

London Borough of Hounslow

Sandbanks Resource Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on the 10 and 11 November 2014 and was unannounced.

Sandbanks Resource Centre provides accommodation and care for a maximum of 62 older people who may also be living with dementia. At the time of our visit there were 53 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

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

The provider met all of the regulations we inspected against at our last inspection on 13 February 2014.

The service had a clear process in place to record and investigate incidents and accidents that occurred at the

Summary of findings

home. People we spoke with told us they felt safe in the home and the provider had policies and procedures in place to respond to any concerns raised relating to the care provided.

There was a clear process and procedure in place for the safe administration of medicines that had been prescribed to people using the service. We saw the Medicines Administration Record (MAR) charts were up to date and the information was clearly recorded.

The service had an effective recruitment process in place and people using the service had emergency evacuation plans in place.

The manager understood that appropriate authorisation was required where a person might be deprived of their liberty and was in the process of making Deprivation of Liberty Safeguards (DoLS) applications to the local authority for people using the service.

The feedback provided by people using the service and their relatives was limited and processes were not in

place to identify and record any actions required to improve the service. We have made a recommendation about identifying different ways of obtaining and recording any actions from feedback received from people using the service.

People's care needs were assessed when they initially moved into the home and we saw their care plans and risk assessments were regularly reviewed. Information about the person's life experiences, likes and dislikes was used in the development of their care plans.

People and relatives spoke positively about the staff and the care they provided.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to risk assessments, staffing levels, training and supervision, nutrition, activities and monitoring the quality of the service. 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?

Some aspects of the service were not safe. There were not always enough staff to meet people's care needs appropriately and safely.

Risk assessments were not carried out to identify if a person was at risk of pressure ulcers. People felt safe in the home and when they received care.

The provider had systems to record and identify learning from incidents and accidents to minimise possible risk and keep people safe. There were procedures in place for the safe management of medicines.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. Staff had not received the necessary training and support they required to deliver care safely and to an appropriate standard.

People gave mixed feedback regarding the choice of food available. Staff did not always provide appropriate support to people to eat and drink.

The service had taken appropriate action to ensure it followed guidance in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Assessments had been carried out for all the people using the service and referrals were being made to the local authority.

Requires Improvement



Is the service caring?

The service was caring. People felt staff respected their privacy and dignity while providing care and spoke to people in a kindly and supportive manner. We saw people were encouraged to maintain their independence.

Staff were aware of the communication needs of people using the service and could describe how best to speak to different people.

Good



Is the service responsive?

Some aspects of the service were not responsive. Activities provided by the home were not meaningful and engaging.

People using the service and relatives had limited options for providing feedback on the care provided.

People knew how to make a complaint and there was a complaints policy and procedures in place. We saw complaints had been resolved to the complainant's satisfaction.

Requires Improvement



Summary of findings

Is the service well-led?

Some aspects of the service were not well-led. The provider had various audits in place to monitor the quality of the care provided. We saw some of these did not provide the appropriate information relating to quality to identify aspects of the service requiring improvement.

Staff told us they felt they had received appropriate informal support to carry out their role from the manager and senior staff.

Requires Improvement



Sandbanks Resource 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 10 and 11 November 2014 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience who attended the first day of the inspection and one inspector on the second 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 relation to the care of older people who had lived in a care home.

During the inspection we spoke with seven people using the service, six relatives, the registered manager, the deputy manager and nine staff members. We looked at the care plans, risk assessments and daily records for 11 people using the service to see if information was consistent and up to date across all the documents. We saw the Medicine Administration Record (MAR) charts for 10 people. We looked at the recruitment folders for 12 staff members as well as the spreadsheet used to record training, supervision and appraisal information for 51 members of staff. 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 also carried out general observations around the home when meals were being served and when people were resting in the lounges.

Is the service safe?

Our findings

Assessments were not carried out to review the risk of pressure ulcers and identify how any risks should be managed. The manager explained that they did not have a formal assessment process but if staff saw reddened skin or a pressure ulcer developing they would inform the GP who would make a referral to the district nursing team. The district nurse would then assess the injury and identify a suitable treatment plan. We saw records completed by the district nurse detailing treatment and giving guidance on appropriate wound care. Between February and October 2014 there had been four pressure ulcers recorded. The manager agreed that the system currently used focused on reacting to the development of a pressure ulcer instead of acting to prevent them. Staff were unable to identify if people were at higher risk of pressure ulcers and put in place appropriate preventative or risk reduction measures instead of waiting for the person's skin to begin to deteriorate before action was taken.

The above paragraph demonstrates a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All the people we spoke with said they felt safe but felt that staff were not always available when needed as they were so rushed and were often busy with other residents or with other tasks. All members of staff we spoke with confirmed that they felt there were not enough staff, particularly at busy times of the day such as when people were getting up in the morning. One told us "There are not really enough staff especially when we're getting people up. If there's a double up that requires two of us to assist a resident that means that everyone else is unsupervised and some are quite unsteady on their feet so there's a risk they might fall or if they need help to go to the toilet we're not there." There were six units at the home with five of the units providing care for either nine or ten people and one unit where four people received care. The larger units had two staff members on duty per shift and the smaller unit had one member of care staff per shift. There was one senior care worker on duty during the day providing cover if a unit was short staffed. At night there were five members of care staff providing support for the six units. A staff member said "We're short staffed – I often have to cover for people if someone doesn't turn up for a shift. There is only five staff at night to cover six units."

A relative explained he had asked about staffing levels and had been told by senior management that the ratio of people using the service to staff was higher than they were obliged to provide. Another relative said "I am concerned about the gap in staffing between shifts at about 6.30 pm." They said they understood that there was a policy that staff should check on residents once an hour, but said that when he was visiting one evening the staff disappeared and there was no-one around for about an hour and a half and he couldn't get out of the premises during that time."

Although staff were familiar with the needs and behaviour of different residents they were unable to fulfil these needs effectively due to inadequate levels of staff. We observed staff were not always able to help those who had poor mobility, even when they had been identified as at risk of falling, because they were helping other residents or preparing and serving meals. When we arrived in the morning some people were up and dressed but staff were not available to attend to their needs as they were busy getting other residents up and dressed. One person said, "They try their best but they're always so rushed. We don't get anything to drink until breakfast and we're not allowed to make tea for ourselves." When we first arrived at the home we saw that on one unit four people were in the lounge alone while the member of staff was providing personal care. There were usually two staff on that unit but the home was short of staff on the day of the inspection so one of the care staff had been allocated to a different unit. This resulted in one staff member providing personal care and support for ten people. We saw two people were agitated and were walking around the lounge. One person told us they were feeling ill and had not slept well the night before but there were no staff members to tell. They said "The staff never come when you call them."

The above paragraphs demonstrate a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they had been trained in safeguarding and all were able to provide definitions of different forms of abuse when asked. They were aware of the provider's policies and procedures on safeguarding and whistleblowing and all said they would report concerns or suspicions of abuse or neglect to their line manager. There was a copy of the whistleblowing policy on the noticeboard in all units.

The service had a clear process in place to record and investigate any incidents and accidents. Staff completed a

Is the service safe?

record form when an incident or accident occurred which was sent to the manager to investigate. The manager checked relevant risk assessments had been amended, if any identified actions had been completed and the result of these actions. Any contributory factors to the incident or accident were also recorded for example medication or an infection that may increase a person's risk of falling. The completed form was sent to the provider's health and safety team to be reviewed and the information was recorded on the computer system. The health and safety team would feedback to the manager if they identified any trends in the type of incident so appropriate action could be taken. We saw recently completed forms which included detailed information and actions which were reflected in the person's care plans and risk assessments.

Risk assessments had been completed for people where a risk had been identified such as falls, use of wheelchairs or behaviour that could be challenging along with a management plan to minimise identified risks.

The service had an effective recruitment process in place. The manager explained that the comprehensive recruitment process was completed centrally by the provider with the interview stage carried out by the manager. Applicants were required to provide two references and attend an interview with the manager. We saw that the manager used a spreadsheet to record when each new staff member completed each stage of the recruitment process including receiving two suitable references and having a current criminal records check. We saw checks were carried out on employment history and the right to work in the UK. New staff were not permitted to start work until an appropriate criminal records check had been received. The staff recruitment folders we looked at supported the information recorded on the spreadsheet.

People using the service had plans in place in case of an emergency. We saw each person had an evacuation plan in

place with guidance for staff describing what action should be taken in case of an emergency. Any issues that could affect an emergency evacuation from the home were identified including mobility and health conditions. We did note that the plans were located in different sections in the care folders we looked at which would make it difficult to locate if an emergency occurred.

Medicines were stored safely and records were kept for the medicines received and disposed of. The pharmacy provided medicines in individual blister packs by type of medicine and each pack was colour coded to indicate when they were to be taken during the day. When medicines were received from the pharmacy they were checked against each person's prescription. Any other medicines that had been prescribed but not provided in the blister pack were kept in plastic bags for each person and were clearly marked with their name. Care staff could only administer medicines once they had completed the pharmacy training courses and had been assessed as competent. Medicine administration training was part of the induction programme with competency assessments and observations carried out annually. We saw records indicating staff had completed their annual training and competency assessments. The manager explained that if a staff member made an error in relation to medicine administration they had to repeat the training and have their competency reassessed.

The medicine administration record (MAR) chart had the picture of the person which enabled staff to easily identify the person they were administering medicine to and what they were taking.

There was evidence of relevant documentation for covert (hidden) administration of medicines signed by a GP with the best interest decision recorded. The MAR charts we looked at were completed clearly and correctly showing people had their medicines administered as prescribed.

Is the service effective?

Our findings

We saw people were cared for by staff that were not supported to deliver care and treatment safely and to an appropriate standard as they did not receive the necessary training.

The manager told us new staff completed a three day induction programme including reviewing policies and procedures, understanding their role and some of the mandatory training. Staff also completed the Skills for Care common induction standards. They would then shadow an existing member of staff for a minimum of two days depending on their previous experience. New staff had a six month probationary period. We looked at the induction records for 12 staff that had started work between April and June 2014. We saw these staff had completed a range of training courses but the records indicated all 12 new staff had not completed four training courses for which the provider required completion within six weeks of commencing employment. These courses were supporting people with dementia, dignity and respect, managing violence and aggression and equality and diversity.

A staff member told us “Most of the training I have done was with previous employers. I have not has a lot of training since coming to work at Sandbanks.” The provider had identified a number of training courses as mandatory with some needing to be completed once and others with refresher courses completed either annually or three yearly depending on the course. We looked at the training records for 31 staff and saw 27 staff had not completed first aid training and 24 staff had not done training relating to challenging behaviour. In relation to courses requiring annual refresher sessions, 18 people were not up to date with safeguarding training and 14 people had not completed their refresher course for infection control. Since the inspection the manager has informed us that the training records provided at the time of the inspection were not up to date. They have provided new training records in relation to safeguarding, first aid and infection control which show that the majority of staff had completed their refresher course at the time of the inspection.

The majority of people using the service were living with dementia. The manager told us and records we saw showed that staff were only required to attend training on dementia awareness once. We saw that 24 staff had not done the training with a further seven staff completing the

course before 2012. Staff did not have the necessary skills and knowledge to provide appropriate care as they had not received up to date training based upon identified best practice.

The manager explained that it was expected that each staff member should have eight supervision sessions with their manager and an annual appraisal per year. We looked at the supervision and appraisal records and saw that staff did not have regular supervision. The records showed that 29 staff had met with their manager five times or less during 2014. This meant that staff were unable to discuss any issues in relation to their work or identify any additional training needs to support them in providing appropriate and safe care. We saw that 32 staff had received an annual appraisal.

The above paragraphs demonstrate a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The feedback people gave us about the food at the home was mixed. People we spoke with said “I enjoy the food”, “The food is excellent. But the vegetables are not ideal, a bit stewed, and there is too much broccoli”, and “The food is alright, but I’m very fussy. There are times when one meal of the day is tasteless. If you don’t ask for gravy you won’t get it. If you ask for it, the girls might be busy talking to each other and I say ‘Please, my lunch is getting cold’”

We spoke with two relatives who said they couldn’t comment on the food as they had never seen their relatives eating. One of the relatives told us there was a ‘protected meal-time policy’ between 1-2 pm and 5.30-6.30 pm, when they were not allowed to visit, so they hadn’t seen the food, and said “I gather they only get a sandwich for supper.”

Two of the people using the service we spoke with said they were not given a choice of food, but another person said they were given a choice. A relative said they had seen the carers come and ask their relative what they would like to eat, and the staff on the unit where we observed lunch said they ask residents what they would like to choose from the menu to eat the following day.

We saw people were not given a choice of eating in the dining room or having their meal in their own rooms and there were set mealtimes, with food served to residents in the dining area. This meant that people were not supported to eat and drink when they chose and routines were in place to enable staff to complete their tasks rather

Is the service effective?

than reflecting the preferences of those using the service. We observed people waiting for their breakfast in two different units. Four people told us they had been up for over an hour but had not been given anything to drink and there was no evidence of staff providing anything to eat or drink until breakfast was served in the dining room after 9.00am. One person said, “You wait hours for a cup of tea – it’s always the same, I’ve been up since 6.30am but we don’t get breakfast or a drink till after 9.”

Care plans identified any needs related to eating such as difficulty swallowing, the need for pureed food or assistance to eat, and there were colour coded table mats to indicate different level of need. However, staff had limited time to assist or encourage people to eat as there were no additional staff to serve food or help to clear up. People struggled to cut up their food, while others were still waiting for their food to be served after others had finished their meal. We saw one person was sitting in an armchair and the staff gave them a low level side table to eat their meal from. The person had a suitable height adjustable table in their room but staff did not bring it to the lounge to ensure the person was comfortable and could reach their food easily during the meal.

There were different food options at lunch time and people had selected their choice the previous day although menu charts were kept in a drawer in a kitchen and people could often not remember what they had ordered. The menus were not displayed in the dining rooms and a staff member was unable to locate the menu when asked. The menu charts showed the food options for the whole month printed on one sheet of paper. It was not in a suitable format for people with poor sight and there were no pictures to enable people who had difficulty reading to understand what food was available.

We saw that weight had been monitored monthly in all cases and records were all up to date. Weekly records were completed for those people whose nutritional status required monitoring.

The above paragraphs demonstrate a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it was in their best interests and there was no less restrictive option by which to provide support. At the time of our inspection we saw assessments of people’s capacity had been carried out with seven DoLS in place and a further 12 were being processed by the local authority. The manager showed us a checklist used to monitor applications that had been made and identified when any DoLS were due to expire so reviews could be carried out and new applications made if required. None of the staff we spoke could explain DoLS and did not understand why applications were made but some of the staff said they had received DoLS training.

We saw that people were supported to maintain good health and the care plans identified each person’s individual healthcare needs. We were told by staff that a local general practitioner (GP) visited the home twice a week for consultations with residents or to conduct general health reviews. There were records of GP visits in all the files we reviewed and records of contacts with some other health professionals, although it was not always easy to track district nursing input for example for those with chronic wounds as care records did always reflect interventions or progress. We saw the district nurses completed a separate folder when they visited which were kept in each person’s room. Visits were also recorded in the daily care records.

Is the service caring?

Our findings

People we spoke with said “The care staff are very good, they’re very good to me here. They ask if I need anything. If I ask for anything I’ll get it.”, “They are so hard-working, helpful, kind, skilful, they never tire. They are extremely nice to me.”, “The staff are excellent,” and “The care is second to none.” A relative told us they always thought the carers treated all the people using the service with respect, and had never seen or heard anything that would worry them, and that they treated everyone the same. They were impressed that the carers made an effort to dress their relative in clothes that were co-ordinated. Another relative said “The carers are quite good, they’re friendly and they explain what they are going to do.”

People were generally supported by kind and gentle staff. We saw care staff understood people’s individual needs and limitations and communicated with them in an empathetic and appropriate manner. However the amount of time that staff spent with individuals to help promote their independence and support their emotional rather than physical needs was limited as staff were often busy with other tasks, including preparing food, clearing up and with administration work and updating care records. One person said that the staff did get him to walk and walked with him for support, and a relative said that the carers

encouraged her mother to walk and walked with her to help maintain their independence and mobility. However a person using the service who had recently fractured their leg was still not walking. Their relative said that a physiotherapist was due to come every six weeks, but the person needed to practice walking every day, but that the care staff were too busy to provide the support they needed to practice.

We saw evidence in the care plans of people’s preferences relating to clothing, routines, footwear and social activities. Individual characteristics and behaviour patterns were well documented, including details of any behaviour that challenged and how best to manage this for each individual. In a number of plans we saw the wishes of the person identified with regard to the gender of care worker they preferred to provide their personal care.

Staff were aware of the varied communication abilities and requirements of those living in the home and were able to tell us how best to speak to different people. We observed that people’s privacy and dignity was respected and staff ensured that bedroom and bathroom doors were closed when delivering personal care. The manager explained that how maintain a person’s privacy and dignity were discussed at different times with staff including during induction, team meetings, supervision and appraisals.

Is the service responsive?

Our findings

A relative we spoke with said they had seen some ball throwing exercises and quizzes, and someone brought a dog in every Wednesday but more activities were needed: “Activities are important, rather than just getting them up.” They also said that as the units were small, people in the various units never met: “It would be nice for them all to get together now and again, even if is in the garden.” There was one activities coordinator for the home although this was only a part time role. They worked three shifts organising activities and two shifts as a member of care staff per week. This meant that any planned activities were usually cancelled when cover was needed. We saw one group session in one unit and people were encouraged to join in with discussion and singing. There was a schedule of activities displayed in each unit but there was no evidence that this was followed and there were no other coordinated activities or interaction between residents as care staff clearly did not have time to spend on this or on any one to one communication with people. During our inspection we saw people were either in their rooms or in a lounge with a television on but the people were either asleep or not watching a programme. A relative said that they had seen various activities like cooking, card games, looking at old annuals and that the sessions were well run by the activities coordinator.

We were told that occasionally residents were taken out shopping or on other outings but this relied on staff giving up their spare time outside their shifts as there were not enough staff to support additional activities while on duty. One person commented, “We never go out. I’m lucky as (my relative) takes me out otherwise I’d be stuck.” Another person said that there are outings and they had been on one to a market, but couldn’t remember the details. A relative said that her mother had been to a pub and a school but that the outings didn’t happen very often. A staff member told us “We can’t really take people out as there wouldn’t be enough staff so people have to rely on their families if they want to go out. Sometimes staff will come in to take residents out to the pub or shopping but they have to do that in their own time when they’re not on shift.”

The above paragraphs demonstrate a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People using the service and their relatives were asked at the six month care plan review for their feedback on how the service was provided. The manager showed us the results of the feedback received during 2014 from the review meetings. People were asked their rating of the home and we saw the majority of feedback stated ‘excellent’. Staff also noted if the person was unable to comment or if no comment was recorded. The manager explained they took people’s views on board during the care plan review and made changes to the service to reflect topics discussed at the review meetings. There were no notes made in relation to the any issues or areas for improvement that were identified and what actions were required to achieve any required change. There were also meetings organised for people using the service and relatives to discuss the service.

People's needs had been assessed and individualised care plans were produced. These took account of people's needs and wishes. Each person living at the home had an individual care file which was organised into sections so that records could be easily navigated and reviewed. All contained a comprehensive, person centred care plan and records of monthly reviews of care which were all up to date on the day of our visit. The plans covered different aspects of care including physical, medical and social needs as well as information on the background and history of each person, their individual preferences, cultural needs, food choices and routines. Each file also contained assessments of nutrition, weight/BMI monitoring as well as daily care records, records of contact with other HCPs, and details of end of life wishes. There was also a social history giving details of personal background and life history.

We saw that any changes to needs were recorded in monthly review forms and were reflected in the care plan in the appropriate section. All care plans also contained forms for six monthly reviews of care. Most plans had been reviewed within the last 6 months although two were overdue. There was no evidence of input or involvement from relatives and not all reviews were signed.

Daily records were appropriately detailed and were up to date. They reflected the needs outlined in the care plan.

We saw assessments were carried out before a person moved into the home to identify if appropriate care and

Is the service responsive?

support could be provided. The completed assessments reviewed the person's individual support needs including mobility, social and health issues and were used to develop the care plans and risk assessments.

The people using the service and relatives we spoke with knew how to raise a concern or complaint but had felt they had no reason to do so. The complaints policy and procedure for the home was displayed on the noticeboard in some of the units. However it was not prominent as it was away from the main living areas and in a format that some people may find difficult to understand as it was copy of the formal procedure. The 'resident's guide' booklet which was given to each person during the initial

assessment process included information on the complaints procedure but there were not in every person's room. We looked at the records for three complaints in the complaints folder and saw that detailed information from the investigation was recorded on the form and copies of any correspondence were kept in the folder. The complaints had been dealt with to the complainant's satisfaction with appropriate actions identified and taken.

We recommend that the service seek guidance on different ways of obtaining, recording and identifying actions from feedback received from people using the service.

Is the service well-led?

Our findings

The provider had various audits in place to monitor the quality of the care provided but these did not provide appropriate information to identify issues with the quality of the service. During our inspection we observed a range of issues and problems in relation to the quality of care provided which the provider's quality monitoring had not identified or put right.

We saw an audit was carried out each quarter which provided information on the care needs of people using the service including how many people had specific health issues such as diabetes or were receiving end of life care. Other information included how many hospital admissions had occurred, pressure ulcers rates, staffing levels and the number of safeguarding referrals that had been made. The audit did not indicate what actions had been taken to resolve specific issues. The number of care staff employed was recorded however the audit did not assess the level of need for people using the service therefore it could not be demonstrated that staffing levels were appropriate to meet people's care needs. We saw that standard outcomes requiring actions to be completed during the three month period were identified as part of the audit. There was no information in the audit as to why these outcomes had been identified as requiring actions. We saw the section where any work completed in relation to the outcomes should be recorded but this was not completed for the audits for the two quarterly audits completed between April and September 2014. There were also no new outcomes or actions identified in response to the information in the audit other than the standard outcomes.

We saw a health and safety performance review was completed every six months by the manager. The review included the number of accidents, the safety training courses staff had completed and what communication had happened with staff through meetings during the six month period. We saw the completed health and safety performance review from the 1 April to 30 September 2014. The report did not identify what actions were taken to resolve any issues such as accidents and listed the training courses undertaken by staff but did not indicate how many staff completed each course.

The manager also completed a monthly audit which provided a picture of the activities of the home. It identified the numbers of people receiving end of life care, hospital admissions, staffing levels with the percentage of agency staff, safeguarding alerts and DoLS in place.

An audit was carried out to record the number of falls that had occurred each quarter. The record identified each person and the number of falls they had during the audit period. There was no description of the type of fall, if there was a reason and any action taken to reduce the risk of it happening again. The falls audit indicated there had been 92 falls between April and September 2014 but the health and safety performance review for the same period identified there had been 101 falls.

The above paragraphs demonstrate a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with told us they felt they received enough informal support from the manager and senior staff however we identified that regular supervision was not carried out. The staff said they considered the senior management were approachable and responsive.

Staff said they were confident they could raise any concerns or issues with either their line manager or the home manager if necessary. They said there were occasionally staff meetings to discuss general issues and express their views although this had not taken place recently. Separate quarterly staff meetings were held for care staff, housekeeping and night staff. We saw the minutes for the most recent meetings from July 2014 for care staff, the night staff meeting in September 2014 and housekeeping on October 2014.

The feedback we had from people using the service about management was mixed. We asked people whether senior staff visited the unit to get their comments about the home and the care they received. We spoke with four people using the service and two said that the senior staff did not see them on the unit and they only had contact with the staff running the unit. Two other people we spoke with that they did see senior management and they asked about the care they were receiving. One person said "The manager is such an excellent person."

The philosophy of the home and people's rights were promoted. We saw the 'resident's guide' booklet included information on the home's philosophy, what people can

Is the service well-led?

expect from the home and the rights of the people using the service. A copy of this guide was given to people during their initial assessment and it could also be accessed from the home's website.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The registered person had not taken proper steps to ensure that each service user received care that was appropriate and safe. Regulation 9 (1) (b) (ii)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

The registered person did not have effective systems in place to monitor the quality of the service delivery. Regulation 10 (1) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

The registered person did not have suitable systems in place to ensure people received appropriate support to enable people to eat and drink sufficient amount for their needs. Regulation 14 (1) (c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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 experienced persons employed to provide appropriate care. Regulation 22

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard as they did not receive the necessary training and supervision. Regulation 23 (1) (a)