Meridian Healthcare Limited

The Sycamores

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	Requires Improvement
Is the service effective?	Inadequate
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Summary of findings

Overall summary

The inspection took place on 3 and 4 October 2016. The inspection was unannounced. This meant the service didn't know we would be inspecting them.

The Sycamores is a residential care home in the Tameside area of Manchester. The home provides personal care to older people and people with dementia type conditions. It is situated close to local amenities and transport links. The service was registered for 60 people and at the time of our inspection there were 45 people using the service.

The home had a registered manager employed to manage the service. 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.

We found that the service had issues with infection control and mal odours were present throughout the service, in corridors, in communal areas and peoples bedrooms.
Poor hygiene standards were evident within the service.

People's personal care needs were not always met in accordance with their care plans.

People's dignity and privacy was not always observed.

We spoke with a range of different team members; care, kitchen, maintenance, laundry, activities co-ordinators and domestic staff. They told us they felt well supported and that the manager was supportive and approachable. The manager was not present at the time of our inspection and was on annual leave so the inspection was carried out with the deputy manager. Throughout the day we saw that people who used the service and staff had a good rapport with the deputy manager.
Although the deputy manager was busy throughout the inspection the atmosphere within the home was sedate. We saw that some staff interacted with each other and the people who used the service in a friendly, supportive, positive manner. However we also observed some negative staff attitudes.

We observed how medicines were administered. We looked at how records were kept and spoke with the senior staff about how this was carried out and how staff were trained to administer medicines and we found that the medicine administering process was safe.

From looking at people's detailed care plans we saw that they were written in the first person and contained some personal history information. The care plans did contain a one page profile however these were more task focussed than 'person centred.' Person centred is when the person receiving support is central to all decision making related to their support. Care plans were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their doctor, optician or district nursing team.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes. However we found different agency staff were used regularly who didn't always know the people who used the service.

When we looked at the staff training records the information contained indicated staff were not always supported to maintain and develop their skills through training and development opportunities as some staff training was out of date or incomplete.

We saw that the physical environment throughout the home was not dementia friendly and did not always reflect best practice in dementia care or meet the standards set out in national guidelines.
Staff we spoke with told us they had regular supervisions and appraisals with the manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. However when we looked at records they indicated that some people were not receiving supervision and we found no recorded evidence of appraisals.

People also had access to advocacy when we inspected and there were services promoted if needed. Advocacy is support that is available for people to help them speak up and to exercise their rights.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and snacks. The daily menu that we saw offered choices and it was not an issue if people wanted something different. People who had special dietary requirements for example diabetes; we found they were accommodated for appropriately.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next.

People were encouraged to participate in activities that were organised including; arts and crafts, reminisce activities, bingo and dominoes. We saw activity co-coordinators spending their time positively engaging with people as a group and on a one to one basis in activities throughout out our inspection.

We found a quality assurance survey took place regularly and we looked at the results. However these audits were not consistent and results not always acted upon. These didn't highlight the issues we identified during our inspection.

We found people who used the service and their representatives were regularly asked for their views at meetings and in an annual survey however we saw that no actions plans were in place to implement suggestions made from the surveys.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel

the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Is the service safe?

The service was not always safe

The service was not always clean and people were at risk of infection control.

There was sufficient staff on duty to safely cover the lay out of the building and the needs of the people using the service.

The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Medicines were managed, reviewed and stored safely.

Is the service effective?

Inadequate

This service was not always effective.

The environment of the service was not adapted to be dementia friendly.

Staff were not always given supervisions and appraisal.

Staff were not appropriately trained with the skills and knowledge to meet people's assessed needs.

The service met some of the requirements of the Mental Capacity Act 2005, its Codes of Practice and Deprivation of Liberty Safeguards.

Is the service caring?

Requires Improvement

Is the service caring?

This service was not always caring.

People were not always treated with compassion and their dignity was not always respected.

Peoples personal care needs were not always met.

Care staff were knowledgeable of, and people had access to advocacy services to represent them.

Is the service responsive?

Requires Improvement

Is the service responsive?

This service was not always responsive.

Peoples care and support didn't reflect their care plans.

Peoples care plans were not all person centred.

People and those that mattered to them were not actively involved in developing their care, treatment and support.

People had activities to access and the service was committed to developing more.

A complaints and compliments procedure was in place and used appropriately.

Is the service well-led?

Inadequate

Is the service well-led?

This service was not always well led.

Staff practices were not observed regularly by the registered manager.

Staff were not given regular appraisals by the registered manager.

Staff training and development wasn't monitored by the registered manager.

Quality assurance systems were place to review the service but these were not always effective.

Infection control and cleanliness was not managed effectively at the service.

The Sycamores

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 3, 4 October 2016 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of two Adult Social Care inspectors. At the inspection we spoke with six people who used the service, eight relatives, the deputy manager, the relief manager, two activities co-ordinators, eight care staff, two kitchen staff, maintenance, domestic and laundry staff.

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. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners and no concerns were raised by these professionals.

Prior to the inspection we contacted the local Healthwatch. Who are 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, the provider completed 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 used this information to inform our inspection.
During our inspection we were able to speak with visiting professionals who supported the people who used the service and we spoke with a GP and a Community Nurse.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching how the service was delivered. We observed interactions in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

To observe interactions between care staff and people who used the service and the support taking place within the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed records including; five staff recruitment files, medicines records, safety certificates, six care plans and records relating to the management of the service such as audits, surveys, minutes of meetings, and policies.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe being supported by staff at The Sycamores Care Home. One person told us, "Oh yes its safe, I'm a nervous person but I press the buzzer and staff come." Another told us, "Yes I am safe the staff make sure I get my tablets on time." We asked one staff member how they ensured people were safe and they told us, "I keep an eye on them, I stay with them when they go to the toilet." and "If I had any concerns I would report it to the manager."

We saw that personal protective equipment (PPE) such as disposable gloves and aprons were available for staff to use in all of the communal bathrooms and we observed staff members using these. Staff we spoke with told us; "Yes we always use these, we have different colours for different tasks."

We saw that some communal areas of the building, such as bathrooms, were clean and tidy, however the ground floor toilet that had been repeatedly used had not been cleaned. An overwhelming mal-odour was present in several parts of the home. We saw three bedrooms that were visibly dirty, for example with dirty basins and black marks on the carpet, there was also an extremely strong smell of urine and body odour in these rooms. In one bedroom we found dirty underwear and a used incontinence pad had been left on top of a chest of draws, this was left for several hours. We showed these bedrooms to the deputy manager and the relief manager from another home. Who agreed these had been left in an unacceptable condition. This meant that people were at risk of infection from poor cleanliness levels.

We saw cleaning schedules in the home and spoke with the domestic staff about these. They explained that there was a system for cleaning rooms, which meant that each room was thoroughly cleaned on a regular basis. This included shampooing carpets and wiping commodes down with disinfectant. The domestic staff explained that the carpeted room that was very odorous should have been thoroughly cleaned the previous day. When we checked the cleaning records that had been completed, they stated that the room had been cleaned. We showed the deputy manager this bedroom and they agreed that the room had not been cleaned. This meant that cleaning records were not kept accurately as the room had not been cleaned.

We saw that a 'quality assurance framework' audit had been completed 28 June 2016 which included: outbreak management, environmental cleaning, bedroom checks, mattress checks, hand hygiene, laundry and waste management. These audits highlighted areas of improvement regarding cleaning of the home and stated that cleaning schedules needed to be improved. This meant that infection control, cleaning processes and audits were not robust enough to ensure improvements were made.

This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people who used the service and their relatives about staffing levels we received mixed comments. One person told us, "There is always plenty of staff." One relative commented "Most days are fine but some days I think, where are they?"

We found that rotas demonstrated that the correct number of staff had been on duty based on the numbers calculated to meet dependency levels, dependency means the amount of care and support someone requires because of the needs they have. Dependency is assessed for each person and these assessments are sent to head office where a staffing ratio is determined. The deputy manager told us that the home also had a senior carer on the rota that was over and above the staffing ratio assessed by head office.

When we asked the deputy manager about the use of agency staff and whether they used the same agency staff for consistency they were unable to clarify this. We could see from the rota that different agencies and agency staff were used on a regular basis. This meant that a number of different staff were coming in to the home and this had an impact on peoples continuity of care.

We observed that although security wires and locks were fitted in the medicines rooms these were not used to secure the medicine trolleys to the wall. This had been identified on the most recent audit from the pharmacy used by the home but the locks were still not being used. When we asked the senior staff about the lock they told us; "It's never been used since I've been here." We highlighted this with the deputy manager who assured us that the locks would be put into practice immediately.

People who used the service and relatives spoken with told us people were given medicines at the correct times. We saw the administration and disposal of medicines was in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and people's preferences regarding how they liked to take their medicines. We observed staff administer medicines, staff carefully explained what there were doing and asked the person's permission to give them their medicines.

Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that processes were in place around the management of controlled medicines. Medication audits were completed on a regular basis and staff had their competence to administer medicines assessed annually. We saw that fridge and room temperatures were monitored and recorded for the medicine room. This meant that medicines were managed and administered safely.

On the first day of the inspection we saw that several doors in the building had keypads or locks but the rooms were open and could be freely accessed. These rooms included the sluice and laundry (that contained COSHH, Control of Substances Hazardous to Health products) and the lift room (containing the workings for the passenger lift and displaying signs saying danger and that the room must be locked).. We told the deputy manager about this immediately who agreed to check why these had been left open and ensure they were locked. On the second day of our inspection these doors were locked.

We saw that the home employed a general assistant who was responsible for maintenance in the home. We saw that there was a log book which listed maintenance jobs and comments were added when tasks were completed. The general assistant worked alongside contractors who were used for tasks such as lighting and heating repairs. The deputy manager explained that a number of health and safety checks for the premises such as, legionella testing, gas safety, water temperature checks were completed by HC1 and that reports were left with the home once work was completed.

During the inspection there was a problem with the hot water and this had to be turned off overnight, and was fixed the following morning. The deputy manager explained that hot water had still been available so that people could get washed. We saw that records for other external contractor checks, such as hoists and slings were in date. This meant that health and safety checks were being completed safely.

Staff members we spoke with were aware of who to contact to make referrals to or to obtain advice from if they had concerns regarding people's safety. Staff said they felt confident in whistleblowing (telling someone) if they had any worries. We saw that where there had been safeguarding concerns these were investigated through the local authority safeguarding procedures.

We looked at four staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, and two previous employer reference checks and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates.

We reviewed risk assessments and we found they identified specific risks individuals faced in day to day life and instructed staff how to reduce these risks. Each person using the service had a personal evacuation plan (PEEPS) this showed what level of support the person would need if they needed to evacuate the building in the event of a fire. We saw that the fire risk assessments were checked by a fire officer during our inspection. They confirmed that they had no concerns about fire procedures in the home. Fire alarms were tested on a weekly basis and there were records of fire evacuation drills. This showed that procedures were in place to reduce risks in the event of a fire.

The home had a coded keypad at the front door and between floors to ensure people's safety. The keypad was not working on the front door on the morning of the first day of the inspection but this was fixed in a timely manner. Staff and visitors to the home were asked to sign in and out.

We saw incidents and accidents were acted on and documented. Analysis had taken place to identify any trends and patterns.

Inadequate

Is the service effective?

Our findings

During our inspection we spoke with people who used the service and their relatives, we asked them about the staff at the service and we received mixed comments. One person who used the service told us; "The staff are nice and most of the staff are lovely. I'd say 90% are lovely. I find the agency staff are very matter of fact." One relative told us; "There are so many different ones [staff] but they know [person] well. There was agency on at the weekend who didn't know [person]. They asked me about [person]."

When we spoke with staff about the staffing arrangements they told us, "Staff we work with are lovely, but staffing levels could be better." and regarding agency staff used they told us the home used agency "Now and again", We spoke to a member of agency staff who worked in the home and stated they knew people well, and another member of agency staff who had not worked in the home before and was not familiar with people's names or needs.

Although efforts had been made to ensure that agency staff were working with permanent staff this often meant that agency staff were working with new staff that were still in their probationary period. These staff told us that they had not completed all their training, induction or been signed off as having completed their three month probationary period. Two staff we spoke with told us they were new to care and had not completed training but had still worked alongside agency staff.

We asked if they had any concerns about working in the home, one told us, "Not really, just not wanting to be with agency staff." and another staff member told us, "There are a lot of agency staff, they are all good." The deputy manager told us that there had been a large scale recruitment for new staff but they could not start working until recruitment checks had been completed. She confirmed that in the interim agency staff were being used.

We looked at rotas and saw that agency staff had been used on a regular basis over recent weeks. On the second day of the inspection we observed and spoke with three agency staff. In the afternoon there were two agency staff members working in the home, one upstairs and one downstairs. The agency staff told us; "They always need staff." When we asked them if they had received an induction they told us; "I was shown around and asked to read the care plans." When we asked the deputy manager about agency staff and their induction they were unable to show us how this was carried out as they couldn't find the induction workbooks. We asked if agency staff were given an overview of the people who used the service and the Deputy told us they read the care plans. This meant that agency staff were working alongside less experienced staff without induction to the service or people's needs.

During our inspection we looked at staff training records that were available and we found that most staff training was either incomplete or out of date. This was found in the following training courses some of which were on line training courses; Dementia, Dignity, health and safety, safeguarding, emergency procedures and understanding challenging behaviour.

The figures from the staff training records showed us how many staff had completed the courses and in

some areas this was less than half of the staff employed, for example; 46% had completed emergency procedures, 48.7% Infection control, 61% health and safety, 56.4% safeguarding, equality and diversity 51%. When we asked the deputy manager why the training was not complete they told us it was because the staff had not been willing to go onto the computer to do the courses. They told us that they had re positioned the computer to make it more accessible for staff. When we asked staff they told us that they were planning in completing them and one member of staff told us; "I am not very good on computers, I have struggled to complete my training." This meant that not all staff were trained to carry out their role.

Individual staff supervisions were planned in advance. However they didn't always take place we found that two staff hadn't received any and five members of staff had only received one or two supervisions in a twelve month period. The registered provider's policy states that 'Formal supervision must take place a minimum of six times a year with each staff member.' In addition to these supervision sessions staff appraisals were to take place to support staff development and wellbeing but we were unable to find any evidence of staff appraisals taking place. We asked staff about supervisions and some were unable to tell us how often they took place. When we asked the deputy manager they told us they would get us this information however this information was not produced. This meant that staff were not adequately supervised or supported within their role.

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

Throughout our inspection we witnessed people who used the service who were unable to find their bedrooms and unable to navigate around the home. We spent time in all areas of the home used by people. The home provides a service to people with dementia type illnesses. Other than some pictures of toilets and shower rooms placed on doors and some memorabilia pictures there was no further evidence of adaptations to the environment to show good practice guidelines had been put into practice. For example, there was no evidence of contrasting colours being used to aid independence, for instance on light switches, grab rails and bathroom/bedroom doors. Corridors were all similar in colour, and bedroom doors did not all have a picture or memory box people could associate with to help them find their personal space.

We saw that the physical environment throughout the home did not always reflect best practice in dementia care. The NICE Guidelines 'Dementia: Supporting people with dementia and their carers in health and social care 2006' states; 'Built environments should be enabling and aid orientation. Specific, but not exclusive, attention should be paid to: lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment'.
The Department of Health. 'Building Note 08-02 Dementia-friendly Health and Social Care Environments, March 2015' also states; 'Design quality is important in the context of health and social care buildings, where well-designed buildings can help residents maintain and recover their health and well-being, and have a positive effect on staff performance and retention.' And '21st-century citizens have a right to expect high quality services, and the environment within which care is delivered is an important factor that has an impact on well-being and cognitive function. The use of colour and the layout of the buildings, can make an enormous improvement in people's quality of life, and can reduce the impact of their dementia and help them live more independent lives. The correct colours, textures and layout of the buildings can help to reduce; confusion, isolation, and anxiety, and help people live well with their dementia.'

Some redecorating had commenced but not in the hallways and some of the carpets and soft furnishings around the service were also tired and in need of replacing. The deputy manager told us that a refurbishment programme was still underway and they were aware of the carpets and soft furnishings that needed replacing. When we asked the deputy manager about the environment and people navigating

around they told us; "People just like to wander around. Some people don't know where their rooms are. They know where the lounge is and staff can help them." This meant that the environment was not suitable for people living with dementia.

This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and fresh homemade snacks and support was offered to have them if needed. Juice was available in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal. We could see that if a person didn't want what was on the menu or even changed their mind that this was not a problem and other options could be arranged. The kitchen staff told us, "It is never a problem if someone wants something different."

The inspection team observed the people who used the service having their lunch in the dining room. We could see that there were enough staff available to encourage and support people who needed assistance. The atmosphere in the dining area was relaxed and the people who used the service were enjoying their lunch. One person told us, "The food is OK." Another told us; "I like the food yes there is plenty." Another told us; "The food is marvellous." One relative told us; "The food looks great." Another said; "[name] has a great appetite and the food is lovely."

From looking at people's care plans we could see that the MUST (Malnutrition Universal Screening Tool) focus on under nutrition was in place, and up to date. Food and fluid intake records were used when they were needed. We saw that special diets were managed and the kitchen staff had up to date information of people's needs on display in the kitchen. The kitchen staff showed us foods that were prepared for people who required a soft diet and this was presented in a way that it was still recognisable and appetising.

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 to 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. There were a number of people who used the service who had DoLs in place. The remaining applications had gone to the local authority for processing at the time of our inspection. However not all staff were trained in this area.

We looked in peoples care plans and found little or no Mental Capacity Assessment had taken place. We also found no evidence of any best interest decisions being made that would of included people's family and staff at the home when the person lacked capacity to make certain decisions. When we asked the deputy manager about this they were unable to show us any evidence and told us that they would be writing to peoples family members to include them in the review of their care plans.

We looked to see if people were being asked to consent to their care and there were no records to demonstrate this within the care plans that we looked at. During our inspection we witness mixed practices from staff regarding consent. We observed one staff member attempt contact with a person without asking

for their permission and we also observed staff explaining their actions and gaining consent when administering medicines. This meant that staff did not always gain consent and respect people's right to consent to care and support.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records that showed us that a wide range of community professionals were involved in the care and treatment of the people who used the service, such as, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments and we observed this during our inspection.

We spoke with visiting professionals who regularly visit the service to support people and the District Nurse told us; "Things are alright here, I think that things are looking up now. We have been building relationships. The care staff contacts us and ask questions a lot and I would rather have that than not at all." We also spoke with a General Practitioner who told us; "This is one of the first homes in the area to make the move to online ordering for medicines. This is something we have been promoting locally."

Requires Improvement

Is the service caring?

Our findings

When we spoke with the people who used the service and their relatives we received varied comments. One person who used the service told us; "The staff always come around and will help you." Another told us; "The staff are nice, can't complain." One relative told us care was, "Generally the staff are fine, I can guarantee though that they haven't shaved [person]. I don't mind, I like to do it when I visit." Another relative told us; "I feel like the staff don't like me."

We saw some staff interacting with people in a positive, caring and professional way. We spent time observing support taking place in the service. We observed some staff treating people respectfully communicating well with people and enjoying activities together. However we also observed some staff that displayed poor practice that did not treat people with dignity and respect.

To observe interactions between care staff and people who used the service and the support taking place within the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we observed a member of agency staff sitting in a lounge, on several occasions throughout their shift, they did not interact or speak with people who used the service who were sitting in the lounge. A permanent member of staff was writing care records in the same lounge and this meant there was no interaction with residents even though two staff were present.

We witnessed one staff member in the main lounge asking an agency worker for assistance and referred to a person who used the service as a task. The staff member spoke loudly across a busy lounge to an agency worker and said; "Can you toilet her for me." At the same time they were pointing at the person who they were referring to. This meant that people's dignity was not respected.

We also observed a staff member speaking abruptly with people who used the service. On one occasion a person who wanted to go in the kitchen for a drink. The person was told firmly to "sit down you're not allowed in the kitchen". This meant that people's rights and choices were not respected.

We observed care staff chatting in the busy lounge where people who used the service were sat with their relatives. During this time we witnessed care staff discussing people who used the service and their recent visit from the General Practitioner (GP) and the content of that visit. This meant that staff did not protect people's privacy.

We observed one person during our inspection who was not washed or dressed and they were in their dressing gown all day. When we spoke with the person, we asked them if they were going to get dressed and they told us; "I hope so". The person was moving around the ground floor throughout the inspection within the lounge or sitting in the reception area. They were wearing a dressing gown but apart from undergarments beneath they were undressed from the waist down. This was clearly visible because of the way their dressing gown was arranged. This meant the person's privacy and dignity was not being protected.

When we asked care staff why the person was not dressed they told us the person was 'not in a good mood' and did not want to get dressed that day. We saw that this had been written into the daily records. Care records did not state they had been asked again if they wanted to get dressed and the person was still in their dressing gown at 5.30pm. This person's care plan did not state there were any issues with their mood or reason why they would not want to get washed or dressed. Handover notes did not report any issues with this person and comments were that the person had a "settled day." On the second day of the inspection this person was dressed but there were no records to demonstrate this person had been washed or bathed for the previous two days. We asked to see records for bathing for the past month but these could not be located for this person. The person's appearance was unkempt and they were odorous. A visitor to the home also highlighted to us the person's appearance and odour as they were concerned. This meant that people's dignity was not respected.

When we raised the issues with the deputy manager they told us that this was unacceptable and that they would be taking action.

This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked the deputy manager if any one who used the service had an advocate to represent them or if they were made available for people and they told us; "No one has one at the moment but we would go through the local council to organise one if anyone needed an advocate."

During our inspection, we saw in people's care plans that people were given support when making decisions about their preferences for end of life care. In people's care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. This meant people's physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected. At the time of our inspection there was no one in receipt of end of life care.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we observed care that was not always 'person centred' which means that people should be at the centre of their support and involved in all aspects of their care. When we spoke with people who used the service and their relatives and they gave us mixed comments. One person told us; "I can't always get a shower every day like I would like to." One relative told us; "Some days [name] doesn't get a cup of tea, only juice and they like their cup of tea". This meant that people were not having their preferences met.

When we looked at the care plans we could see that they were not person centred. The care plans gave details of the person's care needs and some risk assessments. They were presented in a format focused mainly on tasks and not the person. The care plans didn't always give an insight into the individual's personality, preferences and choices and some contained personal history information and some did not.

Some of the care plans we looked at had a one page profile that aims to give you a snap shot of a person on one page. These profiles contained a list of care tasks and did not include family members. We spoke with relatives who told us they had not been involved in care planning in any way. When we asked the deputy manager they told us again that they would be writing to families to get them involved.

We found that although care plans were in place for people and some did contain information for staff in relation to people's care we observed that in practice these were not always followed. We witnessed one member of staff being abrupt with a person who was showing signs of being distressed and frustrated. This person's care plan clearly stated that they have communication difficulties and the plan stated that staff should take their time when communicating to reduce the risk of the person becoming frustrated or anxious. This was not what we observed.

We found that some personal care records were kept together in one book, also a bathing diary stating the day in which a person was having a bath. This system was institutionalised and we saw no evidence of choice. When we asked the deputy manager about the lack of choices around bathing, they were not able to demonstrate how people were offered another bath if they refused. We were also informed this should be recorded in the diary but no entries were recorded for the previous month. Staff told us people received baths on the day allocated in the bathing diary. We saw records that showed us that baths are not regularly offered to people around their individual needs and preferences for example people with continence needs were still only scheduled to have one bath a week.

When we spoke with relatives we were given examples of how their relatives' belongings were not respected. We were given several accounts from their relatives regarding missing items. One relative found another person's glasses in their relative's bedroom and another person with the wrong glasses on. One person had their own personal wheelchair but this was left in their bedroom and we observed this person sharing a communal wheelchair with other people for visiting the toilet. Another relative told us; "[name] has lost his coat and this teeth some months ago, we are still waiting for some new teeth and we still haven't found the coat." This meant that peoples personal belongings were not respected.

During the inspection we saw that there were staff on duty and they were visibly present around the home. Although we observed some good practices in the home, where staff quickly responded to people's needs, we also observed a number of people who used the service being left without the care they required. In particular we saw that people were not taken to the toilet in a timely manner and not in-line with the requirements of their care records. One person was not taken to the toilet for three and a half hours despite their care plan stating that they should be assisted to the toilet every two hours. We saw that during staff handover residents in an upstairs lounge were left unattended, during which time one person needed to go to the toilet and became very anxious that there were no staff present to assist with this. This meant that responsive personalised care was not provided to people who used the service.

All of the above was a breach of Regulation 9 (Person – centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we could see there was a board that displayed a timetable of activities. There were some organised activities on the second day of our inspection but not on the first day as the activities co-ordinator was only present for half a day. We observed some group activities taking place and these were; reminiscence and group discussions. When we spoke with people who used the service and their relatives they spoke fondly of the two activity co-ordinators who worked at the service. One person told us; "I like politics and like a chat with them." One relative told us; "The activity co-ordinator is lovely, they get everyone involved and try hard with the people who don't always want to join in."

When we spoke with one of the activity coordinators they told us; "When I come in I ask people what they would like to do, I always ask. I have lots of ideas and at the moment we are working on the harvest festival crafts as the local school is coming in. I know everyone likes music and some people like Jazz. I know people with dementia don't always want to join in but they might still want a chat. It might seem as though the activities are repetitive but this can help some people to remember". When we asked them how they get their ideas across about activities for people living with dementia they told us they had never been invited to a team meeting. We raised this with the deputy manager who assured us they would be utilizing their skills better in future.

When we asked the staff if they knew how to manage complaints they told us; "Yes I would take it to the manager, no problem." We looked at the complaints file and we saw that complaints had been responded to and were fully investigated. The outcomes of each complaint were recorded and complainants had received a copy of the outcomes. This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed.

A handover procedure was in place and we saw the completed record that staff used at the end of their shift. Staff said that communication between staff was good within the service. The handover covers each person and included their daily patterns any wellbeing issues, visits or appointments and was clearly recorded and complete. However we found peoples personal care records were not always completed at the handover.

Inadequate

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been in post since June 2015 and registered with us in August 2016. A registered manager is a person who has registered with CQC to manage the service. However at the time of our inspection the registered manager was on annual leave. The deputy manager assisted us throughout the inspection in place of the registered manager.

When we spoke with staff and asked them if they were supported by the manager they told us; We have had two temporary managers in a short space of time and they're still finding their feet but I feel as though things are improving."

We saw there were lines of accountability within the service and with external management arrangements with the provider. During the inspection a relief manager had been brought in to support the deputy manager with the inspection process and an area manager was present on day one of the inspection. However we observed that the deputy manager was very busy and spent very little time in communal areas observing staff interactions. The deputy manager told us, "I don't have much time to spend on the floor, to monitor the floor."

We saw evidence of audit records from the company's head office covering; people who used the service, their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities. However these audits were not regular and the last one was carried out in July 2015. These audits were seen on inspection but they were not detecting issues found on inspection. For example issues related to bedroom cleaning issues, or care planning issues.

The audits were picking up issues around cleanliness in other areas of the service but the findings had not been acted on. These audits made recommendations that cleaning schedules needed implementing. However we found there was a lack of cleaning schedules in place, or monitoring of domestic staff practice to reduce the issues in the service around cleanliness. This meant that audits were in ineffective at highlighting issues or acting on them.

We saw quality assurance was carried out with people who used the service and their relatives but no action plans were in place to act upon any of the suggestions made by people. When we asked the deputy manager for these they were unable to produce them. The surveys showed us that several areas where relatives and residents had concerns and there was no evidence that these areas had been actioned e.g. 44% of relatives stated they were dissatisfied with not? Being consulted about care plans.

We saw that some resident and relative meetings had taken place previously and we saw the minutes for these meetings but they were not dated and no actions were recorded regarding suggestions made at these meetings.

We asked the deputy manager to show us records of the checks and audits that they or the registered

manager carried out for example daily walk arounds or floor checks. The deputy manager was unable to show us any evidence that this was carried out.

When we asked the deputy manager to show us a record of all staff training it was difficult for them to collate the information as they were unfamiliar with the system. We found that staff training was out of date and in some cases less than 50% of staff were trained in some areas. When we asked the deputy manager why this was and how they were monitoring this they told us; "We are behind on training we are getting there slowly, I have moved the computer downstairs for the staff to come in early to do their training." When we asked if staff appraisals were available to check on training monitoring the deputy was unable to provide these.

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

We asked the deputy manager how they made links with the local community and they told us about the local school children coming in but they were unable to give us any example of how people were supported to access the community to tackle social isolation. The deputy manager told us they had plans to involve local schools in activities.

We saw staff meetings had taken place recently. During these meetings staff discussed issues regarding roles and responsibilities. When we spoke with staff they told us these were useful.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been previous complaints made and there was evidence that the registered manager had investigated, recorded the complaint and responded appropriately.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager using a system. We found evidence that the provider reported safeguarding incidents and notified CQC of these appropriately.

We saw most records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act. However the deputy manager was unable to locate several records that we requested during the inspection.

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 11 HSCA RA Regulations 2014 Need for consent Peoples consent to care was not always sought and was not recorded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The environment was unclean and not suitable for people living with dementia type illnesses.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not appropriately trained to meet the needs of the people who used the service.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and support given was not in line with their care plans and care plans were not person centred.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Peoples rights to dignity and privacy were not always upheld.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance and monitoring of staff was not always effective.

The enforcement action we took:

Warning notice