safely. Instructions for medicines to be given as required were insufficiently detailed.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality assurance and governance systems to ensure that shortfalls were identified and addressed and legal requirements were met.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient numbers of suitably qualified and experienced staff on duty at all times. The staff had not always received sufficient training and support to carry out their roles effectively.

