

Private Medicare Limited

St Marys 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

The inspection took place on 4 and 5 September 2018 and was unannounced on the first day. At the last inspection on 1 and 2 August 2017, we rated the service Requires Improvement. We found breaches in regulations which related to information in care plans, consent, medicines management and overall governance of the service. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Responsive and Well-led to at least good. Whilst we found some improvements in all areas at this inspection, there were concerns in the way risk was managed, care plans were recorded and maintaining accurate records. At this inspection, we have rated the service as Requires Improvement again.

Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not fully effective. As this is the second time in a row the service has been rated Requires Improvement, we will meet with the provider to discuss their action plan for improvements.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A new manager had been employed and they were to start the registration process with CQC.

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

St Marys Nursing Home is a single storey, purpose-built home, situated in its own grounds in a residential area of west Hull. The service can support up to 48 people who may have a range of physical health needs; some people may be living with dementia. There are 40 bedrooms, four of which are for shared occupancy. There is a large communal room which incorporates a dining area and seating areas for watching television or quiet time. There are plenty of bathrooms, shower rooms and toilets within easy reach of bedrooms. At the time of the inspection, there were 48 people using the service.

There were inconsistencies with people's care plans. Some people had care plans, which contained good information and guidance for staff in how to meet their needs; these had improved since the last inspection. However, other people's care plans lacked important information which meant there was the possibility of care being overlooked. Three people did not have care plans to manage their anxious behaviour, which could at times be challenging to themselves and other people.

Risk was not always managed safely. Most people had risk assessments for specific areas such as moving

and handling and nutritional concerns. However, some areas of risk had not been identified and assessed properly, which could place people at harm of injury.

We found some areas of recording required improvement such as daily recording of the care given to people and monitoring charts when people were at risk regarding food and fluid intake.

The above three concerns were breaches of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Overall governance had improved, shortfalls identified and action planned, however, the provider needed to follow through with these plans to make sure they were completed. We have given a recommendation about this. The new manager in post was aware of the shortfalls and was to be supported by a regional manager to implement the improvement plan. The quality monitoring system consisted of audits, meetings and questionnaires to gain people's views about the service. There had been an issue with not following through action plans in a timely way.

Staff spoken with told us the new manager was supportive. However, there had been lots of changes in a short space of time and they also spoke of the need for team building and improvements in communication.

Staff were recruited safely and although there had been some concerns with staffing numbers, these had been addressed. The new manager used a tool to calculate staffing numbers and was to monitor this to ensure the levels remained safe. They told us they would continue to hold discussions with staff about their views regarding safe numbers. We will continue to monitor safe staffing numbers during our discussion with the provider.

Staff had received training in how to safeguard people from the risk of abuse. They knew what to do if they had concerns.

People received their medicines as prescribed.

Staff had access to training, support and development. Formal supervision meetings and appraisal had not been held with all staff but this had been identified and included in the improvement plan. We have made a recommendation that the provider follows through with the action plan to ensure all staff receive supervision and appraisal to aid their development.

People's health and nutritional needs were met. Staff supported people to access health professionals when required and they could remain in the service for end of life care if this was their choice. People liked the meals provided to them, although some people said they could be hotter when served. The new manager told us they would address this with catering staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People who used the service and their relatives had positive comments about the staff team and their approach when supporting people. People's privacy and dignity was respected.

There was a complaints procedure displayed in the service and people felt able to raise concerns and complaints.

The environment was clean and tidy and staff had access to personal protective equipment to help prevent the spread of infection.

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.

Risk was not sufficiently managed. Some people did not have risk management plans for anxious or distressed behaviours which placed other people and staff at risk of harm. Staff had received safeguarding training and knew what to do if they witnessed abuse or poor practice.

There were improvements in the administration arrangements for medicines. The recording of some medicines required further improvement.

Staff were recruited safely and although there had been recent concerns about staffing numbers and deployment, these were being addressed.

The service was clean and staff had access to personal protective equipment to help prevent the spread of infection.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

People were supported to make their own decisions. Improvements had been made in how the provider implemented the Mental Capacity Act 2005. When people were assessed as lacking capacity, the provider acted within the law. Staff obtained consent before carrying out care tasks.

People's nutritional needs were met. Comments about some food not served sufficiently hot were passed on to the new manager to address.

Staff ensured people had access to community health care professionals when required. An investigation was underway into concerns about the timeliness of staff response to health issues for one person.

Staff received training although supervision meetings, used to aid their development, had lapsed.

Requires Improvement ●

The environment met people's needs.

Is the service caring?

Good ●

The service was caring

People who used the service spoke warmly about the staff team and their approach when caring for them.

Staff promoted people's privacy, dignity and independence.

Staff maintained confidentiality and personal information was stored securely.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

Although people's needs had been identified, they did not always have plans of care in place that provided staff with information and guidance on how to meet them in a person-centred way.

People could remain in the service for end of life care if this was their choice.

People had access to a range of activities.

The provider had a complaints policy and procedure and people felt able to raise complaints when required.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had not ensured all records relating to people were accurate and up-to-date.

The provider had a quality monitoring system and this had identified shortfalls and areas for improvements. However, the implementation of the action plan now needs to be completed.

Staff described the new manager as approachable although also highlighted the need for team building/working to benefit the needs of people who used the service.

St Marys 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 4 and 5 September 2018 and was unannounced on the first day. The inspection team consisted of two inspectors and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had expertise in caring for an older relative who lived with dementia. The second day of inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return. 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 also checked our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection, we contacted various agencies for information. These included local authority safeguarding, contracts and commissioning teams, continuing health teams and Healthwatch.

We spent time in communal areas and observed how staff interacted with people who used the service throughout the day and at lunchtime. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who used the service and six people who were visiting their relatives. We spoke with the regional manager, the new manager, three nurses, one senior care worker and three care workers. We also spoke with an activity coordinator, a cook, a housekeeper, the administrator and a laundry assistant. We received information from health care professionals.

We looked at six care files which belonged to people who used the service. We also looked at other important documentation relating to them such as medication administration records (MARs) for 14 people

and monitoring charts for food, fluid intake, weights, wound care and pressure relief. We looked at how the service used the Mental Capacity Act 2005.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the environment.

Is the service safe?

Our findings

At the last inspection on 1 and 2 August 2017, we had concerns about the management of medicines. We noted improvements had been made but two people had not received their medicines for a short time due to stock management. Whilst care records for the period showed there had not been any impact on the two people, care was needed to ensure medicines were monitored and reordered in a timely way to avoid re-occurrence. A nurse told us they had now been designated the task of overseeing the reordering of all the medicines, which should resolve the issue.

There remained recording issues that required further improvement. These related to gaps in administration with no code to indicate why the omission had been made. As some of these gaps were for liquid medicines it was difficult to audit if this had been a recording or administration error. Two people's protocols for 'when required' medicines had not been updated when their medicines had been reviewed. This could potentially lead to confusion and errors being made. Some people's medicines for bowel care had a variable dose, which was dependent on need and staff judgement; the instructions were not sufficiently clear to support the rationale for decision-making. One person was prescribed eye ointment with the direction of 'as needed'. This did not provide staff with clear directions as to which eye and frequency.

These issues were discussed with the new manager and regional manager who told us they would address with staff who administered medicines and ensure weekly checks were completed so improvements were made. Medicines were stored securely. People spoken with said staff gave them their medicines on time and asked them if they needed pain relief.

Most people had assessments of areas that posed a risk such as moving and handling, falls, nutrition, choking and fragile skin. These helped to guide staff to support people and reduce the risk of incidents occurring. However, we found three people who used the service had distressed and anxious behaviour which had on occasions caused injury and upset to themselves, other people and on two occasions harm to staff. For these three people, risk had not been managed safely and behaviour management plans were not in place to guide staff when supporting them with distressed behaviour. There had also been an instance when for, one of the people, recommendations made by a mental health worker had not been implemented, which had increased the risk of harm.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

There was a policy and procedure for safeguarding adults from abuse. In discussions, staff told us they had completed training and knew what to do if they had concerns. They could describe the different types of abuse and the signs and symptoms that would alert them abuse could have occurred. There had been a recent safeguarding incident and this was reported by the new manager to the local safeguarding team on the day of inspection. There was a system in place for safeguarding people's finances held in the service for safekeeping. There were individual records of monies deposited into and out of the service and regular

audits.

Accidents were recorded and appropriate action taken to involve other health professionals for assessment and treatment.

People spoken with said they felt safe in the service. Comments included, "When you use the call bell it can be anything from a few minutes to 15 minutes" and "There are good locks on the doors and they check on me". Relatives told us, "There's always somebody watching and they are always in their wheelchair correctly" and "I am here six days a week and a good judge of character; I have never seen any evidence of them being unhappy."

There had been recent concerns with staffing numbers and how day and night shifts were managed, which had impacted on the timeliness of care some people had received. However, recruitment had taken place and staffing numbers including nurses were now sufficient to meet people's assessed needs. The new manager told us they would monitor this to ensure the improvements were sustained; they used a dependency level scoring tool to help them assess staffing requirements. There was a range of staff at different levels such as nurses, senior care workers, care workers and ancillary staff. The ancillary staff enabled care staff to focus attention on completing care and nursing tasks. A new clinical lead and deputy manager had been appointed to support the new manager.

Staff were recruited safely and full employment checks were carried out before they started work at the service. These included an application form to assess gaps in employment, two references, an interview and a disclosure and barring service (DBS) check. DBS checks included police cautions and convictions and to see if potential candidates were excluded from working in care settings. There was a system in place to check qualified nurses were registered with the Nursing and Midwifery Council and that there were no restrictions on their practice.

The service was clean and tidy, especially in communal areas and people's bedrooms. There were some minor issues we noted during the inspection which could be potential hazards for people. These were addressed during the day and made safe. A bathroom had been decommissioned and was used as a store room for equipment to minimise the number of items stored in corridors; the new manager told us they were awaiting a date for the bath, sink and toilet to be removed. Staff had access to personal protective equipment such as gloves, aprons and hand gel, which helped to prevent the spread of infection. There was a business continuity plan and equipment used in the service was maintained.

Is the service effective?

Our findings

At the last inspection on 1 and 2 August 2017, we had concerns about how the provider worked within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People who met the criteria for DoLS had not been assessed and decisions about care and treatment had not been recorded appropriately. At this inspection, we found improvements had been made.

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is called DoLS.

People who met the criteria for DoLS had their capacity assessed and 20 applications had been made to the local authority supervising body. Eighteen of these had been authorised and two were awaiting assessment. Capacity assessments were held in people's care files and when decisions about care were required, these were discussed with relevant people. The outcomes of discussions were recorded on appropriate best-interest decision forms and signed as agreed by the participants. This meant important decisions were discussed and only made when they were in people's best interest and the least restrictive option.

Staff had a good understanding of consent and described how they obtained this before carrying out care tasks. Comments included, "I talk to people and show them what I'm going to do. If they agree then I do the care, if not then I go back later" and "We ask people and respect what they say." Staff completed training on MCA and DoLS.

People who used the service were seen by a range of community health care professionals for advice and treatment. During the writing of the report, we became aware of a concern when staff had not obtained a urine sample in a timely way for a person who it was believed had a urine infection. The person's bowels had also not been monitored sufficiently and these combined health issues had resulted in hospital admission for the person. This was being investigated. The new manager told us staff were being more vigilant with regards to people's deteriorating health needs.

We had received a concern raised by a health professional regarding the management of wound care for one person and inconsistent monitoring of pressure relief. We looked at one person's wound care records and they indicated improvement had taken place. People's monitoring charts for pressure relief had also improved. Although other important monitoring records required improvement; this is mentioned in the well-led section of the report.

People who used the service said, "I had a doctor yesterday as I had a bad cough" and "I have only seen a doctor once when I was sick; they came very quickly." Relatives said, "They saw their GP yesterday; they [staff] always phone and let me know." In discussions, staff described how they supported people to obtain

medical attention when required.

People's nutritional needs were met, although we had concerns about one person's weight loss and staff not using alternative means of monitoring when the person declined to be weighed. Similarly, another person had weight loss and although did not have a low body mass index, staff had been directed to weigh the person weekly but this had continued monthly. This was mentioned to the new manager to address with staff and establish an effective weight monitoring routine for those at increased risk.

Their nutritional needs were assessed on admission to the service and catering staff informed of any specific dietary need. People had care plans to guide staff in how to support them at mealtimes; health professionals such as dieticians and speech and language therapists had been involved in people's care when required. On the whole people told us they enjoyed the meals provided. One person said the meals were not served hot enough and another said sometimes they were served on a special plate with raised sides which helped them to eat independently and sometimes not. This was mentioned to the new manager to discuss with catering staff. Comments included, "It is a lot better than it was and there is enough to eat and drink" and "There is a menu on the wall and the cook asks us in a morning what we want. There are two choices and if we don't like them, there are other things." Relatives said, "The meals are excellent; they come around with tea, coffee, biscuits and crisps", "I have my meals here and they are superb with a nice variety" and "We were not happy, as it seemed to be tomato soup every night, but now there is much more variety." A health professional confirmed that when they visited, they saw hot and cold drinks made available to people throughout the afternoon. We observed two people eating porridge for breakfast when we arrived and overheard them comment on how nice it was.

Records showed staff had completed a range of training considered essential by the provider. The nurses completed clinical training such as management of catheters and pain relief through syringe drivers. There were gaps in wound care for nurses, which was mentioned to the new manager to address. The training record for nurses showed they had completed their revalidation, which enabled them to continue registration with the Nursing and Midwifery Council. Staff we spoke to felt they received enough training. Training in areas such as end of life and dementia care were being sourced.

Not all staff had received regular supervisions, although all stated they felt supported and could approach the new manager with any concerns. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff. The provider's policy stated a schedule would be put in a place so staff attended a minimum of six supervision sessions per year. The new manager's supervision matrix showed 10 staff had not received a supervision in 2018. The area manager acknowledged that supervisions required improvement and a plan was in place to complete them.

We recommend the provider follows through with plans to ensure care staff receive formal supervision on a regular basis to support their development.

Some staff had limited understanding of equality and diversity. One member of staff told us they had completed the training several years ago. Equality and diversity was not on the current training matrix for the service and this was discussed with the new manager. They confirmed the topic was covered in the Care Certificate, which new members of staff completed but this may be too brief. They told us they would complete supervision meetings with staff based on protected characteristics such as gender, sexual orientation, age, religion, culture and disability to ensure they had a better understanding of the impact these issues had on people.

Is the service caring?

Our findings

There were positive comments from people who used the service about staff approach and the way they were cared for. Comments included, "On a scale of good to bad I would say they rate 75%", "I would recommend it here; staff are marvellous", "Good, everything from service to carers; I can't fault it" and "Very nice and helpful and they seem to have enough time." One person raised a concern, which was discussed with the registered manager and regional manager to address.

Relatives said, "They [staff] are brilliant; kind and can't do enough for you", "Very kind and caring, and they work hard. They are short at weekends but nothing detrimental to [Name]", "The most experienced carers are absolutely fantastic" and "Carers are so kind and considerate, I have recommended this home to people."

A health professional told us that during a review, they had received positive comments from relatives. They said, "Staff were polite and attentive to the residents. Relatives who were at the review, praised the care of their family member and felt the home was clean and free from odour." The health professional also said, "Residents looked well-groomed and cleanly presented."

In discussions, staff were clear about how they promoted people's privacy, dignity and diverse needs. They described the action they took to adhere to people's religious and dietary needs. All the people we spoke with said staff respected their privacy and dignity. One person said, "Even the two male carers are so nice; they were shy at first but I put them at ease." When people had a preference for male or female care staff to support them with personal care, this was indicated in their care plan.

Staff supported people to be independent and maintain their skills. In discussions staff said, "We get to know people and let them do as much as they can for themselves even if it is just washing their face", "If people want to walk about that's fine; independence is about what people can do for themselves" and "We encourage people to wash their own hands and face." The care plans we assessed mentioned the care tasks people could carry out independently.

We observed good interactions between staff and people who used the service. Throughout the day staff were very friendly, approachable, calm and happy. Staff were attentive during lunch, asking people where they wanted to sit, offering to put on clothes protectors and checking if they wanted their food cutting up. Lunch was a sociable occasion. Staff were chatting with people asking them about their family and when they were due to visit. We saw staff comfort people when they were anxious or distressed. We saw one person asked to use the toilet and was assisted immediately. Another person was upset because their relative had not arrived. A member of staff sat with the person and explained the time their relative usually arrived. The staff made a joke which made the person laugh and lightened their mood. When the member of staff left, the person was overheard saying to a friend, "Oh, she does make me laugh."

People were provided with information about the service in an accessible format. There were notice boards in the main corridor with the days menu in pictorial form, photographs of staff, minutes of meetings, the activity programme and questionnaire results. There was no menu in the dining room, which would assist

people when making their choices as not every person who used the service would walk past the notice boards. Although we saw the notice boards were up to date on the day of inspection, a relative told us they had on occasions had to remind staff to update them. This was mentioned to the new manager to address.

There was free WIFI within the service, which enabled staff to assist people to make skype calls to relatives who lived away. The guest WIFI password was made available to visitors in the weekly newsletter.

Staff were aware of the need to maintain confidentiality. People's personal care records were held in lockable cabinets in the main nurse's office. Staff personnel files were held securely. There were two offices so the new manager or nurses could hold telephone conversations in private. Review meetings to discuss people's care were held in their own bedrooms or an office. Computers were password protected to ensure only appropriate staff had access to them.

Is the service responsive?

Our findings

At the last inspection on 1 and 2 August 2017, we had concerns about how care was assessed and planned to make sure staff had full information on how to support people. Whilst we found some improvements had been made, there remained some inconsistencies with care plan documentation.

We found the assessments completed by staff highlighted health care issues but these were not always followed through to care plans in a consistent way. For example, some care plans were detailed and described the tasks care staff had to complete to support someone in the way they preferred. Others lacked important information. One person had unstable diabetes with numerous high readings of blood sugar levels. Staff did not have information to guide them in the action to take when the high readings persisted or went above an unsafe level. Staff had also been taking blood sugar level readings at times contrary to specialist nurse instructions. There were also some occasions when the person had a high blood sugar reading but this was not followed up with a second reading to check remedial action had been successful.

One of the care plans we assessed was for a person with a catheter. Although the person had good plans for their general personal hygiene, mouth care and skin integrity, the one for their catheter did not provide staff with guidance on how to manage it. There was no information about changing day and night bags, positioning of tubing for optimal flow, hygiene around the catheter site and monitoring of urine for colour, odour, debris and output levels. There was no information for care staff on the action to take should they have concerns. Another person's care plan gave information about the need for a high calorie diet but did not provide staff with guidance on how to meet the person's nutritional needs or what to do if the person was not eating for long periods of time.

Three people, who had behaviours which could be challenging due to their anxiety or distress did not have care plans in place to guide staff on the action to take at these times. These were completed on the day on the inspection.

Not having adequate systems to plan person-centred care appropriately was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

A health professional told us a care plan they had reviewed had been updated monthly and was reflective of the person's needs.

The provider had a policy and procedure for end of life care. This stated people could remain at St Marys Nursing Home until the end of their life if this was their choice. Some people's care plans reflected decisions about their end of life wishes. There was information about decisions regarding emergency treatment such as 'do not attempt cardiac resuscitation' in people's care files. Staff also had this important information in the nurse's office. One visitor told us their relative was on an end of life care plan and they were happy with how this was being managed.

There was an activity coordinator employed to organise events, activities and entertainers. The activity coordinator completed a 'life map' for each new person which gave information on previous lifestyle, interests, friends and family. The activity coordinator produced a newsletter, which was given to people so they had information about planned activities. We saw these included bingo, nail care, board games, reminiscing, carpet bowls (including competitions with another home), quizzes, armchair exercises and visiting entertainers. One person wanted to play cribbage; the activity coordinator learnt how to play it so they could play this with them. There were links with the local community as a primary school had visited for a 'Stay & Play Group'. This consisted of a playdough session and people who used the service joined in. We saw some people had been able to continue with their previous hobbies. For example, some people liked gardening and Hull university had donated a wheelchair-friendly raised planter for the garden, which had been filled with vegetables and flowers. The provider had installed a tap and hose pipe near the planter so people could water their plants.

All the people spoken with said there was sufficient activities organised for them. Comments included, "I like gardening and playing carpet bowls. They [staff] took me to another home to play against them; it was great. I like the singers that come in", "I do chair exercises once a week, play bingo and chair bowls; I won some talc at bingo" and "Staff organised a 65th wedding anniversary party this year and did us a cake with champagne." The person showed us photographs of their anniversary party. Relatives said, "They have a good singing group", "They are asked but only occasionally want to join in" and "The activity coordinator sometimes comes in for a chat but they are not interested in any activities." One relative told us they felt the timings of activities could be improved to ensure more occurred in the afternoons rather than the mornings when people were just getting up and ready for the day.

The provider had a complaints policy and procedure which gave timescales for acknowledging complaints and investigating them. Complaints were recorded and this showed they were investigated and addressed. People said that if they had any concerns they would be able to raise them. Comments from people who used the service included, "I'd go to the person behind the counter [administrator]" and "I would tell the boss [new manager] but have never needed to." One person said they had complained about food being cold but it still occurred. We checked the plates at lunchtime and saw they had not been warmed, which would affect the temperature of food once served on them. This was mentioned to the new manager to address with catering staff.

Relatives told us they knew how to make a complaint, had done so on occasions, they had been dealt with and improvements made as a result.

Is the service well-led?

Our findings

At the last inspection on 1 and 2 August 2017, we had concerns about overall governance and monitoring of the quality of the service. Whilst we found some improvements had been made, there remained some inconsistencies with auditing specific areas and completing action plans. There were also concerns with the completion of accurate and up to date records.

The service had a new manager in post who was applying for registration with the Care Quality Commission (CQC).

The provider had a quality monitoring system that consisted of audits, surveys and meetings to ensure people could express their views about the service. Quality and compliance audits were carried out monthly on a variety of areas. These included a selection of care plans, health related issues, health and safety, finances, complaints, accidents, recruitment, staffing and agency use, training and supervision. There were also separate audits on medicines management. Maintenance personnel assessed the environment and recorded safety checks and repairs that required attention. Visits were completed by the regional management team and a quality manager. There was evidence the audit programme had stalled in some areas.

There were times when areas for improvement had been identified in audits but these had not been rectified in a timely way or they remained a shortfall. For example, in a report completed in January and February 2018, there were issues identified with storing moving and handling equipment in corridors, which posed a hazard to people. The report stated there were plans to convert an unused bathroom into a storage room for the equipment. Whilst some items were stored in the bathroom, the bath, sink and toilet had not been removed so there was limited space; the door was wedged open with items spilling out into the corridor. The report highlighted that people's food and fluid monitoring charts were not completed accurately and staff were not recording the fluid input and output for those people at risk who had an indwelling catheter. We found food and fluid monitoring charts continued to have large gaps and staff were not monitoring the fluid intake and output of people with indwelling catheters. The report also commented on deficits in care plans and risk assessments; we found these issues remained in some of the care files we assessed. A dining experience audit in July 2018 identified plates had not been warmed. This remained an issue for people during the inspection.

A visit by a regional manager in July 2018 identified a range of audits that had not been carried out in the two previous months. A new manager was in place and the audit programme restarted. We discussed the shortfalls in quality monitoring with the new manager and regional manager. They confirmed they knew all the areas for improvement and had developed action plans to address them. The regional manager told us they would monitor the service closely to ensure the actions were completed in a timely way. The regional manager confirmed they had completed further visits on 6 and 29 August 2018 and formulated a recovery action plan on 31 August 2018.

During the inspection, we identified areas for improvement in the general environment such as chipped

melamine on vanity units, drawers, and wardrobes in bedrooms. Maintenance personnel carried out a full audit on each bedroom following this and the regional manager stated shortfalls would be added to the general recovery plan.

There was senior management oversight of the service and a system to identify shortfalls and improvements.

We recommend the provider is more vigilant regarding the condition of furniture and follows through with the recovery action plan put in place for the service.

We found some people's records had shortfalls, were not accurate or up-to-date. As mentioned above, these included food and fluid monitoring charts, some of which had large gaps and it was difficult to check how much food and fluid people at risk had consumed. There were some people with indwelling catheters who had no record of their input and output. This meant staff would not be aware if there were concerns and would not be able to provide accurate information to health professionals. We also found shortfalls in recording behaviour management plans, protocols for medicines prescribed 'when required' and inconsistencies with care plans. There were dates and staff signatures missing from some records. Daily notes of the care provided to people were very brief and did not give an accurate picture of how they spent their day.

Staff told us they completed a handover at each shift change, where people's needs were discussed. We asked to see specific handover records to check if important information had been handed over to staff regarding an incident that had occurred. The records were not available. In discussions, staff said handover documentation was shredded. This meant there was no evidence the important information had been passed on to staff starting the new shift.

Not having accurate and up to date records was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

There had been changes in management and staff within the service and at times communication and coordination of shifts had been an issue. Some staff felt the changes had taken place too quickly and could have been managed more effectively and with better consultation. One member of staff described separations within the team and commented that support could be increased for new members of staff. Other care staff commented on what they saw as unequal distribution of tasks between day and night staff. Also, that serving cups of tea (previously a task for catering staff), especially in the morning, took them away from supporting people with personal care tasks. Staff spoken with told us team building was required but were hopeful this would be addressed. Staff meetings were held and records showed issues were discussed and staff felt able to express their views. They said the new manager was approachable. Comments included, "Whenever I have approached her, she has dealt with the issue", "We do need to get stricter on staff sickness", "They seem very good and approachable. I'm happy with the way she solved problems" and "I think she is friendly."

The new manager was aware that notifications of incidents which affected the welfare of people who used service had to be sent to the Care Quality Commission. This enabled us to check how the service managed incidents and kept people safe. We received these notifications in a timely way.

There were residents/relative's meetings every three months. People who used the service and their relatives had been informed of the change in management. They knew the new manager's name and told us

they would feel able to speak with them if required. Comments included, "[Name] is lovely" and "I know it was [Name] but it has just changed." Relatives all knew the new manager's name.

Staff had developed relationships with other health and social care staff who visited the service. These included district nurses, local authority reviewing officers and chiropodists. They had completed patient passports, which provided important information about people's needs to hand on to emergency care practitioners and hospital staff.

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 |
| Diagnostic and screening procedures | The provider had not consistently ensured care plans included important information and guidance for staff in how to support people in a person-centred way. |
| Treatment of disease, disorder or injury | |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | The provider had not consistently ensured risk was assessed and taken all reasonable steps to mitigate risk. |
| Treatment of disease, disorder or injury | |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | There were shortfalls in some recording systems. The provider had not consistently ensured complete and contemporaneous records were maintained. |
| Treatment of disease, disorder or injury | |