

Bridge House Holdings Limited

Bridge House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 25, 28 and 29 November 2016 and was unannounced.

Bridge House Nursing Home is a care home with nursing. It has recently been extended to create an additional unit and is now registered to accommodate 54 people. At the time of the inspection 35 people were resident and receiving care. Some of the people living at the service may require either nursing or specialist care associated with dementia.

At our last inspection in June 2015 the provider was meeting the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the service was rated good overall. However, the Care Quality Commission received concerns regarding the service from the local authority which prompted this inspection.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection there was no registered manager. A manager had been appointed and had begun the process of applying to CQC to become the registered manager. However, since the inspection the provider has informed us this manager has resigned. Satisfactory, interim arrangements have been made to manage the service until a new manager is appointed.

Risk assessments did not always have sufficient information or detail to mitigate identified risks. Duplication of documents in relation to managing risks had the potential to confuse staff and increase the risk for people. The service was addressing this by reviewing all care plans and risk assessments to provide clarity.

People at risk of developing pressure sores were not always protected from this risk. People's pressure mattresses were not always set to the correct pressure.

Care plans did not contain sufficient detail of people's preferred routines to enable staff to provide personalised care to people.

Records were difficult to read and sometimes illegible. They were not always completed promptly after delivery of care, leaving a potential for them to be inaccurate.

Recruitment procedures were not followed robustly to ensure appropriate people were employed at the service.

The provider had systems in place to monitor the effectiveness of the service. However, these did not always identify all concerns. Where they did identify concerns the resulting action plans had not been completed to

improve the service.

Notifications required by law were not always submitted to the CQC.

People's needs were attended to promptly and there was a staff presence in all areas of the service during the inspection. However, we were told that at times staff felt rushed and stretched. We found a dependency tool used to calculate staffing levels was not always completed accurately.

Staff did not feel fully supported by all members of the management team. Staff support mechanisms were in place. However, until recently one to one supervision meetings had not been held for all staff, although group meetings had been provided as support. The manager had planned dates for all staff to have a one to one meeting on a regular basis going forward. Further support was available in the form of staff and team meetings and annual appraisals.

Training was provided for staff but we found staff had not always refreshed their training in accordance with the provider's policy.

People told us they felt safe and staff had a clear understanding of how to safeguard people and protect their well-being. They were aware of how to report concerns.

Medicines were managed and administered safely. The storage areas for medicines were found to be warmer than the optimum temperature recommended. This was addressed after it was raised during the inspection.

Applications for Deprivation of Liberty Safeguards were made appropriately. However, the system used to track applications and authorisations was not kept up to date. Therefore we could not be sure appropriate reviews took place or outstanding applications were chased up with the supervisory bodies.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005 and best interest meetings were held when people lacked capacity to make decisions for themselves. However, those meetings were not always recorded in line with the principles of the act.

Moving and positioning people was seen to be carried out safely with the correct equipment. People were given explanations and assurances throughout the moving and positioning activities. Staff had received training in moving and positioning people.

People's nutritional needs were met. They were provided with appropriate support during meal times in accordance with their care plan.

People were supported to maintain their health and well-being. They were able to see healthcare professionals when necessary.

People spoke positively about the staff who cared for them. Staff were warm and friendly in their approach to people and they delivered compassionate care. People were offered dignity and respect by staff who were polite and sought consent before providing support.

A programme of activities was available. People could choose to join in activities if they wished. Visitors were welcomed at any time and could stay as long as they wanted. There were a number of areas where people could receive visitors in private.

We identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have required the provider to take at the end of this 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 was not always safe.

People were not always protected against risks that may affect their health and well-being.

The provider's recruitment policy was not always followed robustly to ensure employment of suitable staff.

Medicines were managed safely. Issues identified with storage temperatures were dealt with promptly after the inspection.

People were safeguarded by staff who understood their responsibilities to protect people and report any concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Applications and authorisations for Deprivation of Liberty Safeguards were not monitored and followed up in accordance with the law. Best interest meetings were held when people did not have capacity but they were not recorded in line with the principles of the Mental Capacity Act 2005.

Staff did not always feel supported by all the management team.

Staff had not refreshed their training in accordance with the provider's policy.

People were offered a choice of meals and drinks that met their dietary needs. When necessary people were supported to eat and drink.

People received support from appropriate health care professionals to maintain their well-being.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were caring and patient. They delivered care to people in a

Good ●

compassionate way.

Staff gave explanations of what they were doing when providing support and offered people choice.

People's privacy and dignity were maintained.

Is the service responsive?

The service was not always responsive.

Care plans did not always contain sufficient detail to reflect people's individual preferences.

There was a system to manage complaints and people felt confident to make a complaint if necessary.

A programme of activities was provided to suit a range of interests. People chose what activities they wanted to take part in.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There were systems in place to monitor the quality and safety of the service however these were not always effective.

Although staff spoke positively about some members of the management team and found them approachable they were less positive about the support they received from others.

Records were difficult to read and not always completed promptly to provide up to date information for all staff.

Notifications required by law were not always submitted to the Care Quality Commission.

Requires Improvement ●

Bridge House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector on 25, 28 and 29 November 2016. The inspection was an unannounced, comprehensive inspection. It was conducted in response to concerns raised by the local authority.

We did not ask the provider to complete a Provider Information Return (PIR) due to the inspection being completed at short notice following the concerns raised. The PIR 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 reviewed the Quality Assurance report from the local authority and looked at previous inspection reports for the service. We also checked notifications sent to us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they must tell us about by law.

During the inspection we spoke with 12 members of staff, including the manager, the operations director, the matron, three registered nurses, two receptionists/administrators and four care workers. We spoke with 11 people who live at the service and 10 relatives or visitors. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. After the inspection we spoke with a healthcare professional who works with the service.

We reviewed the care plans and associated records for eight people. We examined a sample of other records relating to the management of the service including staff files and training records. We reviewed complaints,

quality assurance surveys, maintenance records and various monitoring and audit tools. We looked at the recruitment records for four staff.

Is the service safe?

Our findings

Prior to this inspection we had received information of concern from the local authority. Their concerns related to moving and handling practices, availability of equipment to enable staff to move people safely, safe staffing levels and poor person centred practice. At the time of the inspection the service had begun to address these issues.

During the inspection we observed staff assisting people to move. Our observations included the use of hoists, wheelchairs and other moving and handling equipment. Staff were seen to check with people if they were happy to be assisted and they spoke to people giving reassurance about what was about to happen. People had their own personalised slings for use with hoists and slide sheets were available for staff to reposition people in bed. Staff explained how they used the slide sheets when people were unable to move independently. Staff were able to describe the assistance individual people required. They were aware of the anxieties people may feel when using equipment such as hoists. We observed staff paid attention to checking people's feet were not in danger of banging against door frames or other furniture when they were using wheelchairs. Since the concerns were raised staff had received refresher training in safe moving and handling practice.

Moving and handling risk assessments were in place but they did not always identify the particular equipment to be used or give specific detail for staff to follow. In some people's files there were two documents relating to the equipment used to move people safely, a safer handling plan and a moving and handling log. The necessary information was not always available on the safer handling plan but was contained in the moving and handling log. These documents were in separate sections of the file which was confusing and meant there was a risk staff may not refer to the correct document. Therefore people's safety may have been put at risk. This was being addressed by the service and a review of all care plans was underway. Information relating to safe moving and handling was also being incorporated into one page profiles of each person. These profiles would provide a quick reference tool for staff. We were shown examples of these profiles and were told they would be available in each person's room once completed.

Risk assessments were not always effective and did not provide staff with sufficient guidance. For example, some people required regular repositioning to prevent damage to their skin. Risk assessments did not indicate the frequency with which this should be carried out. Furthermore, a recognised tool was used to assess a person's risk of developing pressure sores (Waterlow). These were not always completed accurately. In one person's file we saw the Waterlow score was added up incorrectly for three consecutive months and in their care plan there was a further discrepancy stating the score was 11 instead of the 17 recorded on the assessment tool. This meant people may not be receiving the most appropriate care to prevent damage to their skin. We were told of one person with a pressure sore. Staff informed us the person had this when they were first admitted to the service but it had deteriorated further. A referral had been made to the tissue viability nurse who was advising the service on appropriate treatment. We saw this treatment was being followed and there had been some improvement.

People had pressure relieving mattresses on their beds and the registered nurses told us these were

checked twice daily to ensure they worked correctly. We were told mattresses were set in accordance with the weight of the person using it. According to records one pressure mattress was meant to be set on 3 but we saw it was set to 4.5. We checked a further nine mattresses and found another two on incorrect settings. We brought this to the attention of the registered nurse on duty who was unable to explain why the settings were incorrect. They were able to demonstrate the checks they made to test the mattresses were working properly but they were not able to say which settings should be used for particular weights. They stated they had not received training for this. On highlighting this to the operations manager they immediately requested training was booked for the nursing staff and since the inspection have confirmed the training date.

Incidents and accidents were recorded and details of actions taken were documented. However, body maps were not completed for each individual incident, meaning multiple incidents had been recorded on one body map. This made it difficult to be clear on specific injuries sustained at any given time. Although accidents and incidents were monitored on the monthly audit report there was no evidence of trends being monitored and analysed so that root causes could be identified.

The above constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a recruitment policy however, they did not always follow safe recruitment practice. A Disclosure and Barring Service (DBS) check was conducted for all employees. A DBS check allows employers to ensure an applicant has no criminal convictions which may prevent them from working with vulnerable people. Two references were sought for each prospective employee with regard to their behaviour in previous employment. However, we found that some references were accepted without their authenticity being checked. For example, in one file we were unable to establish who had supplied the references and their relationship to the applicant. These references had been sent by email with no evidence of their validity. No further checks had been carried out to verify the references. This meant the service had not checked the information was from an appropriate source who knew the applicant. In another file a reference had been accepted which was addressed to "Whom it may concern" and dated over year prior to the application being made. This indicated that it had not been applied for by the service during the recruitment process and was one presented by the applicant themselves. This too had not been verified. Therefore we could not be assured the provider's recruitment process was safe.

Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC). However, we found that profiles held for agency workers gave no indication of who had provided the information and did not specify the dates when they had completed relevant training.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us staffing levels were based on the needs of people living at the service. A dependency tool was used to determine people's needs and this was reviewed each month. We were informed there had recently been an increase in staffing levels based on people requiring additional care. However we noted that the dependency tool was not always completed accurately. For example, one person did not have a score for the assistance required with continence, suggesting they were independent in this area. When we looked at their care plan we found they were incontinent. This meant the dependency tool did not give a true reflection of their needs and may have impacted on the required staffing levels. In other cases we saw

people who required two staff to support them with moving and positioning had been rated as medium dependency when their needs would suggest they were high dependency.

During the inspection we observed call bells were responded to within two or three minutes and people received prompt care. Staff responded to people in the communal areas in a timely manner attending to their needs and spending some time sitting with people chatting or looking through magazines. However, we received mixed views regarding staffing levels. Some people told us they received prompt responses when they called for help while others told us they had to wait. One person said they had waited twenty minutes for a response and a relative commented they had heard call bells ringing for in excess of ten minutes. They also commented that they were aware of periods of more than ten minutes when no staff had been available in the lounge area to attend to people.

The manager informed us that there were three nurses on duty during the day and eight care workers. They were supported by administration, housekeeping, maintenance, catering and activity staff. We reviewed the staff rotas for the four weeks prior to the inspection. We found staffing levels had been maintained and we saw where staff absence had occurred this was covered by agency staff. Some staff felt that there were sufficient numbers of them while two said they sometimes felt rushed and did not always have time to read care plans or provide activities for people.

People who use the service and their relatives felt staff kept people safe at Bridge House Nursing Home. One person said, "Oh yes I do (feel safe)." whilst another said, "I am happy here and I feel very safe." Staff received training in safeguarding people from abuse and had an understanding of both the safeguarding and whistleblowing procedures. They told us they would not hesitate to report anything that gave them concern. Where concerns had been raised regarding the behaviour of one member of staff, action had been taken and an investigation was in progress in accordance with the provider's policy. However, safeguarding concerns raised by the local authority had not been appropriately reported to the Care Quality Commission as is required by law. We raised this with the manager who submitted the notifications retrospectively.

Medicines were supplied and delivered by a community based pharmacy. They were stored safely in locked trollies and dedicated medicine rooms that had sufficient storage and lockable refrigerators and cupboards. Temperature checks were carried out daily for all storage areas which had identified the clinical rooms were sometimes at a slightly higher temperature than that recommended for the storage of medicines. This had been noted on the internal audit and the operations manager assured us this would be dealt with as a matter of urgency. Following the inspection they sent us details of how they were managing temperatures by use of a fan until such time an air conditioning unit was delivered.

Medicines were ordered and managed by one of the registered nurses. Regular audits were carried out so as to ensure the safe ordering, management and storage of medicines. In addition, support was available from the community pharmacist on any issues as or when they arose. Some people were prescribed medicines to be taken when necessary. We found guidance was provided for nurses regarding these medicines. This included symptoms to check for before administration, how people may indicate they require the medicine and when a doctor should be contacted. Staff ensured that any medicinal allergies were recorded and highlighted appropriately.

Individual fire risk assessments had been carried out which indicated how people should be evacuated in the event of an emergency. Staff were familiar with the actions they would be required to take in the event of an emergency. Fire equipment was regularly tested to ensure it was fit for purpose and it was maintained by a suitably qualified contractor. The provider had a contingency plan containing instructions for staff to follow should there be an emergency. This included the location of alternative accommodation if required.

However, on the day of the inspection staff were unable to locate the emergency box containing equipment such as a torch and important information relating to people using the service. The operations director agreed to ensure this would be addressed as a matter of urgency.

A fire risk assessment had been completed for the new, extended part of the building (Bridge Court) in February 2016 however, this had not included the older part of the building (Bridge House) which had been last assessed in 2014. Once highlighted to the operations manager they acted immediately to organise a review of the fire risk assessment for Bridge House. The date for this was confirmed to us after the inspection and has since been completed.

Regular maintenance checks were carried out on the building and equipment. A list of work was produced for the maintenance staff and if additional work requiring specialist skills was needed this was requested through head office. Work would then be undertaken by the provider's maintenance team or outsourced to approved contractors. Staff advised us that work was usually carried out promptly.

Is the service effective?

Our findings

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 application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager was aware of the legal requirements in relation to DoLS and when an application should be made to the supervisory body. However we noted a tracking system used to monitor all applications and authorisations was not up to date with some entries missing. This meant we could not be sure reviews were undertaken when required to ensure people were not deprived of their liberty unlawfully. In addition we found some applications had been made over 12 months previously but assessments had not been conducted by the supervisory bodies. We raised this with the manager and operations director who informed us some applications had been followed up in September 2016 but they agreed to contact the supervisory bodies again to request the assessments are carried out as soon as possible.

Staff had received relevant training with regard to the MCA and understood their role in protecting people's rights to make decisions. People were encouraged to make their own choices and we observed staff supporting people to do so during the inspection. When people found making a choice difficult, we noted staff used visual clues to encourage them. For example, during lunch time a tray of three desserts was brought to one person and the staff member took time to explain what each was and move them in front of the person so they could look and make a choice.

Staff sought people's consent before they provided care and gave explanations of what they were about to do. When people were unable to make decisions for themselves, best interest meetings were held between the care team, appropriate professionals and family members. In two people's files we saw a record of these discussions had been made appropriately. However, in another person's file a record of a best interests meeting taking place was recorded. It stated the people involved, but did not show what was discussed or the options considered. The manager told us this would be reviewed as a priority.

Staff confirmed they received an induction when they began working at the service. This included topics such as fire safety, orientation to the building, policies and procedures as well as the responsibilities of their role. They then covered topics considered necessary by the provider including safeguarding, infection control, health and safety and food hygiene. In addition to this they also spent time working alongside more experienced members of staff for a minimum of two weeks. This period was extended if necessary to ensure the new member of staff felt confident and performed to a satisfactory standard. The matron told us she or a registered nurse spent time observing staff to ensure they were competent. Staff confirmed checks were

made on their work however, there were no records of these on staff files.

Training was provided to support staff in their roles and enable them to meet people's needs. Some staff told us that in addition to topics considered essential by the provider they had undertaken specific training relating to the needs of people they cared for. Examples included, awareness of dementia and dysphagia. Training was mostly provided by watching DVDs and completing written assessments although some face to face teaching took place in relation to topics such as moving and handling. We reviewed the training matrix and found some areas of staff training were not up to date. For example, 16 out of 49 staff had not refreshed health and safety training. Following the inspection the operations manager sent us details of training that had been booked to ensure staff refreshed their knowledge and skills appropriately.

Members of staff who held professional qualifications confirmed they were given the opportunity to continue their development in order to meet the requirements of their professional registration. Two nurses reported that they had recently attended the local hospital for training updates. Nurses underwent competency checks for administration of medicines. We saw these were recorded and entered in to their staff files.

Staff told us they felt supported by the manager and were confident they were listened to. However, they said they found some members of the management team less supportive and difficult to approach. We raised this with the provider who took action to address this and organised some mentoring for senior staff. Staff were supported through supervision meetings however, these had been conducted mostly on a group basis. This arrangement may not have provided the same opportunities for staff to discuss their work as individual one to one meetings with their manager. This had been identified as a concern previously by the local authority and one to one meetings had been arranged. We saw 15 staff had attended a one to one meeting in the four weeks prior to the inspection and dates were planned for all remaining staff. A matrix had been created to ensure regular meetings were planned for the future. The manager intended group supervision to continue in addition to the one to one meetings. Staff told us they valued these meetings and used them to discuss aspects of practice as well as having an opportunity to raise concerns. One staff member told us "I am not afraid to speak my mind, it's better to speak up, otherwise nothing will change or improve." Annual appraisals also provided a support system, allowing staff to reflect on and review their performance over the past year.

Staff meetings were held between various groups of staff. For example, heads of departments met monthly, and general staff meetings took place bimonthly. The manager had recently introduced a meeting for care staff and told us this was to give them "a voice". Another meeting was specifically for nurses and included themes relevant to their role. For example, writing person centred plans and introducing resident of the day to review people's care needs.

People were supported to eat and they received encouragement during meal times. People's likes and dislikes in relation to food and drink had been recorded when they began living at the service. Any concerns with regard to a person's nutritional intake were assessed and when necessary a referral made to a health professional such as a dietitian or speech and language therapist. Additionally, records of food and fluid intake were kept and people's weight was monitored closely. We observed staff engaged with people during meal times and supported them at a suitable pace. People were encouraged to be as independent as they could be with staff providing assistance only after checking this is what the person wanted. Catering staff were provided with the information they required to ensure people's nutritional requirements were met. For example, some people had particular dietary needs relating to their ability to swallow or conditions such as diabetes.

People were offered a choice of meals. They told us they made their selection the day before and if they didn't like what was on offer they could request something else. On day one of the inspection we saw a person had asked for an alternative to what was on the menu. This was served to them and they later expressed how much they had enjoyed it, commenting on how well prepared it was to a fellow resident. There were mixed reviews about the food, some people said it was "fine" and "very good" while others said it was "OK" and "Like it is in most of these places." A relative commented they would like to see more fresh fruit available but felt the meals were good and there was "plenty" to eat.

People were supported to maintain their health and well-being and were able to access healthcare services when required. One person told us staff supported them to attend hospital appointments and to "keep track of things". Records showed people had been seen by a variety of healthcare professionals including, GP, physiotherapists, consultant neurologists and tissue viability nurses. Advice from healthcare professionals was followed. For example, one person was supported to wear a piece of equipment to prevent their condition worsening. Photographs and clear guidelines of how this should be used were available and we observed they were followed.

Is the service caring?

Our findings

People were positive about the staff and the care they received. One person commented, "Staff insist on doing things properly here, they go out of their way to get things right." Other examples of people's comments included, "I've no complaints at all, the girls and nurses are lovely. Matron is very sympathetic, I can talk to her." "I have a laugh and a joke with the care staff, I'm particularly fond of [Name], she's very patient with my walking," and "The care staff are good and friendly. I like to joke with people and they joke with me, it's a good rapport."

Relatives were also mostly positive in respect of their feedback about staff. One said, "The staff are lovely, I can go to matron or any of the nurses to discuss any concerns." Another commented staff were, "So caring, so warm, so personal, really genuinely caring." However, one relative said they had found staff did not always communicate well with people. They gave an example of a staff member supporting someone to move using a hoist without explaining what they were doing. We observed staff supporting people using a hoist and other equipment and found they gave reassurance and explanations.

We observed staff approaching people in a polite manner and they were respectful toward people. Staff acknowledged people as they walked through the service and we saw staff waving and acknowledging people as they walked past their rooms if the door was open. Interactions between staff and people were observed to be positive, polite and respectful.

Staff knocked on people's doors before entering even when the door was already open. We heard them ask, "Is it OK if I come in." Staff spoke about maintaining privacy for people and they described the methods they used to protect people's dignity. For example, closing doors of bedrooms or bathrooms before any personal care is started and speaking to people discreetly about using the toilet. We saw one member of staff speak quietly to a person about their clothes and helped them to readjust them to ensure their dignity was maintained.

Most of the staff we spoke with told us they knew people's care needs and their individual preferences well. They were able to tell us some of the things people particularly enjoyed or had previously taken part in. For example, one person enjoyed sport and another liked art. However, some staff felt they did not have sufficient time to find out about these things as their time was mainly spent on care related tasks. Another member of staff commented that although they felt they knew people's preferences it was difficult for agency staff to get to know people as well.

People were able to have visitors at any time and there were no restrictions on the time they could spend at the service. One person spoke about having friends visit for a reunion and how they were able to order a meal for them all when they came. Another person said their visitors were always offered refreshments and commented on the warm welcome they received. Relatives told us they were able to visit their family members at any time, and were able to spend time together privately, if they wished. Most said they felt welcome at the service however, two relatives commented that not all managers made them welcome. However, they said that since the arrival of the current manager this had improved. There were several

rooms people could receive visitors in as well as outdoor areas which could be used in good weather.

People's bedrooms were personalised if they wished them to be. We saw people had brought items from their homes such as furniture, paintings and photographs. One person said this had helped them settle in and feel at home.

People's personal, confidential records were kept locked in cupboards at the nurse's stations. A security keypad was in place to ensure only authorised staff had access to them. Staff showed a good awareness of confidentiality and understood who they could share information with.

Is the service responsive?

Our findings

People had their needs assessed prior to them moving into the service. From this information a care plan was developed to meet people's individual needs. Care plans were in date and reviewed monthly. However, we found there was inconsistency in the level of detail available to staff to assist them in supporting people's individual needs. For example one care plan gave detailed information about supporting the person with oral care. We saw advice had been sought and recorded from a speech and language therapist and reflected safe practice. Another gave specific details of how to support a person who was sometimes resistant to having personal care. The plan was respectful of their individual wishes while recognising the need for personal care to be delivered. We found other care plans did not provide this level of information. In one it stated, "Does not follow verbal or visual commands." While it directed staff to follow body language it gave no indication as to what the person's movements or expressions may mean. Therefore staff may have found it difficult to interpret this person's needs or find ways to communicate with them. In other care plans there was scant detail of people's personal likes and dislikes. People's preferred routines were not always recorded, such as those relating to times they preferred to get up in the morning and the time they liked to retire.

We observed some people were supported to return to their rooms in the afternoon and a number of people were in bed prior to the evening meal being served. We asked people and staff why this was so. One person told us they liked to go to bed early as they found it more comfortable. We observed this person asking staff to take them to their room in the mid-afternoon throughout the inspection. Staff told us some people got tired in the afternoons and wanted to go to bed for a rest. They said they knew the signs that indicated this when people were unable to ask. However, care plans did not reflect these preferences and records did not indicate why people had retired to bed early. Therefore, we could not be sure that people's preferred routines were always followed.

Records including care plans were mostly hand written and we found some were illegible and others difficult to read. We raised this with the manager and the operations director who were aware of these issues. They told us as part of the care plan review currently taking place the intention was to type care plans to make them easier to read. In addition, the service was working with a team of professionals in the Home Support Team to seek guidance on developing care plans which focus on the individual. We saw an example of a new care plan, it was accessible and provided more personal detail of people's preferences and needs, along with clear guidance for staff.

In addition to the difficulty in reading the care plans we found there was some duplication of documents. For example, some files contained a safer handling plan and also a moving and handling log. Both were designed to provide information on how to move and position people safely however, they did not always have identical information. Therefore, depending on the document referred to staff may have looked at out of date or incomplete information.

The above concerns constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A programme of activities was provided each day by activity staff. The programme included music and movement, arts and crafts, quizzes, and games. Some staff had received specific training in nail care in order to provide manicures and a hairdresser visited the service regularly. People were encouraged to join in the activities of their choice. If people did not wish to take part, this was respected and one person told us, "There's plenty going on but I prefer to do what I want, they understand." Another person said, "They do try to encourage us but you can pick and choose what you want to do." Activity staff visited people who were either unable or unwilling to leave their room, to help avoid social isolation. During the inspection we observed activities taking place in preparation for Christmas and people were engaged in making cards and decorations. In addition to the programme provided by staff, other activities were organised. These included, visits by religious ministers to provide for people's spiritual and religious needs. Animals such as a 'pat dog' were introduced to people and professional entertainers put on shows which people and their relatives if they wished could enjoy.

Meetings were held for people living in the service and their relatives. However, we were told these had not taken place regularly in recent months. One had been held in November 2016 which had provided an opportunity for people and relatives to express their views about how the service was run and raise concerns where necessary. We reviewed the minutes of this meeting and saw discussions had taken place relating to quality assurance issues, complaints, dependency and staffing issues in the lounge area. The manager told us an action plan was being drawn up to manage the issues raised and make improvements in a number of areas. For example, dependency was being checked to ensure appropriate staffing levels were being maintained.

There was a complaints procedure and information on how to make a complaint was displayed in the reception areas of the service. People and their relatives told us they were aware of how to make a complaint. We reviewed the complaints file and noted thirteen complaints had been made since January 2016. All had been recorded, investigated and responded to in line with the provider's policy. Not all relatives felt confident their concerns had been listened to by all members of the management team.

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager in post. However, the provider had employed a manager and they were in the process of completing the registration process with the Care Quality Commission (CQC) to become the registered manager. However, following our inspection we were informed by the provider they had resigned from their post. The provider had therefore taken steps to ensure managerial cover was in place and informed us of the arrangements they had made.

We received mixed views about the management of the service. Some people spoke highly of the management team, for example, one person said, "[Name] is approachable, friendly and so caring." Another said, "[Name] is so warm and personable. I can talk to them about anything." However, we were also told that some of the management team were not always approachable and sometimes did not listen. In one instance, a relative told us they had not felt comfortable to raise some concerns as they were anxious about the possible response they may receive. Some staff felt there were times when managers were less supportive than others and told us they were anxious about taking sick leave and felt pressured to come back to work. Therefore, this did not promote an open culture within the service.

The provider had systems in place to monitor the delivery and effectiveness of the service. The manager showed us the systems in place for auditing. These included care plans, medicines, health and safety and incidents and accidents. However, not all of the systems had been followed. For example, audits relating to the laundry, the kitchen and maintenance of the service had not been completed for the previous three months. Where audits had been carried out they did not always result in an action plan being produced to address the issues identified and look at ways to improve. A monthly monitoring report was completed by an operations manager. We noted that in September and October 2016 it was recorded that audits had not been completed in all required areas. This issue had not been addressed despite two action plans being produced from these reports. Therefore, some of the audits remained incomplete at the time of the inspection. While concerns had been identified in these reports they had not identified all the concerns found during this inspection and action had not been taken to improve the service.

Quality assurance questionnaires were sent to people and their relatives to gain their views on the service and to help the provider identify ways to improve. We saw a recent survey had been carried out and replies had been received. However an analysis of the survey had not been undertaken to establish how satisfied people were or to plan for actions to be taken to improve. This meant that although people's views were sought they had not been acted upon.

Records of people's care were not always accurate or completed fully. We also found they were not always completed at the time care was delivered. There were a number of examples of records being completed several hours after the care had been provided. For example, on day two of the inspection we reviewed three files. We saw no care notes had been completed by 16:30 for any care delivered since 8am that morning. A nurse confirmed this was the case for all people on that floor of the service but could not explain why as they had only started their shift in the afternoon. Furthermore, we found there was a lack of consistency in recording. Care staff completed a document which identified the assistance a person had received by ticking

relevant tasks such as assisted wash or oral care. In addition to this they also wrote in the care notes. We found there were sometimes discrepancies between the two records. For example, in one person's file the chart was not ticked for oral care where as in the notes it clearly stated they had received support with oral care. This conflicting information may have led to people not receiving the care they required.

The above constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required by law to send notifications to the CQC regarding significant events which happen in the service. We found the service had not sent all the required notifications. When we raised this with the manager they took immediate action and sent the notifications retrospectively.

Staff were familiar with the values and aims of the service. For example, they spoke about keeping people safe and providing the best possible care. One staff member said, "Residents are at the heart of everything." Staff also spoke about good team working and said they felt part of a team who were supportive of each other. One staff member said, "It's a joy to work here." They then went on to praise the support they received from the staff team.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider did not design care with a view to achieving service users' preferences and ensuring their needs were met. 9 (3)(b)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider was failing to assess risks to the health and safety of service users and failing to do all that was reasonably practical to mitigate those risks. 12 (2) (a)(b)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not assess, monitor and improve the quality and safety of services provided. The provider did not maintain a complete and contemporaneous record in respect of each service user. 17 (2) (a)(c)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The provider did not operate effective recruitment procedures. 19 (2) (a)
Treatment of disease, disorder or injury	

