

Jigsaw Care Limited

The Elms @ Kimblesworth

Inspection report

Kimblesworth Nursing Home
Elm Crescent, Kimblesworth
Chester Le Street
County Durham
DH2 3QJ

Tel: 01913712259

Date of inspection visit:
11 July 2017
17 July 2017

Date of publication:
20 September 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 11 and 17 July 2017. The first day of our inspection was unannounced. This meant the staff were not aware we would be inspecting on that date.

The Elms provides accommodation for up to 19 people who require nursing and personal care. There were 14 people using the service during our inspection.

There was no registered manager in post at the time of the inspection. The last registered manager had submitted their notice to the Commission to cancel their registration in November 2016. Two subsequent managers had been appointed but both managers had needed to tender their resignation. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager for one of the provider's homes expressed their intention to add The Elms to their registration and during our inspection was acting as the manager. Following the inspection an application was received by CQC and the manager was registered for the service.

Since the last registered manager had left the staff had not received consistent management. As a result staff had resorted to trying to resolve difficulties themselves. A number of staff had contacted CQC to blow the whistle on their employer. This means they told CQC their worries about the home. Staff expressed concern that the fabric of the building was poor, people had been cold during a period when the boiler did not work, food bills had been cut and items not replaced or repaired when they had broken down. People confirmed to us they had not been able to have coffee. During our inspection we saw improvements were being made to the building and a jar of coffee was made available. The manager provided us with an action plan to refurbish the home.

We found the home to be lacking in cleanliness and the fabric of the building required improvement to allow cleaning to take place and prevent the spread of infections.

People's medicines were safely administered. However, we found people who required medicines on an 'as and when' basis did not have plans in place to tell staff when people may need this type of medicine.

People's personal risks had been identified by staff and actions put in place to mitigate the risks. Staff understood what these risks were and how to keep people safe. We found some risk assessments had not been updated since 2015 and we could not be reassured the risks were still pertinent. Other risk assessments including those appertaining to the building were in place and up to date.

We found there was not enough staff employed in the service. This meant staff were having to work long hours to cover shifts. We found new staff were being recruited and were awaiting a start date. One of these new staff members was an activities coordinator to support and encourage people's participation in

stimulating activities. People told us there was little to do in the home and they wanted some activities.

Audits had been carried out in the service. These include, kitchen audits, infection control and maintenance checks. We found these did not address the deficits we found in the home.

A staff member had been delegated to update people's care plans. Where the plans had been updated we found they provided a good level of person-centred information and gave guidance to staff on how to meet people's needs.

Staff knew people well who lived in the home. We found staff were caring and responsive to people's needs. We saw they respected people and ensured their privacy and dignity was preserved. However we found staff wanted to be able to provide better care and create a more homely environment for people. They felt their care was compromised by the lack of investment in the home. Following the inspection the provider told us they had made investments in the home including refurbishing the staff room and the sun room and buying new furnishings for the lounge

The service had not embedded the principles of the Mental Capacity Act. Staff told us there were people living in the home who they would try and distract them to keep them safe if they tried to leave. We found their capacity had not been assessed and decisions were not in place to make applications to the local authorities to seek authority to deprive them of their liberty.

We looked at staff supervision records. We found staff had not been consistently supported using supervision. Staff were in the process of completing new training to learn about the needs of people with disabilities. The service had a training matrix which showed when staff had last completed their training.

The provider had completed pre-employment checks on staff new to the service. We found staff who had been recently recruited to the service with a background in care services had not had their Disclosure a Barring Services (DBS) check updated. This is a check which enables employers to make safe recruitment decisions. Following the inspection we were given evidence and assurances these checks had since been sought.

We made the following two recommendations following our inspection:-

We recommend in the light of the change to the provider's Statement of Purpose which informed the Commission the provider intended to admit people with learning disabilities that they develop a strategy which takes into consideration national guidance on caring for people with learning disabilities.

We recommend the provider consider the safety and security of the building and documents.

During our inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service not always safe.

The fabric of the home required improvements to better facilitate cleaning and reduce the risk of cross infection.

Robust recruitment procedures had not been uniformly applied across the service.

Staff understood their role in safeguarding people and action had been taken by the management to protect people who used the service from unacceptable staff behaviour.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not received support through supervision in line with the provider's policy. Staff training was on-going and the staff team had recently started to complete work books to learn how to care for people who may have learning disabilities.

The provider had not adhered to the principles of the Mental Capacity Act.

Staff ensured people had access to healthcare including appointments with their GP surgery. We found where guidance had been given by other professionals, for example the Speech and Language Therapy (SALT) team, the guidance had been incorporated into the person's care plan. The information had also been passed onto the kitchen in order for kitchen staff to prepare appropriate meals.

We recommend in the light of the change to the provider's Statement of Purpose which informed the Commission the provider intended to admit people with learning disabilities that they develop a strategy which takes into consideration national guidance on caring for people with learning disabilities

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

We found staff were concerned about the environment in which people lived and felt hampered by the lack of investment in the home which compromised their ability to provide the standard of care they wished to maintain. The provider told us they had already made some improvements to the home.

Staff treated people with respect, maintained their privacy and used banter to engage people.

Staff were able to tell us about people's needs, their likes and dislikes.

We recommend the provider consider the safety and security of the building and documents.

Is the service responsive?

The service was not always responsive.

Staff had begun to update people's records. We found the records which had been updated were person-centred. Further work was required to ensure all care plans were up to date.

Assessments had been carried out with people before they were admitted to see if the service was able to meet their needs.

People told us there was not a lot to do in the home. An activities coordinator had been appointed and was due to start working in the home.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

At the time of our inspection there was not a registered manager in post. A registered manager from another service owned by the provider expressed to us their intention to add The Elms to their registration. Following our inspection they made a successful application and added The Elms to their existing registration.

In the absence of a consistent manager staff had worked together and resorted to a 'Make do' approach in the service.

Audits were carried out in the service to monitor quality. However the audits did not address all the deficits we found during our inspection.

Requires Improvement ●

The Elms @ Kimblesworth

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 11 and 17 July 2017. The first day of our inspection was unannounced. Staff knew we would be visiting on the second inspection day.

The inspection team consisted of two adult social care inspectors and an Expert by Experience. 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 on this inspection had experience of mental health services.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service; including local authority commissioners and the local Infection and Prevention Control Team.

We also contacted the local Healthwatch prior to the inspection. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed with staff during the inspection what each of the individual supported living services did well and what improvements overall the provider planned to make.

During the inspection we spoke with 12 staff including the area manager, the manager, nursing staff, care staff, domestic, kitchen and maintenance staff. We looked at seven people's files and other documents used to manage the regulated activity.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home. One person said, "I've got a key to my room as I like to lock the door."

We checked people's medicines and found there were four medicine rounds carried out each day at breakfast, lunch, tea and bed times. People's medicines were mainly dispensed from a dosette box and only qualified nurses gave people their medicines. Weekly medicine checks were carried out to ensure people had the medicines they needed for the forthcoming week. Every person who received medicines had a Medication Administration Record (MAR) in place. The temperature of the treatment room and the clinical fridge was checked daily and was within recommended guidelines. Records contained a photograph of the person to assist recognition. Controlled drugs require additional safeguards due to the risk of misuse. We found these were appropriately stored and documented. However we found there were handwritten entries on the MAR charts which were not checked for accuracy and signed by a second trained and skilled member of staff before it was first used.

People who used the service had pro re nata (PRN) medicines. These are medicines used 'as and when' required. We found PRN plans were not always in place. For example, there was no guidance to staff for one person who required paracetamol. One person required an as and when topical medicine; there were no body maps in place to show where and when this should be applied. Staff told us the people concerned had capacity and were able to ask for their as and when required medicines, as well as apply their own topical medicines.

The area manager told us, "The décor and cleanliness needs improving here." The manager pointed out areas of the home which they found needed improvement. Prior to our inspection the local Infection Prevention and Control Team visited the service in June and July 2017 and shared with CQC their report. The report contained actions to be completed by the provider to ensure the home was clean and risks from infection were minimised. On the first day of inspection we found the kitchen used by people who lived in the home was dirty and untidy. The floor was dirty and the worktops were stained. There were no paper towels in the dispenser. The bin was dirty and broken with sharp bits jutting out which could have caused injury. There was no washing up liquid with which to wash crockery and cutlery. Following the inspection the provider told us one person who uses the service regularly destroys paper towels and lotions. However we found this could not account for the overall condition of the kitchen. Upstairs we found a garden type gate leading to a flight of stairs which in turn led to a fire exit. The stair carpet on the stairs leading to the fire exit was dirty.

We saw the grouting in the bathrooms and toilets was dirty. Bathroom flooring was not sealed and around the edges of the floor, toilets and wash basins dirt had accumulated. The carpet on the first floor was worn and stained. Staff told us they had raised these issues of concern but had received no response. The domestic member of staff had just returned from annual leave and explained to us prior to going on leave they had been working in the kitchen. A new chef had been appointed and they were able to return to their domestic duties. During our inspection we observed on going cleaning to improve the home. However

action was required to the fabric of the building to ensure it could be cleaned to reduce the risks of cross infection. Following the inspection the manager sent us a plan they had drawn up to rectify the deficits we found during the inspection. This included refurbishment of the home.

The cleaning cupboard on the first floor was open to people who used the service. The cupboard contained pine disinfectant, pine floor gel, multi surface cleaner and disinfectant with bleach. The room next door to the cleaning cupboard open – this contained bathroom cleaner, antibacterial gel and cream cleaner. This meant not all reasonable actions had been taken to reduce the risks to people who used the service.

This was a breach of 12 Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection CQC received concerns staff were working exceptionally long hours including working a late shift immediately followed by a night shift, or alternatively working a nightshift and having to working a morning shift the next day. Relatives had also spoken to us about this matter. During our inspection one person said, "They could possibly do with more staff as the girls are run off their feet." One member of staff told us, "I love working here but staff shouldn't be expected to work 20 plus hours in one go due to staff shortages. One nurse and two care assistants isn't enough. If people want to go out there's nobody to take them." We checked the staff rotas and timesheets and found staff had worked successive shifts. Staff had either worked a late shift followed immediately by a nightshift or they had worked a night shift followed immediately by a day shift. We spoke to the manager overseeing the service who told us they were aware of needing more staff and were in the process of recruitment. They showed us the recruitment records and provided evidence of new staff due to start including a nurse, care staff and an activities coordinator.

We looked at recruitment records and found the provider required prospective staff to complete an application form and provide the contact details for two referees. References were taken up by the provider. The Disclosure and Barring Service (DBS) carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We saw the provider had used DBS checks to assess if staff were able to work in the service. One staff member new to working in a care environment had a DBS in place. However, we found three staff who had commenced work in the service without a DBS check in place. We saw their DBS checks related to previous employers and had been carried out within months of them starting at The Elms. We spoke with the area manager supporting the service. They told us new DBS checks had been applied for; they then told us this was an error and applications had not been submitted. Following the inspection we spoke with the manager and they sent us confirmation DBS checks had been applied for following the inspection.

During our inspection we observed maintenance men were redecorating a room using an odourless paint. One member of staff was standing on a step ladder painting door frames. Other workmen were in the home using tools to lay carpets and do other maintenance work. We found people who lived in the home had access to the rooms and to tools being used. We spoke with the area manager in the home and a plastic cordon was put in place to reduce people's access to the working areas. Generic risk assessments for the home were provided to us to cover these areas of work.

We looked at people's personal risk assessments and found some of these had been updated and contained information pertinent to each individual and their risks. People had risk assessments to guide staff on how to support people use the kettle, smoke safely and use a bath hoist. However some people's care documentation had not been updated since 2015. This meant we could not be assured that risks to be people were current. Staff told us they recognised this issue and were working through people's care

documentation to bring them up to date. They showed us new risk assessments which had been brought up to date. These were detailed and gave guidance to staff on what actions were required to mitigate risks to people.

One member of staff said, "We're all terrified of whistle blowing in case we lose our jobs." We spoke with the area manager and the manager overseeing the service regarding staff whistle-blowing to CQC. The area manager told us they had wished the staff had gone to them first. The manager was concerned that staff must have felt they had no alternative but to approach CQC with their concerns.

Staff had been trained in safeguarding and understood what actions they needed to take to ensure people were protected. Prior to the inspection we were advised by the manager how the disciplinary policy had been used to address untoward staff behaviour and ensure people in the service were safeguarded. At the time of our inspection there were no on-going disciplinary concerns.

Portable appliance testing (PAT), lift servicing and electrical testing had all been carried out and were in date. Regular checks on the safety of the premises were carried out. This included the monitoring of fire risks and water temperatures. Hot water temperature checks were regularly carried out and these were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Accidents and incidents were recorded by staff and reviewed to check if any further actions could have been taken to prevent reoccurrences. During our inspection we saw staff use their knowledge and skill in relation to one person with who there had been a number of incidents. We observed staff deal with the incident and prevent it from escalating.

Is the service effective?

Our findings

One person said, "They're marvellous here. There's plenty of food and drink. The staff are very nice, they couldn't be nicer. They sort out our tablets." Another person said, "The food is very nice but I can't eat all of it." A member of staff told us, "The new chef is brilliant."

The home had a four weekly seasonal menu in place and people who did not like what was on the menu were given an alternative choice. We joined people for their lunch. The food was tasty and there were alternatives for people if they chose not to have what was on the menu. People and staff complimented the cook on the meal. Whilst we saw people were offered regular drinks throughout the day we found some people's fluid intake needed to be monitored. The provider had in place food and fluid charts. The fluid charts did not have target fluid levels written on them. Staff had used the columns on the charts in different ways and fluids for each day were not totalled. This meant records were incomplete and it was difficult to note if anyone was at risk of dehydration.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we noted staff had been given learning materials on learning disabilities. Some staff were in the process of completing their NVQ awards. Staff new to the service were required to undergo an induction period; this included learning about the home, the people who used the service and learning from more experienced members of staff. We saw written on the top of a supervision agreement staff were expected to have a supervision meeting with their line manager at a minimum of every three months. We found staff had not been supervised in line with the provider's supervision policy. The manager had recognised due to changes in the management of the home the staff had not been supported in a manner they would have liked. She expressed concern that the needs of the staff team had not always been met.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (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 interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff told us only a small number of people would be able to go out on their own and if some people chose to leave, staff told us they would try and distract them to keep people safe. We found the service had not followed appropriate guidance and made applications where

necessary to deprive people of their liberty. We drew this to the attention of the new manager who agreed to look into people's needs and to check if applications were required to seek authority to deprive people of their liberty in order to keep them safe.

This was a breach of Regulation 13 (4)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a training matrix which showed when staff had undertaken training. We saw staff had completed a range of training including Safeguarding, Dignity, Food Hygiene, First Aid, Mental Health and Equality and Diversity. The staff we spoke with confirmed they had received this training.

We saw people preferred to sit outside and smoke whilst sitting on a paved area than access the designated smoking shelter. People smoked immediately outside of the door and the smell of smoke permeated inside the premises. Following the inspection the provider told us people chose not to use the gazebo at the front of the building provided for smoking purposes.

We found the premises were not secure. This was because there was a back door that closed but people refused to close this. There was also no perimeter fence which meant that people could leave the premises freely and also that unauthorised persons may enter the premises undetected. CCTV was in place for this door but the monitors were kept in the manager's office and were not always supervised. People who had yet to be assessed using DoLS criteria as needing 24 hour care and supervision were able to walk out of their own accord.

There was an empty room on the first floor which was open which was a risk to people. The room was dirty and had an offensive smell. The window in the room was wide open (no restrictor in place) and there was set of ladders in the room. There was also a large hole in the ceiling which staff said had been there a while. There was a dirty mattress on the floor. There was another vacant room on the first floor which was open and being used as a storage facility. Again this posed a risk to people in terms of paint and tools which were accessible to the people who used the service. We pointed this out to staff and action was taken to immediately reduce the risks to people.

Prior to our inspection staff had contacted CQC to say the provider once they received the food order then took items off the shopping list. Staff, relatives and people who used the service told us the home had not had coffee for weeks. As a result people did not have a choice between tea or coffee. We learned staff had been taking it in turns to buy coffee for the people who used the service and one person had bought their own coffee. During our inspection we found people had access to a jar of coffee on the tea trolley. Following the inspection the provider told us the director will switch purchasing food items from one supplier to another more cost effective supplier. They told us the home is never short of food.

During our inspection we observed that a number of people we spoke with had teeth (or dentures) that were very noticeably not clean. Staff told us people were mainly self-caring and whilst they could offer prompts to people they were not always able to effect a change in people's personal choices. One person required support for their denture care and we saw staff had documented when this had been carried out. We found another person whose required medical attention for their feet. Staff told us what actions they had taken to improve the person's feet. All of the people we spoke with told us if they became unwell they felt that staff would help them to access appropriate care and make sure they were "Well looked after." Another person told us, "They take us to the surgery straight away if we're out of sorts." We observed staff reminding people of their appointments and saw they had made arrangements for people to attend their GP surgery.

Prior to the inspection we were contacted by a relative who told us staff had failed to communicate with them about the care of their family member. We found no other similar communication issues. We found the home had internal communication systems in place. In addition to daily records for everyone who lived in the home, the service had in place a diary and handover records for each shift coming on duty. This meant staff were kept up to date about people's daily activities and needs.

The provider had recently notified CQC of their intention to admit people to the home with learning disabilities and they had changed their Statement of Purpose (SOP) to this effect. A SOP is a document providers are required to have in place outlining how and to whom they are providing a service. Staff were aware that people with learning disabilities could be admitted to the home in future and spoke to us about having workbooks in place so they could learn about for example autism and how it affects people. We found this approach to admitting new people with differing learning disabilities to the home was insufficient to care for people.

We recommend in the light of the change to the SOP the provider develops a strategy which takes into consideration national guidance on caring for people with learning disabilities.

Is the service caring?

Our findings

One person told us, "The staff are very nice. Anything you want doing and they can do it they will. I'm going to the hairdressers for a perm tomorrow; one of the staff will take me there". The manager said, "I can't fault the care that people get but it's been all hands on deck due to staff shortages."

People we spoke with told us they liked the staff. No one expressed to us any concerns with their relationship with staff. We observed staff being friendly towards people who used the service. Staff used humour and banter to engage people. The people we spoke with expressed no problems with their relationships with staff and we observed them responding warmly to staff.

Staff treated people with respect. We saw they spoke politely to people, gave them choices and acted on their responses.

People were afforded privacy; some people chose to have a key to lock their rooms. One person preferred to remain in their room. Staff knocked on doors and sought people's permission to enter their rooms.

We asked staff what were the best things about working at The Elms. Staff repeatedly told us it was working with people who used the service and being a part of the staff team. Although staff were busy when people asked for support staff gave them explanations about what they were doing and told people they would get back to them as soon as they could. We saw staff returned to people and provide their support.

We saw staff had a fondness for people who used the service and understood their likes and dislikes. Staff were able to tell us about people's needs and actions they took to prevent people from becoming distressed.

Staff cared about the home and the people who used the service. One member of staff had brought in a vase and flowers which they found in a charity shop to go with the décor in the lounge. Staff spoke to us about concerns they had raised with CQC about the length of time it had taken for the provider to fix the boiler. They felt despite the portable heaters people were not kept warm and staff were coming to work wearing layers of clothing. They pointed out if they felt cold during their shift, "What must the people have been like living here." Another member of staff spoke to us about wanting to make the service more homely for people. We found staff cared for people and the home in which they lived. One member of staff told us, "It's a nice little place it just needs a bit of TLC."

We found in the absence of stable management in the home staff had been hampered to provide care for people. In one staff member's supervision notes we read because they were unable to get the equipment they needed they were unable to do their job. The manager told us there was not a problem in obtaining equipment for people who needed it. The manager described the state of the home as, "Heart-breaking."

At the time of our inspection no person in the home had an advocate. Staff understood the purpose of people having advocates and gave us an example of someone who had previously been allocated an

advocate to support them in their decision making. An advocate is a person who helps another person make decisions and represents their views to others.

People had in place plans for their end of life care. Local medical practitioners that worked with people had devised Emergency Health Care Plans (EHCP) which included how they wished to be treated if they became unwell. We found people had in place, "Do Not Attempt Resuscitation (DNAR)" documents. These documents instructed staff not to attempt cardiopulmonary resuscitation should a person stop breathing.

We found documents in the service were stored in a locked cupboard. However we saw information about people was pinned to the notice board in the staff office which had open access. In the absence of a secure perimeter fence access to the building and then to the open office staff office was possible.

We recommend the provider consider the safety and security of the building and documents.

Is the service responsive?

Our findings

Prior to admissions to the service we saw assessments had been carried out with people to see if the service could meet their needs. Transition into the service was therefore monitored. We found one person had recently moved into the service and staff told us they were getting to know the person. Staff spoke with us about another person needing to go to hospital and explained what support the person needed. We found staff had encouraged and supported the person to go to hospital whilst explaining why this was necessary.

During our inspection we looked at seven people's care plans. We found some care plans had not been updated since 2015; however we found staff had continued to review the existing plans. A member of staff had been given the task of updating the plans. Staff showed us the new plans they had put in place. We found where care plans had been updated they contained person-centred information and gave staff detailed guidance on how to provide each person's care. People's care plans included specific information in relation to communication, diet and nutrition, social interaction, finances, physical care and mental health care. We saw people's medical histories, including their mental health, were documented. Care plans were also in place for people with specific health needs such as diabetes and breathing difficulties.

Staff spoke to us about people's individual needs and ways to support people. We observed one person becoming distressed during our inspection. Staff responded to their concerns and intervened. Three members of staff consistently delivered the same approach to the person which resulted in the situation being calmed and the person was able to express their concerns.

Regular reviews of the care plans were carried out. Staff had documented on a monthly basis if people's needs had changed or remained the same. One member of staff had been tasked with ensuring reviews were up to date. Staff had also participated in reviews held by people's care managers.

Throughout our inspection we observed staff giving people choices. This included what they wanted to do and what they wanted to eat. Staff gave people time to decide and respected people's choices.

Staff constantly engaged people in conversation to prevent them from becoming socially isolated. We found people were not actively connected with activities in their community. One person told us they depended on staff to assist them into the community but staff were not always available to take them out. We found there were no regular activities or trips regular trips out for people. One person told us all they had to do was, "Sit and smoke." Another person told us they had made a birthday card. In the dining area there were some homemade Easter cards. The communal areas had things like puzzle books and dominoes for residents to use. When we spoke to people who used the service and asked what activities they liked to do they listed listening to the radio, watching TV, eating, sleeping and going to the shop. We found one person with a personal interest who was able to independently carry out their own personal activities; other people needed support to choose if they wanted to develop interests.

The service had recognised people were at risk of not having stimulating things to do. They had recently recruited an activities coordinator who had yet to commence in post.

We discussed complaints with the area manager and saw the provider had a complaints policy. The policy places an emphasis on the manager to document and investigate complaints made to the service. The area manager informed us there had been no complaints made about the service and we found there were no complaints documented. However in further discussion they reflected that following a recent safeguarding alert made by CQC to the local authority safeguarding about a person who had lived in the home this could have been dealt with as a possible complaint. They had however seen this as a safeguarding issue and not addressed it as a complaint about the service.

Is the service well-led?

Our findings

There had not been a registered manager in post since August 2016. Since that point in time two other managers had been appointed, expressed their intention to register with CQC and then resigned. The service was currently supported by the area manager and another manager who was a registered manager for one of the provider's other care homes. The latter manager expressed their intention to add The Elms to their registration. Staff commented on the management and told us, "There hasn't been continuity", "There hasn't been confidence in the management" and "The girls have stuck by in here, through thick and thin." We observed the manager was taking steps to ensure the service was run effectively.

Following our inspection CQC approved an application to add the location to an existing manager's registration from 30 August 2017.

The provider had in place audits to measure the quality of the service. We saw these audits had been completed up until May 2017 and had been carried out on a monthly basis. The audits included infection control, kitchen and monthly checks carried out by maintenance staff. We found these audits did not address all of the deficits we found. The audits resulted in initial actions being taken but did not demonstrate at the time of our inspection all the identified issues had either been resolved or had timescales for resolution.

Care records in the service were in the process of being updated. We found some records had not been updated since 2015. We could not be reassured the existing records were contemporaneous and accurate.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider had previously carried out annual audits to monitor the quality of the service. However at the time of our inspection these were due to be done.

Staff spoke to us about their concerns regarding the provider. Their perception was that costs were repeatedly cut to the disadvantage of people who used the service and the premises. They believed that bills did not get paid and suppliers were changed. Staff had taken calls from suppliers requesting payment. They cited cuts to food bills, no coffee for people who used the service, a lack of repairs and repeated attempts to repair a broken heating system with staff coming to work wearing layers of clothing. Their concern was for people living in a home which could not be heated properly to keep people warm and a lack of hot water for baths and showers. Some staff had become fearful the home would close. We discussed the staff concerns with the manager. They told us, "We shouldn't run out of tea or coffee though. We have no problem with ordering things. The provider has just agreed we can order three sets of new bedroom furniture. No problem at all ordering pressure relieving equipment etc." They felt due to the changes and availability of a manager staff had not received consistent support and information, nor possibly felt listened to.

We found staff had resorted to a culture of being self-managing and taking responsibility for what they could. One staff member told us how they had made changes to update information held in the service. They told us they were not sure if they could do it but, "It had to be done." Other staff told us one tumble dryer was working and one of the washing machines ripped up clothing so they only used that for towels and sheets. Morale in the service was low, although staff felt heartened that the new manager would make a difference. One staff member said, "I think she will do a good job." We discussed the issues raised by staff with the manager. The manager spoke with us about needing to turn words into action so staff would have the confidence improvements could be made. They told us, "The place needs guidance and the staff need consistency regarding the management." During our inspection we observed the manager bring staff up to date and being accountable to them on what had been done to the building and what needed to be done to complete the work for that day.

Staff worked in partnership with other agencies. We saw referrals had been made and followed up with medical professionals. Their advice had been sought and incorporated into care planning.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure: a, the safe use of medicines, b. do all that was reasonably practicable to mitigate any risks c. Assess and mitigate the risks of cross infection
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Staff had put controls in place to deprive people of their liberty which had not been assessed as necessary.
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records used in the service were incomplete and inaccurate. The provider failed to have effective systems in place to monitor the quality of the service.
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to carry out checks on staff to ensure they were of good character.

Treatment of disease, disorder or injury

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not received appropriate support through supervision.