New Century Care (Eastbourne) Limited

Tredegar Care 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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Overall summary

Tredegar Care Home provides nursing and personal care for up to 26 older people. The home is a converted house and bedrooms are spread over three floors. There were 23 people living at the home at the time of the inspection. They had a range of complex health care needs which included people who have had a stroke, diabetes and Parkinson's disease and some people had a degree of memory loss. Most people required help and support from two members of staff in relation to their mobility and personal care needs.

There is a registered manager at the home. 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.

This was an unannounced inspection and took place on 3, 4 and 9 March 2015.

Summary of findings

At the last inspection 28 August 2014 we asked the provider to make improvements in relation to care and welfare of people who use services and assessing and monitoring the quality of service

provision. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found that some concerns still remained.

People and visitors told us staff were kind and caring but there weren't enough of them. We saw there was not enough staff to provide individual and personalised care to people. People were involved in developing care plans which were personalised with their individual needs and choices, these were reviewed regularly. However, people did not always receive care that reflected their choices. Although staff were caring the care was task based and institutional and people did not always receive the care they required in a timely manner.

There was not enough for people to do when the activities co-ordinator was not at work. People spent a long time being unsupervised in the lounge. Throughout this inspection we found the lack of staff had a negative impact on a number of areas of people's lives.

Staff at the home knew people well, they were able to tell us about people's care needs, choices,

personal histories and interests. We observed staffing supporting and caring for people with kindness, compassion and patience. However, there were occasions when people were not treated with the respect they deserved as staff did not attend to people in a timely way.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Medicines were stored safely and people received their medicines when they needed them. However, medicine administration record (MAR) charts were signed before medicines were given. This did not comply with best practice guidance which states the MAR chart should be signed after people have taken their medicines.

Staff had a good understanding of the care and treatment people required. They received training and training updates but not all staff had received updates in relation to their essential training. There was no specific clinical training or updates for nurses. Staff received supervision however nurses did not receive any clinical supervision to make sure clinical best practice was being observed.

Staff had an understanding of the Mental Capacity Act 2005 but the use of mental capacity assessments for people who had limited or fluctuating capacity were not in place. This meant that people's rights to make decisions were not always being protected

People were provided with freshly cooked meals and were supported to eat and drink a nutritious balanced diet of their choice. A variety of hot and cold drinks and snacks were available throughout the day.

People had access to appropriate healthcare professionals. Staff told us how they would contact the GP if they had concerns about people's health. However care plans did not include all the information about people's health related needs.

There were quality assurance systems in place but these were not always effective. Although audits had been completed these did not identify all areas that needed action. Where areas of concern had been identified, for example not enough staff, the provider had not taken action to address this.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now correspond with the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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

Not all aspects of the service were safe.

There were not enough staff to meet people's needs. People's needs were not taken into account when determining staffing levels.

Medicines were stored safely and people received their medicines when they needed them. However, best practice was not always followed in relation to signing medicine administration charts.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home.

Environmental and individual risk assessments were in place and these were reviewed regularly.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Staff had some understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, the use of mental capacity assessments for people who had limited capacity were not in place.

There was an ongoing training programme in place however not all staff had received updates related to their essential training.

People were supported to have access to healthcare services this included the GP, dietician and chiropodist.

People were supported to maintain a healthy diet. They were provided with appropriate assistance and support and staff understood people's nutritional needs.

Is the service caring?

Requires Improvement

Not all aspects of the service were caring.

Staff knew people well and treated them with kindness and patience. However there were occasions where people were not treated with respect.

Staff understood people's needs and preferences.

People were involved in developing their own care plans and making decisions about their daily care.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

Summary of findings

Staff knew people really well. However, some people's care did not always meet their assessed need. Care plans did not include all the information required to care for people. Daily charts had not always been completed appropriately.

People enjoyed activities when they took place. However there was not always enough staff support to enable them to pursue their hobbies and interests.

Is the service well-led?

Not all aspects of the service were well led.

Although there were systems in place to assess the quality of the service provided these were not always effective.

The registered manager had created an open, relaxed atmosphere in the home where staff felt supported.

Inadequate

Tredegar Care 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 was an unannounced inspection by two inspectors and took place on 3, 4 and 9 March 2015.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with people about the care they received. We spoke with 13 members of staff which included the registered manager and area manager. We also spoke with five visitors and two healthcare professionals.

We viewed four staff files to look at recruitment practices and other records including audits, maintenance records and policies related to the running of the home.

We observed the administration of the lunchtime medicines and inspected the medicine administration records (MAR) for everybody. We observed how people were supported during their lunch.

We looked around the home and observed how people interacted with staff and each other. Throughout the day we observed care and support being delivered in communal areas. We looked at individual care records and associated risk assessments for five people.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). 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.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. We observed people calling staff when they needed them and talking to them openly. Visitors to the home told us their relatives were safe. However people and visitors told us there was not enough staff. One person said, "The care is good but we wait too long when we need something." One visitor said, "Our relatives are dependent on staff for everything, if they weren't they would be at home with us, there needs to be more staff so they are looked after properly." We found this was an area that required improvement.

People and visitors told us and we observed there were not enough staff to meet people's needs. There were four care staff, one nurse a cook, domestic support on duty each day and two care staff and one nurse at night. The registered manager and office administrator worked each day during the week. At the time of the inspection 21 people required support with mobility from two care staff. We saw staff were very busy throughout the day with little time to spend with people or talking to them. Staff told us, "We need more staff, especially in the mornings." Another staff member said, "We don't get breaks, it's full on." We observed staff were very busy. On the first day of the inspection although staff told us they were happy to talk to us they were unable to as they were too busy. People were left unattended in the lounge for long periods of time and when they requested support staff were unable to attend to them in a timely way. Visitors told us, and we observed, that they had to frequently support people who were sitting in the lounge. We saw them offering people drinks, encouraging people to sit down to prevent them falling and contacting staff for people. At lunch time we saw one person attempt to walk with a walking aid. Staff then provided the person with a wheelchair to transport them to the dining room. Staff told us they did not have time to walk with people.

Visitors told us there seemed to be less staff working at the weekends. Care staff told us that at weekends the nurse was responsible for the day to day running of the home in addition to their own clinical responsibilities. They went on to tell us if the nurse was an agency or bank nurse who were not familiar with the people or the home they therefore required support from the care staff. One member of care staff said, "Weekends are very busy." There were nursing vacancies at the home, we were told a clinical lead nurse had been recruited but was not yet in post so there was a current reliance on agency nurses. We saw at least two shifts per week were covered by bank or agency nurses.

There was no evidence that people's needs were taken into account when determining staffing levels. For example eleven people required support at mealtimes and staffing levels had not been increased to address this. Records of meetings showed staffing levels were based on how many people lived at the home and did not reflect people's individual needs. The staffing levels were not flexible and had not been reviewed to ensure staff could meet people's needs.

We found the provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were sufficient numbers of suitably qualified staff. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider informed us that extra staff were working during the day, and a full review of the dependency and needs of people was to take place to assess future staffing needs. Recruitment records demonstrated there were systems in place to ensure staff employed were suitable to work at the home.

We observed medicines being administered at lunchtime. The medicine administration record (MAR) chart was signed by the nurse showing the medicines for some people had been taken prior to it being administered. This did not comply with best practice guidance which states the MAR chart should be signed 'only when the resident has taken their prescribed medicine'. The nurse explained this was only done for people who would definitely take their medicines. We observed the nurse crush some medicines and mix them with yogurt for one person. We were told this person might decline medicines if they were not crushed. The nurse explained to the person their medicine was in the food prior to administering it. Crushing medicines may alter the way they work and make them ineffective. Staff should always ask for a pharmacist's advice before they crush any medicines. There was no guidance in the MAR chart to confirm advice had been sought. We discussed our concerns with the registered manager who told us the nurse would be offered further support and training.

Requires Improvement

Is the service safe?

Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There was some guidance in place about why the medicine was required and how much the person could have in 24 hours. Information in relation to side effects had not been completed however staff were instructed to read the British National Formulary (BNF) which contains information about all medicines.

The medicine storage and disposal arrangements were appropriate and safe. We observed medicines being administered and saw they were dispensed and given to people individually in accordance with their prescription. When medicines arrived at the home they were counted and signed for by two staff members to ensure they were correct.

There was currently a safeguarding plan in place at the home following safeguarding concerns which had been raised last year. Staff told us although they were not directly involved in the concerns they had been informed and updated by the registered manager about the general issues and actions that had been taken. One member of staff said, "I wasn't told the specifics but I was told what was going on and what was being done about it." Following the inspection we spoke with the local safeguarding team who said they were still working with the home to ensure all areas of concern were addressed.

Staff had a good understanding of different types of abuse and safeguarding procedures. They were able to tell us when and how they would refer any concerns they may have. All staff were happy to talk to the registered manager about any concerns they may have and were confident these would be addressed appropriately. They told us if it was not appropriate to discuss concerns with the registered manager or she was unavailable they would discuss it with the most senior person on duty or contact the local authority safeguarding team.

The home was clean and tidy throughout. There were regular servicing contracts in place which included, gas and electrical installations, lift and hoist servicing and portable appliance testing.

Records showed regular health and safety checks had taken place. This included water temperatures, emergency lighting and call bell testing. A fire risk assessment had taken place in 2014 and actions that required attention had been addressed. The home was staffed 24 hours a day and there were local arrangements in the event the home had to be evacuated. However, personal emergency evacuation plans (PEEPs) were not in place for people who had recently moved into the home and this needed to be improved. The registered manager told us new forms had been introduced, these needed to be completed for everybody to ensure the information was up to date. Following the inspection the provider informed us reviews had taken place and PEEPs were now in place for everybody.

Individual risk assessments were in place in people's care plans. These included mobility, falls and pressure area risks. There was guidance in place for staff to follow and reviews took place monthly. For example one person had fallen, the risk assessment had been reviewed and updated to reflect what measures had been put into place to keep the person safe.

We recommend the provider should take into account the National Institute for Health and Care Excellence (NICE) guidance 2014, Managing medicines in care homes.

Requires Improvement

Is the service effective?

Our findings

People told us staff were "good", "well trained" and knew what they were doing. One person said, "The care is excellent." Another person told us how a nurse had supported them through a difficult clinical procedure and said, "I was well looked after." Visitors told us care was good and staff knew people well. A visiting healthcare professional told us they had seen improvements at the home. People told us the food was good and they enjoyed it. They also said they were given choices about what they had to eat and drink.

Although not all care staff had received training in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) they were able to demonstrate a basic understanding. This is an act introduced to protect people who lack capacity to make certain decisions because of illness or disability. Staff told us if they were concerned they would discuss it with the nurse or registered manager. However, the principles of the MCA were not always followed. We were told about one person who had recently moved into the home. This person was sharing a bedroom with another person. There was no recorded information about how these decisions had been made. There had been no mental capacity assessment or best interest agreement in place to decide if this was appropriate for this person. This person's rights to make their own decisions had not been protected. The registered manager told us about discussions that had taken place; however there was no evidence the person making the decision was legally able to do this. There were no mental capacity assessments in place in any care files we viewed.

Where people shared bedrooms, those who were able told us they were happy to share. One person told us, "I like the company." However, there was no evidence of discussions that had taken place prior to people sharing the rooms.

Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff asked people's consent before offering any help or providing any care. Where people were able consent forms had been signed to show they agreed, for example, to have their photograph taken and to share their information with other professionals.

There was an induction programme when staff started work at the home. This included the day to day running of the home, policies and people's care records. They then spent time shadowing other staff before they worked on their own. Staff told us their induction provided them with the knowledge and skills to look after people. They said they were well supported by the registered manager and colleagues and could always approach them for help. Agency nurses told us and records confirmed they received an induction the first time they worked at the home. They told us it was helpful to understand the day to day running of them home in addition to finding out about people who lived there.

Staff told us they received ongoing training and updates. One said, "We're always having training, I've got some tomorrow and some more is up on the wall now." Training records showed training and updates were ongoing. For example, 11 out of 39 staff did not have current safeguarding training and this was booked for the day following our inspection. However, training needed to be improved as not all staff had received essential training. For example 20 staff did not have current infection control training and 19 did not have current fire safety training. The registered manager said training was planned in advance and staff were aware what they were required to do. We were told an online training programme was now available and would be used as a back-up if staff were unable to attend training or were new to the home. Care staff were encouraged and supported to complete health and social care qualifications including the Diploma in Care.

There was an ongoing programme of supervision and staff confirmed they received this regularly. Records showed supervision included demonstrations, for example, how to use the weighing scales, observations of practice and competency assessments.

At the time of the inspection nurses did not receive clinical supervision and there was no specific clinical training or updates for nurses. We were told this would take place when a clinical lead nurse commenced work at the home. A visiting healthcare professional told us they found the knowledge of the nurses variable and although there had

Requires Improvement

Is the service effective?

been improvements with the appointment of a new nurse ongoing training and support was required. They gave an example of basic observations not being undertaken prior to their visit.

The provider had not ensured that staff received appropriate training, professional development and supervision. This was in breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One nurse told us the Tissue Viability Nurse and Continence Advisory nurse visited regularly and they were able to contact them for advice. We were told the nurses were able to contact other nurses within the organisation for support when required.

People's nutritional needs had been assessed and regularly reviewed. People who had specific dietary requirements, for example a diabetic or pureed diet, had these met and they were recorded in their individual care plans. The cook and staff had a good knowledge of people's dietary likes, dislikes and any food allergies. These were recorded in their dietary profiles with copies in their care plans and in the kitchen. People were weighed regularly and a list of people's weights was given to the cook who told us supplements were provided to people who were at risk of malnutrition.

Care staff told us if they were concerned about how much people were eating or drinking they would inform the registered manager or the nurse. People had been referred to the appropriate healthcare professionals when there were concerns about their weight or dietary intake. This included the GP, dietician and speech and language therapist. Recommendations from professionals were recorded in people's care plans for staff guidance. Where needed, food and fluid charts were in place and staff recorded how much people ate and drunk. The charts were checked at the end of each shift to monitor people's intake. We saw one person had drunk a small amount of fluid the previous day. Staff were aware of this and encouraged the person to drink more.

People were offered a choice of meals each day and alternatives provided if people did not like what was offered. Menus were on display on dining room tables and people had copies in their bedrooms. People told us the food was good. One person said, "It's wonderful, always homemade." Another person told us the cook supported them to make sure they had meals of their choice. This person said, "I'm a bit fussy but they make sure I have something I like." Hot drinks were served regularly throughout the day. There were jugs of cold drinks and snacks in the lounge where people could help themselves if they wished.

People chose where to eat their meals, some people ate in the dining room, and others remained in the lounge or their bedrooms. Where required people were provided with aids, for example plate guards, to help them eat their meals independently, other people required prompting and encouragement. When assistance was given this was done in a discreet way ensuring eye contact, time to engage and maintaining a good eating experience. Lunchtime appear a relaxed experience. People chose where they sat and were chatting with each other and the staff. One person told us they felt unwell so had chosen to remain in their bedroom but they added, "I like to eat in the dining room, it's good to eat together."

Staff supported people to maintain good health and access healthcare services. We heard staff discussing their concerns with the nurse and registered manager about a person who was unwell. They told us the doctor had been asked to visit to make sure the person received appropriate treatment. The nurse told us about another person who was unwell therefore the doctor had been asked to visit. Records showed external healthcare professionals were involved in people's care; these included the tissue viability nurses, continence advisor and chiropodist. When a GP was asked to visit staff completed a "Doctor's call-out sheet." This included the rationale for calling the doctor and the person's observations, for example, blood pressure, temperature and urinalysis. The form was then completed by the GP and included what treatment and /or actions were required. A visiting healthcare professional told us they found the knowledge of some nurses variable. However, since the appointment of a new nurse the referrals they had received had been appropriate and included the relevant information. They said the registered manager had a good understanding of people's healthcare needs.

Requires Improvement

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "Staff are very good, I'm happy here and well looked after." Another person said staff were, "friendly." People and visitors told us they had "No criticism of staff at all." However, due to the lack of staff people were not always treated with dignity.

We observed staff engaging with people in a kind and caring way. However, people were not always treated with the respect and dignity they deserved. One person had requested to use the bathroom however staff had been unable to attend to them in a timely way, as a consequence the person experienced an episode of incontinence. Another person said, "Staff are fine, I just wish there was more of them so I could get to the toilet." At lunchtime staff were supporting people to move to the dining room. One person attempted to walk with a walking aid. Staff then provided this person with a wheelchair to transport them to the dining room. Staff explained they did not have time to allow people to walk and this did not respect people's independence.

This meant the provider had not ensured people's dignity and independence were always respected. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although it was busy at the home there was a calm atmosphere. Staff were unable to spend as much time as they wished with people. However, when they were attending people they worked at the person's own pace and did not rush them. We observed a member of staff attending to one person; they took their time and were patient. They did not leave the person until they were sure their needs had been met. Staff chatted with people whilst providing support. In the communal lounge and dining areas we heard staff talking to people, engaging people as individuals and groups and generally enjoying themselves with people. People told us, "The atmosphere here is terrific."

It was clear staff knew people well and treated everyone as an individual. They spoke to them with kindness and patience they were able to tell us about people's personal histories, care needs, likes, dislikes, individual choices and preferences. They told us, and we observed, how they communicated with people who were less able to express themselves verbally. This included observing how people responded to questions and gestures. One staff member explained how communication improved by spending time with people and getting to know them. They said, "It's about getting to know people, when you spend time with them you see how they respond, you learn what they like and what they need."

People told us, and care records showed, they had been involved in developing their own care plans. People took pride in their appearance and were supported to dress in their preferred way and this was recorded in their care plans. For example one care plan guided staff to promote the person's femininity through dress, jewellery and make up. We saw this person and they were dressed as described.

Staff spoke with people using their preferred name. People's privacy was maintained, staff knocked at bedroom doors before they entered and introduced themselves as they went in. Some people shared bedrooms; we observed screens were available to ensure people had the privacy they required. We observed staff speaking quietly and discreetly with people in communal areas. Some people required staff to support their mobility by using moving and handling equipment such as hoists and stand-aids. One person explained to staff they did not like this and were frightened. We heard staff reassuring the person and explaining what they were doing throughout the procedure. When it was completed the person was settled comfortably into their chair.

Requires Improvement

Is the service responsive?

Our findings

People were involved in developing their own care plans. They told us told us they had spent time talking to staff about the care they needed, their choices, about how this was provided. This included morning, daytime and bedtime preferences. People told us they enjoyed it when there was an activity taking place and when the activities co-ordinator was at work.

At the last inspection on 28 August 2014 we asked the provider to make improvements in relation to the care and welfare of people who use services. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found although concerns identified at our last inspection had been addressed there were still some areas that needed to be improved to ensure people's care reflected their assessed needs.

Prior to a person moving into the home the registered manager or nurse undertook an assessment to make sure the staff could provide them with the care and treatment they needed. Assessments and care plans were completed with the person, and where appropriate, their representative, and included information about their likes, dislikes and choices as well as their needs and these were reviewed monthly. Staff knew people, their individualities and needs well. However, care was not personalised but appeared task orientated and institutional. Staff completed daily charts which included information about when people's continence pads had been changed. The chart for one person showed their pad had not been changed for a period of five hours on one day and a period of six hours the following day. A care plan informed staff the person was continent but required prompt assistance. Care plan reviews documented this person was no longer continent. Staff told us they were aware people's needs were not always met in a timely way. One person told us, "Care is routine, they shower you and put you down here (lounge)." We were also told, "Care is short and sweet." People told us their choices in relation to getting up and going to bed were not always respected. One person said, "I like to get up at 8am, this morning I got up at 11.30am." People did not always receive the care they required and this could leave them at risk of harm.

Care plans included information about what people liked doing, their hobbies and interests. One person told us how they were supported to continue with their hobby. People told us they really enjoyed the activities provided by the co-ordinator and outside entertainers. However, if these were not available there was very little in the way of mental or physical stimulation for people. The activities co-ordinator was not at work during our inspection and no activities took place. One person explained they liked to read the newspaper but were unable to turn the pages themselves. They told us, "Staff are too busy." People said, "You can sit here (lounge) for a long time and not see any staff." Staff told us they were aware the care was routine and people did not have enough to do. One staff member said, "We could do so much more if we had more time."

Care plans generally contained detailed information and guidance for staff to follow. However, care plans for people with health related conditions were not always in place. One person had diabetes and although information about the condition had been recorded in care plans for example in relation to nutrition there was no information to guide staff about how this was managed clinically. Similar shortfalls were found where people had wounds which required dressings or regular blood tests to monitor medication levels. We were told information relating to blood tests and dressing changes were recorded in the nurses diary.

There were a number of shortfalls in records and charts related to people's care which had not always been completed appropriately. Accident and incident records had been completed and these included follow up checks on the person however information about what actions had been taken to prevent a further occurrence were not always recorded. Not all the information in relation to PRN medication had been completed. There was limited information and side effects and contraindications and information about people's individual preferences in relation to their medication had not been completed. There was a current reliance on agency nurses at the home and this did not provide clear guidance for staff to ensure consistency or demonstrate evidence that people's needs were met.

There were charts in place in people's bedrooms. These included tick chart information about the care people received, for example, whether they received mouth care, had a shower or bath. They also included hourly check charts. These included information about where the person was, did they have any pain and what was their skin

Requires Improvement

Is the service responsive?

integrity. These were checked by the senior person on duty to ensure there were no gaps. We saw these had been fully completed. Staff told us, and we saw these were often completed retrospectively. We saw people's skin integrity checks were recorded each hour as 'int'. Staff explained this meant people's skin was intact. Staff told us this related to the areas of skin they could see which was often face and hands, and not areas that were potentially at risk of pressure damage. It was not recorded which body areas had been checked. This could leave people at risk of harm or injury because the provider could not be sure people had received the care that had been recorded.

Daily notes were completed by the nurses and the information was not consistent. Care staff told us they informed nurses about the care people had received during the day. For one person who had recently moved into the home there was detailed information about how the person had settled into the home, their health and care needs and moods. For other people the daily notes contained brief information about people and did not reflect the care and support people had received during the day. This did not ensure consistency or demonstrate evidence that people's needs were met.

The provider had not ensured people's care records reflected the care and treatment people received. This was a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain relationships with people who were important to them. We observed people visiting throughout the day. Visitors told us they were always welcome at the home. They told us they were able to visit whenever they wished.

People told us if they had any concerns or complaints they would discuss them with the registered manager or other staff. The complaints log showed there had been no recent complaints. When previous complaints had been raised we saw information about what actions had been taken to address and resolve them. The complaints policy was on display at the home and there were copies in people's bedrooms.

Inadequate

Is the service well-led?

Our findings

People were complimentary about the registered manager. People said they could always speak to her and she was always available and approachable. They told us, "If I need anything I'll speak to the registered manager." Visitors to the home told us they were able to speak to the registered manager whenever they needed to. A visiting healthcare professional told us the registered manager had a good knowledge and understanding of the people she looked after. Staff told us that they felt supported. However, people and visitors told us whilst they were able to talk to the registered manager and felt comfortable to do so they did not always feel issues related to lack of staff were dealt with.

At the last inspection on 28 August 2014 we asked the provider to make improvements in relation to assessing and monitoring the quality of service provision. The provider sent us an action plan stating they would have addressed all of these concerns by November 2014. At this inspection we found there were still concerns.

Audits took place either monthly, quarterly or six monthly however these were not always effective. For example a monthly medicine audit had not identified the PRN information had not been completed and a quarterly care plan audit had not identified the shortfalls that we found.

People, visitors and staff all told us the registered manager was very supportive. People and visitors told us there were regular resident and relatives meetings. They said they could discuss any issues with the registered manager however issues were not always dealt with. One person said, "I don't think they deal with things." People and visitors told us, and we saw minutes of resident and relatives meetings, where concerns had been regularly raised in relation to the staffing levels at the home. Whilst this had been addressed by the registered manager with an explanation of how occupancy of the home determined staffing levels the provider had not taken any action to address either the issue or people's concerns. Lack of staffing has permeated through many of the shortfalls identified at this inspection. One visitor said, "It's frustrating but we know it's not (the registered manager) it's them above her." Another person said, "It feels like there's no point in saying anything but I have to, people here need to be looked after."

Staff were aware of who to contact if the registered manager was not at work. We looked at the on-call rota and saw it was mainly the registered manager. If she was not available the area manager would provide cover. One member of staff said, "It's always (the registered manager) on call." However Staff explained it was not clear who took responsibility for the overall running of the home on the weekend shifts as there was a current reliance on agency nurses. They told us during the week there was the registered manager and a senior carer. A senior carer is a member of the care staff who had additional responsibilities, for example, allocating the workload, ensuring documentation had been completed and updating the nurse and care staff about changes in people's needs. These staff did not work at weekends. Staff said, "If the manager, senior carer or regular nurse aren't working our responsibilities aren't clear, at weekends we're all the same level, we don't mind what we do but we need to be given clear roles and enough of us, we can't do it all."

Although there was a system in place regularly assess and monitor the quality of service that people received the provider had not ensured this was always effective. It did not identify all shortfalls, when areas of concern were identified, for example not enough staff, and the provider did not take action to address this.

This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager promoted an open culture at the home by The registered manager had an

active role in the day to day running of the home. We observed people, visitors and staff approached her and spoke with her freely throughout the day. Staff we spoke with told us they were supported by the manager. Comments included, "She's brilliant and approachable," "She has a relaxed style of management." "You can always talk to her." Staff also told us the registered manager was very busy. One staff member said, "Management is stressed at times, they are constantly juggling things." They also told us, "She is so busy; we really need a lead nurse." Another staff member told us they felt supported working at the home. They said, "It's honest and open here."

Inadequate

Is the service well-led?

There were regular staff meetings and supervision. Staff told us they were able to discuss any issues they had. They told us supervision was a time when they were updated about changes that were taking place, for example, in relation to paperwork and identify any training they may need.

We were told there had been changes in the senior management of the organisation and we met with the newly appointed area manager and the nominated individual (registered person) during our inspection. They told us they were aware of some of the concerns we had identified. Following our inspection we were contacted by the nominated individual to tell us what actions had been taken. This included the completion of PEEP's for everybody at the home and an increase in the number of staff working during the day. We were also informed a full audit and update of care files was to take place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 18 HSCA (RA) Regulations 2014 Staffing **There were not sufficient staff to safeguard the health, safety and welfare of people. Regulation 18(1)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements. Regulation 11(1)(3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff had not received appropriate training, professional development and supervision. Regulation (18)(2)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **Suitable arrangements were not in place to maintain the dignity and independence of people. Regulation 10(1)(2)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Treatment of disease, disorder or injury	Accurate records were not in place in relation to the care and treatment for all service users. Regulation 17(2)(c)
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was not an effective system in place to assess and monitor the quality of service. Regulation 17(1)(2)(a)(b)(e)(f)