Care Quality Commission

Bupa Care Homes (AKW) Limited

Wingham Court Care Centre

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection, which took place on the 25 November 2014. Wingham Court Care Centre is a BUPA care home which provides long-term nursing care and short stay care for up to 73 younger people. The service offers specialist support for those who have a brain injury or for those who have challenging behaviour. It is registered for up to 73 people. At the time of our inspection there were 71 people at the service.

The service is split into four areas on two floors. Rexley one and Rexley two are for people who have a physical disability and is on the ground floor. On the first floor is YPD one and YPD two which is for people living with a cognitive impairment or have an acquired brain injury.

At the time of inspection there was no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives told us that they felt they were safe. Not all staff had received updated safeguarding adults training but had knowledge of the safeguarding procedures and what to do if they suspected abuse. In addition not all staff had received up to date training in moving and handling and health and safety. This meant that staff may not have the most up to date guidance.

There were not always enough staff to safely meet people's needs. This meant that sometimes people did not receive personal care in a timely way or at all. People did not always have their medicine on time and were sometimes woken late at night to have their medicine.

There were processes in place in relation to the correct storage and audit of people's medicines. All of the medication was administered and disposed of in a safe way. Although there was a risk, due to lack of staff, that people may not get their medication in a timely way.

Pre-employment checks for staff were completed. For example in relation to their full employment history and reasons why they had left previous employment. This meant that only suitable staff worked there.

There was a risk of cross infection. Some areas of the service were clean. However there were certain aspects to the infection control that needed improvement. People's rooms, the corridors and some of the living areas were not clean. Staff were not always using the correct procedures where bedpans were cleaned and sterilised.

Some people thought the food was good and felt that their needs were catered for. People were encouraged to make their own decision about the food they wanted. Other people felt that the food was not good and that they didn't always get what they had asked for. We saw that there was a wide variety of fresh food and drinks available for people.

Some staff knew about the Mental Capacity Act 2005. However we saw that mental capacity assessments had not taken place in relation to one of the units. The unit had a key pad lock in place that some people were unable to access.

People thought that the staff were caring and that they were treated with dignity and respect. They also felt that if they needed privacy then this would be given. Staff communicated with people in a meaningful way however there were times where people were left for long periods of time without any interaction with staff.

People did not always feel that staff understood their care needs. One person said that they felt that staff did not understand their specific health needs. People had access to other health care professionals as and when they required it.

Some activities were available. We saw that some people enjoyed an activity on the day of the inspection. However there were not enough activities provided for people specific to their needs.

People did not always understand how to make a complaint and did not always feel comfortable to do so. There was a copy of the complaints procedure for everyone to see in the reception area. All of the complaints were logged and an action plan was written to resolve the complaint where possible.

People, relatives and staff were asked for their opinion and feedback on what they thought of the service. However these comments were not always used to make improvements. For example in relation to improving the environment.

People and staff did not feel that there was the management support in place in the service. The audits that took place were not effective and improvements had not been made as a result of the audits. For example in relation to the cleanliness and care plans. People were regularly asked for their feedback on the service through meetings and surveys. Information from these were used to make improvements.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the 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?

Inadequate 

The service was not safe.

There were not enough qualified and skilled staff at the service to meet people's needs. It was not clean in all areas of the service and there were not adequate systems in place to help prevent the spread of infections.

Staff knew about risks to people and managed them; however the records that related to some the risks were out of date. People did not always get the medicines in a timely way. All medicines were appropriately dispensed and stored safely.

Staff were recruited appropriately and they had the skills and knowledge to safely care for people. Staff understood what abuse was and knew how to report abuse if required.

Is the service effective?

Inadequate 

The service was not effective.

Staff did not have a good understanding of the Mental Capacity Act 2005. Staff were unable to evidence that peoples' rights were being protected.

Staff did not feel supported and had not received up to date training to make sure people were receiving the correct care.

People were supported to make choices and said that the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Is the service caring?

Requires Improvement 

The service was not always caring.

Although staff treated people in a kind way the environment and the cleanliness that they lived in did not always support people being cared for.

People were treated with kindness and compassion and their dignity was respected. Care was centred on people's individual needs.

Staff knew people's life histories, interests and personal preferences well.

People were able to express their opinions about the service.

Is the service responsive?

Inadequate 

The service was not responsive.

People were not always supported to make decisions about their care and support. People's needs were not regularly assessed and reviewed.

Summary of findings

People did not always know how to make a complaint or who to complain to. There were not always enough activities that suited everybody's individual's needs.

People and their relatives were encouraged to provide feedback.

Is the service well-led?

Inadequate 

The service was not well-led.

There were not appropriate systems were in place that monitored the safety and quality of the service. Where people's views were gained this was not used to improve the quality of the service.

People felt that there was not a stable management structure at the service.

The visions and values of the service did not reflect how people and staff felt about the care that was being provided and how the service ran.

Wingham Court Care Centre

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 the 25 November 2014 and was unannounced. During the inspection we spoke with nine people using the service, five relatives and 12 members of staff. After the inspection we spoke with two health care professionals that visited the service on a regular basis. These professionals included a community dentist and a speech and language therapist.

We observed throughout the day on all of the floors including when meals were being served. We reviewed six care plans, four staff files and general information displayed for people and records relating to the general management of the service. This included audits, recordings for calls bell timings and staffing training records.

The inspection team consisted of four inspectors and an expert by experience in physical disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed records held by CQC which included the 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. We also reviewed notifications received from the service. A notification is information about important events which the service is required to tell us by law. Before the inspection we received information of concern that related to the low staffing levels and the cleanliness of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff that worked at the service. One person told us "If I didn't feel safe I would tell the staff." Although people told us that they felt safe they felt there were not enough staff to meet people's needs.

Staff said the call bells should be answered with five minutes. We saw from the call bell monitor for the 3 November 2014 and found that on eight occasions people had to wait more than five minutes before their call bell was answered. One person had to wait up to 12 minutes. On the 5 and 6 November there were 13 occasions where the call bell was not answered with five minutes. One person waited over twenty minutes for their call bell to be answered. One relative told us that their family member had been left in an uncomfortable position for a long period of time and had to repeatedly press their call bell. This left them and the relative feeling extremely anxious. We spoke to the regional manager about this who said they would look into this. This is a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed that some areas of the service were clean and tidy. Other areas in the service were in a poor state of repair and required extensive maintenance and re-decoration throughout. Walls, doors, door frames and skirting boards in corridors and people's rooms were badly damaged. There were large areas of walls patched with plaster that had been left bare and unpainted. The condition of the walls and woodwork meant that adequate cleaning procedures could not be carried out safely and effectively.

The 'smoking room' which consisted of one chair, was dirty and a small table and a metal box ash tray on the floor. The ashtray was overflowing with cigarette stubs. We found in the linen cupboard pillow cases and an open pack of pads stored on the floor. This meant that there was a risk of contamination.

Peoples bathroom were dirty with brown and black mould around some of the taps. People's toilets were heavily stained as were some toilet brushes. A fabric dining room chair in one person's bathroom was stained and caused additional infection control risk. Bath panels to the sides to one of the baths were missing and exposed areas of the floor that were thick with dust. Red stains were found on the wall by the mirror which looked like blood. The mirror in the bathroom was heavily marked with fingerprints. There were no cleaning schedules in the bathroom. All of these observations demonstrated to us that the bathrooms had not been adequately cleaned or suitably maintained for some time and posed infection control and health and safety concerns.

We asked a member of staff to explain to us the procedure for using sluice facilities. They told us they did not wear protective clothing or plastic gloves. The member of staff told us they did not wear protective aprons when using the sluice room. One of the sluice rooms had two white bins with yellow sacks that were heavily stained with dirty marks. The wash hand basin was thick with black mould, the taps were stained with caked on dirt, and the plug hole was black and green with dirt. No plastic aprons or gloves were available in the sluice room for staff to use. The bins were checked and found to contain very little other than one or two paper towels. There were no dirty gloves or aprons in the bin that staff would have removed before leaving the sluice room. This meant that there was a risk of cross contamination.

The grouting around the wall tiles was cracked and thick with slime and there were chunks of plaster missing off the walls. One relative said they had repeatedly complained about the state of repair of the service and the uncleanliness of their family member's room. They told us they now keep a mop and bucket in the room and did the cleaning themselves. "If I don't do it myself, my (family member) is left to live in filthy and appalling conditions and that upsets me, it's just not right" We saw that the service undertook an infection control audit on the 14 October 2014 which identified the incorrect storage of the laundry and the damaged bath panels which had not been addressed on the day of our inspection.

These are all breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Due to the shortage of staff people were not always getting their medication in a timely way. People told us that an agency nurse had taken a long time administering the medicines that they had been woken up at 12.30am to take their evening medicines, which had been due at 8pm. Where people were prescribed medicines on a "when required" basis, for example, to manage pain or

Is the service safe?

constipation, there was insufficient guidance for staff about when they should seek professional advice for their continued use. This could result in people not receiving the medicine consistently or safely.

We observed the lunchtime medication round and saw it was administered on time. Staff explained to people what was happening and took their time with people. Staff waited until people had taken their medication before moving on to the next person. We reviewed people's medicine charts for the preceding seven days and found no gaps or discrepancies. All medicines had been recorded appropriately. We asked staff for their understanding of covert medicines and they were able to give appropriate explanations of what this term meant and how it could be administered. We were shown the management plan of one person's covert medicine requirements and found best practice procedures were followed.

The medicine trollies was kept in locked rooms and secured to the wall with metal chains. The deputy manager told us a drugs audit was carried out weekly or as required by senior members of staff and once every six months by a GP which we confirmed. Controlled Drugs (CDs) were stored appropriately. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored, administered and disposed of safely. Medication training was provided to nurses and people's medicines were reviewed regularly.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the manager or the Local Authority if needed. There was a Safeguarding Adults and Whistleblowing policy in place and staff had received safeguarding training.

Risk assessments for people included measures that had been introduced to reduce the risk of harm. However care plans did not always reflect staff practice. For example, one care plan stated certain checks were in place for an individual and when we spoke to staff they told us they no longer carried out these checks. A care plan stated that a person self-medicated their medicines when they went out and it was clear they would not be able to do this and staff confirmed that the information was no longer correct. Some information was contradictory within a care plan; although there was evidence it had been reviewed for four consecutive months and not updated. In another care plan it was not clear how frequently pressure sore dressings should be changed. Staff were able to tell us this information and daily reports reflected what they told us.

Recruitment files contained a check list of documents that had been obtained before each member of staff started work. The documents included records of any cautions or convictions, two references, evidence of the person's identity and full employment history. This gave assurances that only suitably qualified staff were recruited.

Is the service effective?

Our findings

People had mixed views about whether they were happy and liked living at the service. Everybody said they used to be very happy, but that things had changed. People were not sure whether all staff had the right skills and training to fully meet their needs. One person talked about their distress when agency staff or staff from another floor were used who did not know them or how to move them properly.

One person who lived there told us that there were four people who spinal injuries, but they had felt staff were not trained to care and support people with these injuries. The regional manager told us that when people with spinal injuries moved in staff had received training, but they were not able to tell us during the inspection how many of the current staff had received such training. Another person said, "Some staff have the right experience and expertise, but some could be better". One relative said they felt staff did not really get to know people and "What makes them tick" and that if they did care and support would improve.

Staff were not kept up to date with the required training. This included fire safety, safeguarding, health and safety, moving and handling and use of bedside rails. This meant that staff would not be aware of the most up to date guidance in relation to the care being provided to people. One health care professional said that they felt staff struggled to maintain the care guidance that they had provided to them.

Staff commenced training during their induction, and had a probationary period to assess their overall performance. Staff did not receive regular supervision and annual appraisals. The supervision record showed that 31 staff had not received any supervision with the manager this year and 18 staff had only had one supervision with their manager this year. This meant that staff had not had the opportunity to discuss any additional support and training needs they had. We were not provided with evidence of staff appraisals which we had asked for. Most of the staff told us that they did not feel supported at the moment. One told us "We (staff) are so stressed. We don't have any manager, we know the deputy is leaving and it is upsetting."

These are all breaches of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People said that staff gained consent from them before delivering any care. Staff gave examples of where they would ask people for consent in relation to providing care personal. We saw several instances of this happening during the day. Staff asked one person if they would like to be assisted to the bathroom.

Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We saw that some people's capacity had been assessed however some care plans did not contain 'Consent to care and treatment' forms. Staff told us they considered the 'Relative Involvement' meetings held once a month, to be all the consent that was needed and they did not seem to be able to differentiate between 'review' and 'consent'.

One of the units on the first floor had a coded door entry system. Care plans we looked at did not contain MCA or DoLS applications in relation to people not being able to access the code. One member of staff told us this was because "People can make up their own minds about things". Staff did not appear to understand the difference between 'capacity' and 'deprivation of liberty'. We spoke with the deputy manager about the lack of MCA and DoLS assessments in for those people that required it. We were told they had just made applications to Surrey County Council in relation to people that lacked capacity and where they felt their liberty may be restricted. We were shown documentation to this effect regarding DoLs assessment requests dated 28.08.2014. This meant previous to these applications being made, no one living on this unit had their mental capacity assessed. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had access to adequate food and drink. During the inspection some people helped themselves to drinks as they wished. There was a café situated downstairs where people and their visitors could make drinks. People's views

Is the service effective?

were mixed about the quality of the food. The provider had recently introduced new corporate menus, which changed every four weeks. These offered two choices of dishes at each meal.

People had a choice of where to have their meals either in the dining room or their own room. Staff told us most people had their breakfast in their rooms. A "today's menu" was displayed outside the dining room. Lunch was the main meal with a lighter meal in the evening. On the day of the inspection lunch was chicken and ham pie or a fish dish. People told us it was nice although one person commented that the pastry was "A bit stodgy". Some people told us that what they requested from the menu was not always what they were given. One member of staff said "Some people need to be fed and people are asked to say what they want to eat for the next day. People who are able to can get water from the fountain and others who cannot are given drinks when they ask for it. There are two people on peg feeds (a procedure where someone is fed through a tube into their stomach) and I have had training on how to feed people."

Most people had equipment to help them eat and drink independently, such as plate guards and special drinking vessels. One relative told us that their family member's adapted spoon could often not be found at lunchtime, so staff resorted to feeding them, which restricted the person's independence. People's weight was usually monitored monthly although one person told us how staff were concerned about their BMI (body mass index) so they were weighed weekly

People's health care needs were met. People had access to a range of health care professionals, such as physiotherapist, chiropodist, opticians and doctors. People had their medicines reviews. A doctor visited the service each week and people were referred when there were concerns with their health. People spoke about how the physiotherapy they had received had improved their mobility. They told us how when they moved into the service they needed to use a hoist, but were now able to move without one. One person talked about how their walking had improved and they could now walk quite a distance with staff keeping a "Watchful eye." People who had pressure sores were monitored closely. Staff worked with health professionals, such as the tissue viability nurse. Systems were in place to make sure the risk of pressure sores developing were minimised by using the guidance from the professionals.

Is the service caring?

Our findings

During the inspection, when they were able, staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily often with good humour. People said that staff were caring and kind. One person said “Nice staff, very good, they look after you.”

Although staff treated people in a kind way the environment and the cleanliness that they lived in did not always support people being cared for. Although the cleanliness and the environment issues had been identified by the service they had not resolved this in a timely way that showed people that they were cared for.

Staff adopted a caring and patient approach when supporting people on a one to one basis. One member of staff told us “I like creating and enabling and ensure people are happy.” Another said that they saw other staff interacted well with people and were kind, patient and compassionate. Picture boards and picture charts were used to communicate with people if they were unable to speak. Staff spoke with people in a calm and kind manner. Staff did what they could for people.

People told us that there had been a resident and relatives meeting recently. This was held to update people on the management arrangements of the home. People told us that they were able to express their concerns about the lack of staffing and continuity of staff. We saw the minutes of the meetings that had been held. People said they had received questionnaires to feedback their views on the service provided. This meant that people had the opportunity to express their views on how the service was run.

People felt their privacy and dignity was respected. During the inspection staff knocked on doors and waited to be asked to come in. One member of staff told us “I knock on people`s doors before entering and speak with them before starting personal care. People can meet their visitors in private.” We saw staff included people in conversations and asked for their opinion about things.

Where people required assistance to eat staff sat by the person’s side and engaged in polite conversation. They were relaxed and unhurried. People were treated with dignity and respect.

Staff were welcoming to family, friends and pets. One relative commented that her two children were well tolerated, and staff had tried to make space for them to have “Family messy time” with their family member.

Is the service responsive?

Our findings

People told us that initially they had been involved in planning their care, but felt that this was no longer the case. Three people said they had had a care plan, but it was not effective now. Care plans showed no evidence of people being involved in planning their care and support. One care plan stated that the person's care routine had been discussed with them, but the person could not remember any discussions. One family talked about how they had attended an assessment meeting with the physiotherapist and occupational therapist to discuss with their relative what their needs were. Comments from people included "Its run like a business now, not a home. They've even changed the name to "centre" not "home"

Staff told us that there were not enough staff to meet people's needs. They told us that they and other staff were "Really stressed." They said that people had to stay in bed longer in the mornings due to the lack of staff. They said that those that needed support to eat their meals had to wait longer (due to the staff shortage). Other comments from included "We take people out for walks or swimming but we can't at the moment because we haven't got the staff, it's sad really, they (people) get so bored" and "The impact of recent staffing situation is that the paperwork suffers and nurses are needed more to help out on the floor to do hands on care" and another told us staffing had been reduced and that this was "Stressful, if someone is off sick the nurse will work as a carer as well." Another comment included "Sometimes we are so short of cleaning staff that there is only one person on the top floor."

People and relatives said that they had concerns about the levels of staff at the service and how this impacted on them. One told us "I cannot have shower when I want as it takes two staff to assist me and there is only two on duty before 8.00pm. There are more day staff but they are always too busy" whilst another told us "I need to leave (the service) at 8.00am but no one is available to supervise showering so I have to make do in the bathroom as best I can, it's not nice to go out for the day without feeling clean." Another person said "The problems here are they need more staff, service users blame staff and staff blame management."

We observed that the time of one person's physiotherapist session had to be changed because staff had not been able to provide their personal care in time and they were still in bed. One person said "When I came here I was so happy, physiotherapy was good and good carers. All the physiotherapists have gone, nurses keep leaving and carers don't care. They (staff) are just rushing all the time. I can ring (the call bell) for ages, today they were late in giving meds and need them before can do personal care so not had a shower as yet and it's now 11.00 am, I need my meds half an hour before personal care." These are all breaches of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person said that there was a lack of occupational therapy activities and stimulation. They told us that they had been in other homes and they had different activities available like creativity and general stimulation and this is not addressed at this service. They told us that they hear other people calling out because they are bored. We saw examples of people sitting for long periods of time with no interaction from staff. One relative told us that they came in every day because they were not confident that their family member would get all the support they needed due to the lack of staff.

People's needs had been assessed and the assessments were used to develop a care plan. Assessment information including information regarding people's communication, skin integrity, personal safety and mobility, mental state and cognition, breathing, eating and drinking, personal hygiene, pain and culture and social interests. These same areas were then used to draw up a care plan and risk assessment for the person. Care plans did contain preferences, such as preferred times for getting up and going to bed. However daily reports made by staff did not reflect such detail so we were unable to ascertain whether people's preferences were being met. Some people told us they were not. There was lack of detailed personal history in people's care plans, to help enable staff to understand and talk to people about what and who was important to them.

People's health needs were monitored. Information about people's specific health conditions had been obtained and was available to inform, and to help staff understand people's support needs. For example, guidance for management of particular medical conditions.

People told us when they were unwell the nurses were very good. A doctor visited the service each week and staff made referrals for when people needed to see them. People's health needs were met by regular appointments

Is the service responsive?

to a variety of health professionals. For example, doctors, dentist, opticians and chiropodist. One person's glasses were broken, dirty and had been patched up with tape. They could not remember how long they had been this way. A member of staff said the optician had visited two weeks ago and it would be sorted "soon." Staff cleaned the glasses for them and said they would look into how long it would take to get the persons glasses fixed.

People told us they would speak with a member of staff if they had any concerns. Not everyone was confident that things would be addressed and one person did not feel comfortable about complaining. Relatives were unclear who they should speak with if there was a problem as they were not sure who was in charge of the service.

There was a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was given to people and their relatives when they moved into the home. Complaints could be made to the registered manager of the service or to the registered provider. We saw examples of complaints that had been addressed. Not everyone we spoke with said they would be confident raising a complaint. One relative said that that an item of their family members had gone missing. They said that they wouldn't know who to complain to so "Simply replaced them." Another person said "There is a comments and suggestions box by reception, I have twice written letters for there, but never had a reply" Another person said "We have both complained to the previous manager, and then to Head Office as well. But never had a reply" This meant people felt they couldn't always raise their concerns with an appropriate person within the organisation or when they did they weren't always listened to."

A relative talked about how they felt their family member lacked stimulation and felt they were less happy now than when they moved in. They told us how they were concerned because the person had started calling out and wanting to go back to bed during the day. Another visitor told us how the person they were visiting had gone from being quite isolated to interacting well here and the individual felt there was a good community feeling amongst people.

There was a programme of activities that were happening for the week. People told us they usually got a copy of the programme each week, although three people said they had not had a copy for the week of the inspection. Musical bingo was being enjoyed by about seven people downstairs during the afternoon. Some people had gone out for a pub lunch. One person talked about how they enjoyed the games, which were part of the activity programme. Another person told us only joined the activities when they went to Sandown racing or the pub lunch. Two other people said they didn't attend any of the activities and that they were "Not their sort of thing."

People said they spent time in their rooms on their computers or watching television. Some people socialised or played games with other people. There were mixed opinions from people around activities which included "There are no activities. I'd like music, and other things to do, maybe go shopping" and "I go out to the village for my tobacco, they know me there; (the chef) takes me fishing, we have a competition, and staff are letting me cook carbonara for me and my friend."

Is the service well-led?

Our findings

For a period of time relief managers from the provider's organisation had been managing the service in the absence of the registered manager. The registered manager had now left the provider's employment and another relief manager had been in charge of the service since 3 November 2014. The relief manager told us this was for the foreseeable future while the provider recruited a permanent manager. Comments from people included "Things started to go downhill when (the registered manager) went. You could always go to them with any problems, but now there's no-one" and "Nobody here is supporting me, I feel very isolated and I think they should be more helpful – sometimes a co-ordinated approach can work better." Other comments included "Staff are leaving for more money in other Bupa homes" and "Staff feel over-worked and underpaid. They don't have time to talk, not happy, and everyone's leaving. People don't leave for the money if they're only getting 20p an hour more – there must be more to it than that."

The visions and values of the service state that 'In quality care for people in care homes. This care must be based on an understanding of their medical and emotional needs' and that 'Healthy employees are happier and more productive. We want to support organisations to help them safeguard, and promote, their employees' health' however we found that this was not always the case for people and for staff. People told us that when they first moved into the service they felt their emotional and physical needs were being met but did not always feel that way now. Staff said that when they feel more supported they felt they gave better care to people.

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. The systems had not ensured that people were protected against some key risks described in this report about inappropriate or unsafe care and support. We found problems in relation to care plans that needed reviewing, staffing levels, and cleanliness and overall maintenance of the environment. These matters were a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they were asked for their views about the service. We saw records of the meetings which showed that they had been included in any changes around the service. For example we saw from one meeting in June 2014 that people were updated on any new staff recruitment and any refurbishment being considered. In the most recent meeting people had asked if additional lighting outside could be provided to make it safer for visitors and them, this had not been acted upon.

We were told by the area manager that they were aware that considerable work needed to be done around the service which included decoration and maintenance; a date for this had still not been set by the provider. One relative said that they had raised money for an area in the garden which had still not been provided despite this money being raised earlier in the year.

People had been asked to complete surveys to give their feedback about the home and about the meals provided. We saw from a copy of the survey results from January 2014 that most of the comments in the completed surveys were around the same concerns still being raised. This included comments about the environment, food and staffing levels.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **People were not protected against the risks of inappropriate or unsafe care or treatment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **There were not suitable arrangements in place to ensure that people employed at the service were appropriately supported.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experiences persons employed.**

The enforcement action we took:
We issued a warning notice to the registered provider on the 15 December 2014 in relation to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We have set a timescale of 15 January 2015 by which the registered provider must address this breach.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered person did not have effective systems in place to protect people from the risks of acquiring a health care associated infection as appropriate standards of cleanliness and hygiene were not maintained.**

The enforcement action we took:
We issued a warning notice to the registered provider on the 15 December 2014 in relation to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We have set a timescale of 29 December 2014 by which the registered provider must address this breach.