Mr Amin Lakhani

Nuffield Care Centre

Inspection report

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Ratings

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

Overall summary

The Nuffield Care Centre is a nursing home that provides accommodation and support for up to 35 people with a range of conditions and disabilities. Accommodation is arranged over 2 floors with a lift that provides access to the first floor. The home is owned by Saffronland Homes.

The home had a registered manager in post on the day of our inspection. 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.

People had mixed views about living in the home. Some people told us they were treated well by staff who were kind and caring. Other people said staff were not always caring or friendly.

There were not always enough staff working in the home to meet people's needs. People said the staff were very

Summary of findings

good but always rushed and they sometimes had to wait a long time for assistance. We saw several examples of staff not responding to call bells in a timely way throughout the day.

Although risk assessments were in place where people had an identified risk, these were not always updated following reviews with the latest information and goals for staff to follow. For example to address nutritional needs and pressure ulcers.

Care plans were not person cantered and not easy to follow. Information was kept in various folders making it confusing. For example information was kept electronically, some in paper files and some in people's rooms.

People did not always receive their medicines safely. The lunch time medicine round on the first floor was an hour late which meant people did not always receive medicine as prescribed. We also noted some medicine was not stored safely in accordance with procedures.

People's health care needs were not being met. We noted records relating to repositioning people with pressure ulcers were not well maintained and incorrect dressings were used. Pressure ulcers were not being managed effectively.

People were registered with a local GP who visited the home weekly. Visits from other health care professionals for example care managers, dentist and optician also took place.

People's nutritional needs were not always managed appropriately. When people had their fluid intake and output monitored their fluid balance charts were not being recorded correctly to provide accurate information. We saw when people's weight loss was recorded this information was not managed safely to prevent people from becoming malnourished. We observed lunch being served in the dining room and we saw staff supported people who required help to eat. People who ate their meals in their rooms had less support as there were not enough staff deployed to assist them.

The was no activity coordinator employed and people did not have access to appropriate activities to ensure they did not become bored or socially isolated when they chose to spend their time in their rooms.

People told us they felt safe. Staff had undertaken training regarding safeguarding adults and were aware of what procedures to follow if they suspected abuse was taking place. There was a copy of Surrey County Council's multi-agency safeguarding procedures available in the home for information and staff told us this was located in the office for reference.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DolS) which applies to care homes. The manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and Dolls and what they needed to do should someone lack capacity or needed to be kept safe. People who required a DolS authorisation had an application in place.

Staff recruitment procedures were safe and the employment files contained all the relevant documentation and safety checks to help ensure only the appropriate people were employed to work in the home.

People had been provided with a complaints procedure and knew how to make a complaint. They told us they knew who to talk to if they had any issues or concerns.

There were quality assurance systems in place to monitor the service being provided, for example reviews of care plans, risk assessments, and health and safety audits. However these were not always effective as they failed to identify shortfalls in staffing levels, care plans, risk assessments and the quality of care being provided.

The registered manager was doing her best to manage the home. However she did not have the support and resources she required to undertake her role effectively. People, relatives and staff said they found the registered manager approachable and available. Staff told us they felt valued and feedback from people about the quality of the service was positive.

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There were not always enough staff working in the home to meet people's needs. People said the staff were very good but always rushed and they sometimes had to wait a long time for assistance. We saw several examples of staff not responding to call bells in a timely way throughout the day.

Although risk assessments were in place where people had an identified risk, these were not always updated following reviews with the latest information and goals for staff to follow. For example to address nutritional needs and pressure ulcers.

Care plans were not person cantered and not easy to follow. Information was kept in various folders making it confusing. For example information was kept electronically, some in paper files and some in people's rooms.

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Staff had an understanding of the Mental Capacity Act 2005 and had undertaken training in this. We saw mental capacity assessments had been completed and included in people's care plans.

Staff recruitment procedures were safe and the employment files contained all the relevant documentation and safety checks to help ensure only the appropriate people were employed to work in the home.

People had been provided with a complaints procedure and knew how to make a complaint. They told us they knew who to talk to if they had any issues or concerns.

There were quality assurance systems in place to monitor the service being provided, for example reviews of care plans, risk assessments, and health and safety audits. However these were not always effective as they failed to identify shortfalls in staffing levels, care plans, risk assessments and the quality of care being provided.

The registered manager was doing her best to manage the home. However she did not have the support and

Summary of findings

resources she required to undertake her role effectively. People, relatives and staff said they found the registered manager approachable and available. Staff told us they felt valued and feedback from people about the quality of the service was positive.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

During our inspection we found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what we told the provider to do at the back 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?

Inadequate

The service was not always safe.

There were not enough staff available to safely meet people's needs. Staff recruitment procedures were safe.

Risks assessments were in place but these were not always updated appropriately following reviews to reflect any change.

People did not receive their prescribed medicine in a timely way and some medicines were not stores safely.

Staff had a clear understanding of how to protect people from the risk of abuse and the procedures to follow if abuse was suspected.

Is the service effective?

Requires improvement

The service was not effective.

People's health care needs were not always managed well in relation to pressure area care.

People did not always receive adequate nutrition or hydration.

Staff received mandatory training but did not receive adequate supervision to ensure they had the skills required to meet people's needs.

The provider and staff did not have good understanding of the Mental Capacity Act 2005. One person who required a best interest meeting in relation to their care did not have this in place.

Is the service caring?

Requires improvement

The service was not always caring.

Peoples care plans were sometimes difficult to follow as information was held in several places.

People were not always treated with dignity and respect because they were not always responded to promptly when they needed help.

People were involved and encouraged in decision making.

Is the service responsive?

Requires improvement

The service was not always responsive.

People did not always have enough to occupy them and there was no activity coordinator in post.

People did not always receive personalised care that was responsive to their needs.

Summary of findings

People's concerns and complaints were listened to and responded to according to the complaints procedure in place.

Is the service well-led?

Inadequate

The service was not well led.

The standard of record keeping was inconsistent and not accurate.

There were not effective auditing processes in place to monitor the service, because the manager did not have the resources to undertake this effectively.

Staff felt supported by the registered manager but resources within the service prevented regular supervision for staff.

Nuffield 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 was an unannounced inspection, which took place on 5 November 2015. The inspection team was made up of three inspectors and a nurse specialist. The nurse specialist had up to date clinical experience in caring for someone living with dementia and older people.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the service is required to send to us by law. We did not ask the provider to send us a Provider Information Return (PIR) as we brought the inspection forward due to concerns we received about the service A PIR is a form that askes the provider to give us some information about the home, what the home does well and improvements they plan to make.

We spoke with 15 people who used the service eight staff, four relatives the registered manager, the deputy manager, the chef, and three health care professionals. We looked at seven care plans, seven risk assessments, four staff employment files and records relating to the management of the home including audits and policies.

Not everyone was able to communicate with us so we spent time observing the interactions between people and staff. We also spent time in the communal areas of the home observing how care and support was provided.

The last inspection of this home was on 3 July 2014 where there were no concerns identified.

Inadequate

Is the service safe?

Our findings

People said they felt safe living at The Nuffield Care Centre. One person said “I feel very safe here there is always someone around.” Another person said “I feel perfectly safe, we have an alarm and I would just press that and someone would come.”

However despite these comments people told us there were not always enough staff available to care for them and meet their needs. One person said "There is never enough staff, you can tell by the way they are all rushing around.” Another person said “They could do with more staff, they don’t have time to talk as they are so busy.” A third person told us “Sometimes the bells take a while to answer, I find some staff are better than others. They come in and turn the alarm off and say they will come back when they can.” A relative said the service was always short of staff when they visited and added it could sometimes be over an hour before seeing a member of staff.

People’s needs were not always met because there were not enough staff deployed at the service. There were times during the inspection where people were not responded to quickly due to staff not being readily available to meet their needs. We saw several examples throughout the day when call bells were not answered promptly. For example one person had to wait for assistance when they wanted to use the toilet. We saw staff were task focused and rushed to undertake personal care. We spoke to a person mid-morning who was still in bed and waiting for personal care to be undertaken. They said “I need two staff to help me as most people here do and you have to wait your turn.” The person preferred to be supported with personal care earlier in the morning but had to wait because of the lack of staff.

We saw another member of staff walk past a room where a call bell had been ringing for five minutes. We asked if they were going to answer it and they told us they were already seeing to someone else and did not have time. Later when we spoke to the staff member again they said “It is always like that here in the mornings and there are just not enough of us to get the work done.” One staff member told us they did not have time to talk to people because there was not time. On one occasion we sat in the lounge talking to people for forty minutes and during that time only one member of staff came with the tea trolley and there was no further interaction from staff until lunch due to the lack of staff.

There were not always enough suitably qualified staff deployed around the service to ensure that people’s care and treatment needs were being met. The registered manager told us that two nurses were required on duty every day shift. The nurses on duty on the day of the inspection were the registered manager (who should have not been included on the rota) and the deputy manager who was unable to assist with all aspects of nursing care. An agency nurse came on duty during lunch time but did not have any knowledge of the people who lived at the service or their needs. Another agency carer was supporting a person on a one to one basis but did not have background knowledge of the person and their particular needs. There was a risk that people were not receiving the care and support needed from staff that understood them.

As there was not enough staff to meet people’s needs this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s safety could not be assured because not all identified risks of harm were appropriately managed. People had assessments in place for identified risks. However these were not always reviewed and updated when needs changed. One person was at risk of developing pressure ulcers. Their management plan was to reposition them every three hours which was to be recorded on a turning chart. The turning charts seen were inconsistent with the guidance provided and several gaps were noted regarding the frequency of the turns. There was insufficient recorded evidence to demonstrate that this was taking place as agreed.

Another person had a pressure ulcer which was not being managed effectively by staff. Particular equipment had been prescribed to help reduce the risk to the pressure ulcer deteriorating further however this was not being used. The registered manager told us the person did not like the equipment but had not looked at other ways to address this.

People at risk of malnutrition or dehydration did not always have effective systems in place to support them. We saw one person ate one mouthful of food. Care staff wrote they ate one third of their lunch and all their pudding which

wasn't the case. This person had lost a large amount of weight in the last two months anf their care plan stated they required encouragement to eat but this was not provided. They were also given their meals while lying flat and we had to ask care staff to sit this person up so they were able to eat their meal safely.

Shortfalls in the way people's risk assessments were managed meant people may not always be receiving safe care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not always administered and stored safely. We found that the lunch time medicines on the first floor were being given two hours late which meant that the effectiveness of the medicines may be delayed. The clinical room where medicines are kept was unlocked for a large part of the morning and individual lockers where some people's medicine was kept were also unlocked which meant anyone could have access to them. We also noted that oral medicine and topical creams were stored in the same cupboard which is not correct practice.

Medicines were not administered in a timely way or stored safely. This is a breach of Regulation 12 of The health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a policy in place for medicines administration and staff who undertook medicine administration had signed this policy to confirm they had read and understood this. Staff had received training in medicines safety awareness which was updated annually. We accompanied the registered manager on a medicine round and the distribution procedure was fully compliant.

Appropriate arrangements were in place in relation to the recording of medicines. The service used the medication administration record (MAR) chart to record medicines taken by people. We noted appropriate codes were used to denote when people did not take their medicines.

For example if they refused or in hospital. The MAR charts included information about people's allergies, if they required PRN (when required) medicines and a photograph for identification. The local chemist that also undertook audits of medicines in the home.

Staff told us they would recognise the signs of abuse and were aware of the various types of abuse that could occur. They said that if they felt uncomfortable about how someone was being treated or if they suspected that abuse was taking place they would talk to the registered manager immediately and were confident that they would act on their concerns. There was a safeguarding policy in place that provided staff with guidance to follow and all staff had read this policy. They told us they had undertaking training on safeguarding people from abuse and would know who to report this to if the manager was not available. For example the local authority who are the lead agency for safeguarding. We spoke with staff individually during our visit and they had a clear understanding of their roles and responsibilities to keep the people they cared for safe. Safeguarding referrals were made appropriately by the registered manager who also sent CQC a copy of the referral made.

Staff recruitment procedures were safe. We noted staff employment files contained an application form, two written references which provided information about the person's character and experience. There were also satisfactory Disclosure and Barring Services (DBS) checks in place. These checks identified if prospective staff had a criminal record and were barred from working with children or adults. Systems were also in place to check personal identification numbers (PIN) for qualified staff.

The service had arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. The service had emergency contingency plans in place should an event stop part or the entire service running.

Requires improvement

Is the service effective?

Our findings

There were mixed views from people around whether they felt the care was effective from staff. They told us that the ability of the staff to provide this care varied. One person said "Regular staff know what they are doing but not so much the new staff." Another person told us "As far as I am concerned staff understand my needs."

Staff did not always have the skills and knowledge needed to deliver care effectively. We looked at the staff training records which showed us the training staff had undertaken. Staff had not always been provided with the training updates and may not have the skills and knowledge needed to deliver effective care. For example some of the manual handling training was out of date. The registered manager sent us an updated training matrix following our inspection with further planned training for staff. For example manual handling, food hygiene, health and safety, and fire awareness training. Staff told us they had undertaken induction training when they commenced employment and were assessed as competent before they worked unsupervised. We saw evidence in staff files this had taken place.

Staff were not always supported in relation to the work they carried out. The registered manager said that staff supervisions were not up to date and that they were behind with this. The staff supervision policy states that staff should have 'At least six formal supervisions per year held in private for an hour at a time.' Supervision records were seen which confirmed that 17 staff had not had any supervision since July 2015. Staff appraisals had also not taken place. The registered manager told us they were unable to give as much direct supervision to staff as they would have liked due to the amount of work they had to undertake.

As staff did not always receive appropriate training and supervision in their roles this was a breach of 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's healthcare needs were not always managed well. One person's wound management plan did not have a photograph of the pressure ulcer or any wound measurement which menat it could not be monitored effectively. This was important as the service was reliant on qualified agency nurses who would not have regular contact with them, as a result they would not be able see if the wound had deteriorated or improved. The correct dressings were not always available and the provider had not always followed the advice of a health care professional. This did not promote best practice in the management and treatment of pressure area care.

When nutritional risks were identified people's weight was not being monitored appropriately. We saw a person had lost a significant amount of weight this year and dietary supplements had been prescribed. There was also no evidence that this had been reviewed or their risk assessment updated. There was no evidence that the person's diet had been reviewed to include high calorie food. One person was at risk of dehydration however their fluid charts did not show that this person was being supported to drink. We saw gaps in the recording of people's fluid input and output records. This meant that there was a risk that people were not getting enough to drink and staff would not know what fluid they had received.

A relative who was helping their family member with their lunch had to ask three times before they were provided with a plate of food. The chef did not have any information about people's specific dietary needs for example in relation to diabetes. The chef told us that they were not aware of some people in the service who required food with additional calories to help them manage and maintain their weight.

As safe care and treatment was not always being provided this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they liked the food and said the standard of catering was good. They said they had plenty of choice and if they still did not like what was offered there was always an alternative. We saw someone had egg and chips as a request. We observed lunch being served. People chose to eat either in the lounge, the dining room or their bedrooms. One person said "I like to have company when I am eating my meals." Tables were nicely laid with table cloths, drinking glasses, condiments and cutlery. A selection of juice and water was also available.

Food was served by the staff from a heated trolley. Meals were taken individually to people who were dining in their

Requires improvement

Is the service effective?

rooms. Special diets for example soft or pureed food was presented well and we saw people who required support with eating were given this by staff who sat with them in the dining room.

The Mental Capacity Act 2008 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interest and as least restrictive as possible.

Whilst staff had an understanding of the MCA best ointerst decisions were not always considered appropriately in relation to peoples care and treatment. One person had a wound on their foot which was exposed and resting on the carpet. The registered manager told us that the person could be at times not very cooperative with their care. However this was not recorded in the care plan and there was no guidance for staff on how to manage this. Care staff did not have a clear understanding of the care that was needed. No best interest meeting had taken place around how to manage this issue. We asked the registered manager to review the management of this to protect the person's foot from further deterioration.

Staff had undertaken training regarding the Mental Capacity Act 2005. Staff said "I would never undertake a procedure before asking the person first." We noted written consent was sought and obtained from people or their representative with regard to the use of bed rails.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes is are called the Deprivation of Liberty Safeguards (DoLS). We noted from the care plans we looked at that people who required them had DoLS authorisations in place that had been authorised by the local authority.

People had regular access to chiropody, dental care and eye care and visits were arranged accordingly. We saw that everyone was registered with a local GP who visited the service weekly or more frequently if required to do so. People told us they could see the doctor when they needed to and felt they were well supported by their doctor. They told us their doctor would refer them to consultants if they required additional support. We spoke with two health care professionals who spoke positively about the care people received and said that most staff did a "Good job."

Requires improvement

Is the service caring?

Our findings

There were mixed views from people and relatives about the care people received at the service. One person said "I think the staff are very caring and they call me by my first name." Another person told us "Staff treat me very well, staff are friendly and I am involved in my care plan." However another person told us that they were ignored by a member of staff when they asked them for support. A relative said it is difficult to know if my family member has a shower. "I do ask but no one seems to know." They continued to say "The staff don't always look very happy." One relative told us that their family member's nightdress had not been changed for two days despite it being stained with food.

We observed staff were not always as kind and considerate towards people as they could have been. During our observation we saw staff were task orientated and found little time to spend talking with people. For example we saw a member of staff served a person their lunch in their room without any interaction with them and very little eye contact. The person told us that they didn't always find staff were friendly. Another person was brought back to their room as they needed their clothing changed during lunch. The member of staff left them in their room without explaining what they were doing and then left them to go and support people at lunch. The person was heard calling out for help until we asked a member of staff to see to them as they were becoming distressed.

People were not always treated with dignity and respect. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were times when staff were caring and considerate towards people. We saw times when staff interacted with people in a positive and professional manner. We saw staff gave people time to speak and did not rush people to respond to questions demonstrating an understanding of people's communication needs. We saw times when staff provided care and support in a kind and caring way and had time to spend with people individually helping them with specific needs. One staff member greeted a person in a cheerful manner. "Good morning and would you like tea or coffee this morning." To which they responded "I am so glad to see you and I will have coffee please." They then went on to laugh and joke for a few minutes. One staff member sat with a person for a few minutes in the lounge and started a conversation about their family. This brought a smile to their face and a meaningful conversation followed. The staff member said "This is the part of my job I like most." One staff member ensured that one person was covered with a blanket when they went into the garden.

We did see occasions where people's privacy and dignity were respected. We saw staff knocked on people's doors and waited for a reply before they entered which helped maintain people's dignity. Staff addressed people appropriately by their preferred name. Personal care was undertaken in bedrooms or bathroom in private.

People were encouraged to personalise their rooms with ornaments and photographs make their bedrooms more personal to them. Relatives and staff supported people to personalise their individual space. People were able to have a television and radio in their room. Relatives told us they were welcome in the home at any time and encouraged to participate in organised events and care reviews. They said there were private areas where they could visit their family member and speak without being overheard.

People were encouraged to make choices when possible about their daily routines. Some people chose to spend time alone while other people chose to sit in communal areas of the home. When people expressed a choice and preference of gender specific staff, allocation of staff was organised to accommodate this. We heard staff offer people a choice of drinks and offer them milk and sugar.

Some people were involved in their assessment as much as possible and were supported by a relative if appropriate. People and relatives told us they had been involved in part of the assessment especially with their family member's life history. They said they were asked questions about their family member's earlier life so that staff could get to know the person and build a picture of them. One person said "they came and asked me questions about my care and what matters to me.

Requires improvement

Is the service responsive?

Our findings

People did not always receive care and support that met their needs. There was not enough detailed information in people's care plans for staff to ensure that people's needs were being met appropriately. The care plans we looked at were not person centred and not always easy to follow. Information was kept in various folders making it confusing. For example information was kept electronically, some in paper files and more in people's rooms. Care plans focused mainly on the clinical care that people needed but lacked individuality around people's emotional and social needs. Despite people having told us they were involved in their emotional assessments this information was not included in people's plans. Each care need was supported with a plan of care and objectives to be achieved. For example if someone was able to walk unaided, if they required the assistance of one or two staff or if they required a hoist to move them safely. However reviews of care plans were limited with very little updated information in them. There was not always information about what action should be taken if people lost weight or if their treatment changed.

There was no information recorded about visitors, either family or health care professionals. One person and their relative told us about a particular need they had which had not been recorded in their care plan. They told us that it was important that their legs were kept elevated during the day and in bed but there was no care plan regarding this. The person was not encouraged by staff to keep their feet elevated. Daily notes recorded did not include references to people's mood, any comments they had made during the day and social activities they had been involved in.

Care plans were not always reviewed to show the current needs of people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no activities coordinator employed in the home. The registered manager told us they had been actively recruiting for the post and that it was anticipated they were going to employ someone in the next month. Staff told us they would like to do more activities with people but there was not enough time or staff to engage in activities. One person told us there was enough for them to do. They said someone came with a "pat dog" which people liked. Another person said "There is always something to do here I have my painting, my books and there are dancers."

Some people chose to spend their time in their room and enjoyed the television or music. Daily newspapers were ordered according to preference. Due to the lack of an activity coordinator and the time constraints on staff there was a risk of people who stayed in their rooms becoming socially isolated.

The service was responsive to people's mobility needs and appropriate equipment for example hoists, slings, wheelchairs, walking aids, adapted toilets and bathrooms were provided and well maintained. When we asked a person if staff respond to their needs they said "If I start having shortness of breath the nurse comes and puts my nebulizer on to help me"

People's spiritual needs were observed and visits form various clergy were arranged on request. A church service was organised regularly which also included Holy Communion for people who wished to attend. One person said they enjoyed attending religious services and found it a comfort.

People knew how to make a complaint or comment on issues they were not happy about. People and their relatives were provided with a copy of the complaints procedure when they moved into the home. There was also a copy of this displayed in the main entrance. People said they were happy and did not have any issues to complain about, and would know who to talk to if they needed to. One person said "If I wanted to make a complaint I would go and see the manage and she would fix it." We looked at the complaints record and saw there were no formal complaints recorded.

Inadequate

Is the service well-led?

Our findings

The home was being managed by the registered manager who had the support of a deputy manager however they were leaving shortly after our inspection. Both were responsible for the day to day management of the home and people told us they were happy about how the service was run. One person said "I think the home is well managed and I want for nothing". People said they could talk with the registered manager every day and they were listened to. We saw the registered manager operated an open door policy and was visible throughout the home talking to people, staff and relatives. We saw a member of staff discussing a person's needs with them and were told this was normal procedure. Relatives told us the registered manager kept them informed regarding any changed in their family members care or treatment and they were able to ring the home and visit at any time. However despite these comments we saw the registered manager did not have enough time and support to manage the service and did not have suitably qualified and experienced staff they could designate responsibilities to. As a result some aspects of the service was not meeting the requirements of the Health and Social Care Act.

Although staff told us they were supported by the management team we found staff were not offered regular one to one supervision or ongoing practical supervision which impacted on the quality of care people received. The registered manager had identified that they had fallen behind with this but told us additional support was now being obtained by the provider to help with staff supervision and other aspects of the management of the home.

The registered manager did not ensure that staff maintained accurate and detailed records in respect of each person using the service and records relating to employment of staff and overall management of the service. Documentation which related to the management of the service required improving to ensure risks were identified and quickly rectified. For example care plan reviews were not specific and only had "no change" and the date recorded when there had been changes to people's nutritional needs, fluid balance and wound management.

Staff training records and supervision notes also required improvement.

The service did not have a clinical, infection control or safeguarding lead person working in the home. The registered manager assumed these roles together with their management responsibilities whilst working as a member of the nursing staff for at least twelve hours each week. The registered manager clearly cared about the service, staff and residents but struggled to meet all the objectives as they did not have enough support to do both roles effectively. Therefore no regular auditing of care plans, infection control or safeguarding were undertake to ensure the provision of service to people was safe, effective or responsive to their needs.

Meetings for residents, relatives and staff to try to capture people's views were supposed to take place every three months but these were irregular. The last relatives meeting took place 12 August 2015. This was not particularly well attended despite the registered manager moving times and dates to try to ensure as many people and relatives attended as possible. Issues discussed at this meeting were lack of activities, problems with people's laundry and recruiting a new chef. Some of these issues were resolved however some were still found to be an issue at this inspection, which the manager said had now been addressed. The last staff meeting took place 7 August 2015 when the standard of record keeping had been discussed but this was also found to be an issue at this inspection.

Whilst health and safety audits were undertaken to help maintain the health and welfare of people these were not effective and did not drive improvements in the service. Audits had not identified the shortfalls found during our inspection which placed people at risk of receiving care that did not meet their needs. Records were unclear and inconsistent and this had not been identified by the management team.

A lack of good governance is a breach on Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were asked to complete customer service satisfaction questionnaires to give feedback to the provider regarding the service they received. We did not see any feedback from the latest surveys sent. There was however a folder of previous comments which also contained thank you card and letters of appreciation from friends and relatives.

Inadequate

Is the service well-led?

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider continued to inform the CQC of all significant events that happened in the service in a timely way. This meant we are able to check that the provider took appropriate action when necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records relating to the care and treatment of people were not well maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured that systems and processes such as regular audits were in place to monitor and improve quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that there were enough staff employed in the service to meet people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that staff received appropriate supervision and appraisal as necessary to enable them to carry out their duties they are employed to perform.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Action we have told the provider to take

	The provider had not ensured that people's care plans were maintained and reviewed to ensure their needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The provider had not ensured that people's dignity and respect was maintained because the staff did not have time to treat people in a caring and compassionate way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured that people's nutrition was managed effectively, and that care and treatment was not provide effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured that medicine administration was safe. People did not always receive their medicine in a timely way and medicine was not stored safely