

Mr Kevin Hall

Acorns Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection at Acorns Care Centre on 08 October 2018 and returned for a second visit by prior arrangement with management on 10 October 2018.

Acorn's Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides single occupancy bedrooms with en-suite facilities across three floors, and is serviced by one lift. There is a communal lounge on the middle and top floor and a large dining area on the ground floor. At the time of the inspection there were 32 people living at the home.

We completed an inspection in November 2017, when the home was rated as inadequate and we took enforcement action. In July 2018, the issues raised in November 2017 had been remedied but we identified further concerns which meant we were not confident to withdraw our enforcement action at that time. We made the decision to undertake a further unannounced inspection within three months of our July 2018 visit to determine the concerns had been addressed and the quality of care provided had continued to improve.

In July 2018, the home had been rated as 'requires improvement' overall and in the key questions, safe, effective, responsive and well-led. Caring was rated as 'good'. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding; safe care and treatment, meeting people's nutrition and hydration needs and good governance. We also made a recommendation regarding staffing.

Our re-visit in October 2018 was positive. At this inspection, we found the previous concerns raised in November 2017 and July 2018 had been addressed but identified new concerns regarding medicines. This meant there had been further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safe care and treatment and good governance. The overall rating of Acorns Care Centre remains 'requires improvement' but effective and responsive have improved to good following this inspection.

Because of the significant improvements identified, we have withdrawn the enforcement action taken regarding the home following our November 2017 inspection when the home was rated inadequate. We have completed our enforcement action taken against the registered manager and cancelled their registration with CQC. The home continues to be supported by the local authority through a service improvement plan (SIP) and we attend meetings bi-monthly to monitor the homes progress.

At the time of our inspection, there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health

and Social Care Act 2008 and associated Regulations about how the service is run. A home manager from the consultancy firm (caresolve) brought in by the provider to support the home to make progress commenced in post in July 2018. The home manager attended the home four days a week. Recruitment for a permanent nurse manager who would register with CQC was ongoing at the time of inspection.

We found past failures to assess risks relating to bed rails and airflow mattresses had been addressed. Since our last inspection, divan beds had been replaced by profiling beds with built in bedrails. Airflow mattresses were checked to ensure they remained on the correct setting for the person's weight to reduce the risk of the person developing pressure areas.

At this inspection, we found medicines were not managed safely. There was medication administration charts (MAR) without photographs, missed signatures and medicines that could not be determined as being given. Cream records didn't demonstrate creams were being applied as prescribed.

The system implemented to investigate and respond to accidents and incidents remained effective. This continued to be disseminated to staff to promote learning.

Recruitment was effective and appropriate checks completed before new staff commenced working at the home. Recruitment was ongoing for nurses and care staff and we observed interviews being completed whilst undertaking the inspection.

Staffing was determined using a system based on people's needs but we previously made a recommendation about this as the calculation didn't take in to account the logistics of the building. Prior to us undertaking the inspection, the staffing numbers had been increased and we will continue to monitor this through the SIP meetings.

People's hydration needs were being met. Documentation had improved since the last inspection in July 2018 and there was no longer gaps on the records for the time of day drinks were being offered. People's recommended daily fluid intake was being achieved.

Staff received an induction and appropriate training and supervision to support them to fulfil the requirements of the role. People told us staff knew what they were doing and met their individual needs and wishes.

People living at the home and their relatives were complimentary about the care provided. Staff and people spoke with fondness about each other and people's preference and choices were upheld by staff that knew people's likes and dislikes. People were treated with kindness and respect. Staff promoted people's independence and ensured their dignity was maintained.

People had been involved in their initial assessment and development of their care plans. However, the nursing staff remained responsible for completing all the care plans and daily notes which meant some details were missed. Senior care staff had been appointed and they were receiving training to undertake some of these duties.

Feedback had been sought from people, relatives and staff. Resident and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas.

The home has improved and there were clear plans and identified timeframes to continue that trajectory of improvement. The home will continue to be monitored through the SIP which is in place to support the

management to address the outstanding requirements.

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 

The rating of this key question remains Requires Improvement.

Medicines were not managed safely. Records were incomplete and stock counts showed medicines had not always been administered as prescribed.

The risk of entrapment and skin break had been addressed with equipment having been replaced and regular checks of equipment being completed.

Staff were recruited safely and there was a system in place to determine the required staffing numbers to meet people's needs.

Is the service effective?

Good 

The rating for this key question has improved to Good.

Food and fluid records had improved and people were exceeding their required daily fluid intake.

Consent was obtained before staff undertook care tasks and the home was meeting the requirements of the Mental Capacity Act (2005).

Staff received appropriate induction, on-going training and supervision to support them in their roles.

Is the service caring?

Good 

The rating for this key question remains Good.

Throughout all our inspections, people and their relatives/visitors have been complimentary about the staff and the care provided.

Staff demonstrated they knew people's preferences. Staff respected people's wishes and provided care and support in line with people's wants and needs.

Staff supported people in a way that promoted their independence and maintained their privacy and dignity.

Is the service responsive?

Good ●

The rating for this key question has improved to Good.

People told us they received responsive care that was based on their choice and preferences. Staff's knowledge of people ensured they could provide person-centred care.

Activities were available and being provided by an extremely motivated volunteer at the home. A new activities coordinator had been appointed and was scheduled to commence employment soon.

We found the provider had an effective system in place to record, respond and investigate any complaints received about the home. The complaints procedures were visible throughout the home.

Is the service well-led?

Requires Improvement ●

The rating of this key question remains Requires Improvement.

The provider was not meeting all the regulatory requirements which means this key question cannot be rated higher than requires improvement.

Relative and staff meetings were being conducted regularly to support communication and ascertain feedback.

Audits were being completed regularly and the home was being supported by the local authority and care commissioning group to meet outstanding requirements.

Acorns Care Centre

Detailed findings

Background to this inspection

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

This inspection took place over two days on 08 and 10 October 2018. The first day was unannounced, which meant the service did not know in advance we were coming. The second day was by arrangement with the management.

On 08 October 2018, the inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 10 October 2018, one adult social care inspector completed the inspection.

Prior to the inspection we reviewed information we held about the home. This included statutory notifications, safeguarding referrals, previous inspection reports, action plans and the service improvement plan which had been developed in conjunction with the quality performance team at Wigan Council following previous inspections.

We also liaised with external professionals including; the local authority, local commissioning, safeguarding teams, environmental health and infection control to support our planning for this inspection.

A Provider Information Return (PIR) was not requested to support us with our inspection planning. A 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.

During the inspection we spoke with seven people who lived at Acorns Care Centre and three relatives/visitors. We spoke with the director, regional director and home manager from caresolve. We also spoke with a nurse, team leader, two seniors and three care staff.

We looked at documentation including six care files, which involved looking at people's food and fluid records, pressure care and equipment. We looked at medicines, staff recruitment, supervision, induction and training, staff rotas and policies and procedures.

Is the service safe?

Our findings

At our last inspection of Acorn's Care Centre in July 2018, this key question was rated as requires improvement. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment due to the risk of entrapment and airflow mattresses not being set to the correct setting. Entrapment can occur when there is a gap between the mattress/bed and bed rail which can result in a person becoming trapped.

We undertook this inspection to check the progress made since our last inspection and found the risk of entrapment and concerns regarding airflow mattresses had been addressed. However, we identified a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to the unsafe management of medicines.

We found medicines were not managed safely as nursing staff were not adhering to the procedure. There was a high use of agency nurses at the time of the inspection who were not adhering to systems and maintaining stock checks. We found the fridge and room temperatures had only been recorded twice in the previous month. Homely remedies and PRN protocols needed reviewing as they had exceeded the timeframe for review. Topical cream records needed strengthening, as there was no application guidance available for staff to follow. We also could not determine from the current topical charts whether creams had been applied as prescribed.

We found five medicine administration records (MAR) without the person's photograph. These would assist agency staff in ensuring they gave medicines to the correct person. There were missed signatures on each MAR we looked at. In some instances, it could be determined the medicine had been given but not signed for, however, seven people's MAR and medication stocks didn't tally which meant people had not received their medicines as prescribed.

This meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safe care and treatment because medicines were not managed safely.

At this inspection we saw equipment checks had been implemented to determine equipment was safe for people to use. Daily, weekly and monthly airflow mattress checks had been conducted. On arrival at the home, we checked seven mattresses and verified they were on the correct setting determined by the person's weight.

The risk of entrapment identified at our last inspection due to ill-fitting bed rails had been removed. Following our last inspection, the provider had replaced all the divan beds with bed rails attached for profiling beds with built in rails. There were checks in place to ensure they remained fit for purpose and risk assessments completed.

At our last inspection we recommended the management looked at staffing levels in consideration of the logistics of the premises and people's care needs. Prior to this inspection, people's needs had been looked

at and staffing levels increased. Staff expressed frustration this had not been addressed earlier and had resulted in them being under increased pressure to ensure people's needs were met. Recruitment had been on-going since our previous inspection to address staff short falls which included nurses and care staff.

Although management had recruited sufficient care staff to meet the home's needs, agency staff were still being utilised to address any shortfalls. This meant staff remained under increased pressure as agency staff were not familiar with people's needs and required increased guidance and support.

Whilst undertaking the inspection, there was a real concern regarding nursing provision and sustainment of this, as two nurses went off sick on the day of the inspection due to exhaustion. Two other regular nurses were also on long term absence. A scheduled agency nurse failed to attend the home, which resulted in the previous registered manager; who is a nurse, coming in at short notice to ensure the home had nursing cover.

Following the inspection, the management voluntarily stopped further admissions to the home and recruitment continued. We have received regular updates from the management to determine the staffing concerns have been addressed and three of the four regular nurses have returned from absence. The previous registered manager has also supported the home in a nursing capacity to ensure nursing cover was maintained.

Following our last inspection, the management introduced a senior carer role. This was done to reduce the burden on nurses overseeing everybody's care and ensure consistency and continued improvements were maintained. This was being embedded at the time of our inspection and senior carers were receiving training and being exposed to increased responsibilities.

There had also been staffing changes in the kitchen with the successful appointment of a chef. Management spoke positively of the direction of recruitment and achievements made to date. However, they were honest and expressed concerns about staffing issues during the inspection and obstacles to embedding the changes to support the longer-term viability of the home.

Feedback from management and the local authority following their visits was the home had stabilised since our visit. This had been achieved by the implementation of the changes in roles and responsibilities, introduction of seniors and the return of the regular nurses. We will continue to monitor the staffing levels to ensure people's safety is not compromised.

Oversight when accidents or incidents had occurred had been maintained. We could see accidents and incidents had been monitored and reviewed to identify any trends. Referrals had been made timely to GP's or falls team for assessment and control measures implemented to prevent re-occurrence. Management shared their observations and findings with staff during handovers and meetings to promote learning and ensure staff had the most up to date information.

The management had maintained safe recruitment procedures. This ensured people were supported by staff that were suitably checked to confirm they were safe to work with vulnerable adults. The management had maintained systems for monitoring safeguarding referrals and all safeguarding alerts had been made timely to the local authority and CQC.

Recent environmental health and infection control checks showed significant improvements had been attained regarding the environment and practices within the home. Previous inspections had seen the home rated as zero and one respectively for food hygiene practices, but the home had been awarded four stars

following a recent environmental health and infection control visit.

We checked safety documentation to ensure the service was appropriately maintained and safe for residents. We saw fire equipment had been checked and practice fire drills carried out. A fire risk assessment was in place.

Appropriate checks on the premises and equipment had been completed, including the mains electrical installations, emergency lighting, gas supply, the working order of the lift, portable appliance testing (PAT), hoists, moving and handling equipment and legionella. These checks ensured the building was safe for people living at the home. The provider had a contingency plan in place for any emergency event, for example lift failure or loss of utility supplies, loss of staffing, loss of IT/telecoms, severe weather or an infectious outbreak.

Is the service effective?

Our findings

At our last inspection of Acorn's Care Centre in July 2018, this key question was rated as requires improvement. This is because we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was unable to demonstrate they were meeting people's nutrition and hydration needs.

At this inspection we found improvements had been made and the provider was now meeting the regulation. Upon arriving at the home at 08.30 we observed people had already been provided with drinks. Fluid records had been changed to include; time, frequency and quantities of fluid offered and consumed. Drinks were being offered throughout the day and night. People's recommended daily fluid intake were recorded and we saw people were regularly exceeding this. On the rare occasions people had not consumed sufficient amounts of fluids, action was documented to confirm support had been increased to encourage them to drink more.

The dining room was an inviting place. Tables were set for breakfast and dinner with menus, condiments, place mats and napkins on the table to promote a positive dining experience. There was a display of china tea cups, bowls and plates on a trolley. An old-style radio played appropriate music throughout the meal and people were heard singing along to the music. The meal times were relaxed and people chose where they sat. In the morning, people had a choice of cooked breakfast items, cereal and toast. Dinner consisted of two cooked meal options and people said; "If you don't like what food is offered on a particular day, they don't mind if you ask for something else, they are very accommodating".

An initial assessment was completed which supported the development of care plans. People's care plans and other records included information about people's healthcare needs and included guidance for staff to follow to ensure these needs were met.

There were clear systems in place to support staff to work together both within and across organisations. This included handover records and diarised appointments to ensure there was a clear audit trail to demonstrate people's health needs were being met.

People were referred to other health care professionals when required including; GP's, Speech and language therapists (SaLT), falls team, tissue viability nurses, mental health teams and podiatrists.

Both relatives and residents thought the staff had the required skills and experience to carry out their duties. We found staff continued to receive sufficient training to support them in their role. Staff required manual handling training which we confirmed was scheduled for completion in November 2018. Staff said; "We do lots of training which is both practical and online. Enough is provided to staff and it is kept up to date when refreshers are due", "I was able to do some shadowing when I started and did lots of on line training. I've done moving and handling, safeguarding, infection control, health and safety and first aid. I feel there is enough overall" and "Training is all going alright, although I think staff need care plan training and a refresher around moving and handling. I've done safeguarding and infection control recently, but it's all

generally okay."

Staff received a comprehensive induction which was aligned with the Care Certificate, a nationally recognised set of standards for health and social care workers.

Staff had bi-monthly supervision and an annual appraisal. Supervision and appraisal is a process used by management for meeting with employees to manage their performance and provide opportunities to develop and improve. Staff said; "I've only been working at the home for a month, so haven't had one yet. It was explained to me during my induction that I would be having one quite soon though" and "We have roughly four supervisions a year. We can talk about concerns and how we are getting on."

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).

Staff told us; "Quite a lot of people have a DoLS in place here. They are needed if people can't give consent and lack capacity. We need to work in people's best interest if this is the case" and "If people lack capacity and can't go out then they would need a DoLS." Mental capacity assessments had been consistently completed when people did not have capacity to consent to their care and treatment or make specific decisions. There was a clear record of DoLS applications submitted and/or authorised which identified when they were due to expire and those which had conditions attached. There was a system in place for pursuing applications once submitted to the local authority to determine assessment timeframes. We found granted authorisations had been incorporated in to people's care records and staff were familiar with people's recommendations.

The homes decoration had been completed following consultation with people living at the home. The ground floor was rugby themed and painted red and white with rugby memorabilia; framed shirts and pictures adorning the walls. The middle and upper floors displayed people's art work and pictures of people living at the home engaged in activities and parties at the home. There was signage to support people's orientation to toilets, bathrooms and communal areas. Since our last inspection, the front garden had been addressed and a person living at the home had been instrumental in planting flowers and was growing tomatoes at the time of the inspection. The flagstones had been levelled, pots repaired and seating obtained and the outcome was a gated outdoor area that was inviting and observed to be accessed throughout our visit.

Is the service caring?

Our findings

Everybody spoken to during the inspection only had praise for the home and provided positive feedback. People described staff as being a 'pleasure' and stated they were 'caring and compassionate'. Comments included; "All the staff here are nice, they all do their job belting.", "The staff are very good", "The staff here are all very nice" and "They look after me well, there is nothing they could do better. I've stayed elsewhere and I can honestly say the care was not a scratch on here."

Visitor and relative comments were equally complementary. They told us; "We are very satisfied by the care our relative receives. I can't fault the staff" and "The staff are kind to me as well. I've told my family, if its ever necessary, I would not want to go anywhere but here."

We observed people were comfortable with staff and there was a relaxed atmosphere in the home. Staff provided compassionate care in a gentle manner and maintained people's dignity. People told us staff respect their privacy and dignity and enabled them to spend time in their bedroom when they chose to do so. We observed staff knocking on people's doors prior to entering their rooms. People told us; "They treat me with the upmost respect. When I'm in the bathroom they leave me, and I let them know when I'm ready", "I am comfortable when they wash me. We have a chat and they are kind and keep me covered up" and "I have nothing but positives to say. They treat me well."

People and their families had been involved in decisions about their care and support. The care records contained information about people's needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. We noted staff understood people's needs well and ensured they provided the support people required, in the way people wanted it.

People's equality and diversity and protected characteristics such as race, sexual orientation and disability were considered at assessment and management and staff demonstrated a good understanding of these considerations. People's cultural and spiritual needs were being met by religious events and holy communion was held at the home regularly.

Staff spoke with fondness of people and it was evident from conversations with staff that they were familiar with people's likes, dislikes and preferences. A staff member said; "We chat with people, build relationships so we know what they like and make sure we deliver care that way."

Staff were committed to delivering the highest quality care and ensuring people were happy and safe. Staff went to the shop in their own time and made sure people had the things available that were important to them. For example, one person spoke about wanting a certain type of chocolate biscuit so a staff member went to the local supermarket to obtain these for them. Staff had previously had a collection amongst themselves to purchase a person replacement perfume for one they had dropped.

Staff voiced some frustrations at not always having as much time to spend with people as they would have

liked. However, prior to undertaking the inspection staffing numbers had been increased in response to staff voicing their concerns. During the inspection we observed staff were busy but they still gave people time and we observed this was sometimes of detriment to themselves, as they sacrificed their break to spend time with people. We saw when staff came into the communal areas they spoke with people, listened to what people had to say and gave people time to respond. Staff and people shared jokes with each other and there was lots of laughter and discussion in the home.

People were supported to express their views and were actively involved in making decisions about their care. People told us they found the staff approachable and felt that they were 'listened to'. Family members said they were "always kept informed" and "always consulted." One relative told us; "Everything is always [person's] choice."

People told us they were not rushed and were given the time to continue to do the things they could for themselves. People said; "I come and go out as I please, I just have to let the staff know", "I dress myself but staff may just help with fastening things" and "When I wash, I do where I can and staff help where I can't."

Another person participated in recruitment and they explained the importance they had felt as well as a feeling of being valued by being given the opportunity to support recruitment decisions.

We observed throughout the inspection people's relatives visited without restriction but they had been previously asked to avoid mealtimes. Relatives had been given access codes so that they could enter the home freely which relatives told us they liked because it showed staff were consistent in their care as they would never know when a visitor would be arriving.

Information about advocacy service was available to people which we saw had been accessed when required.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. Staff had the required guidance on the care and support people required because people had been involved in their initial assessment which had been used to develop their care plans. Care plans had been reviewed and updated regularly and when there had been a change in the person's needs.

Care files contained information about people's likes, dislikes and preferences to help staff know how people would prefer to be supported. There was also some background information about each person which gave some context about the person's life experience and relationships, as well as explaining things that were important to them. Staff were committed to providing person centred care and meeting people's individual needs.

At our July 2018 inspection, we found reviews of care plans had not consistently been done to demonstrate the care plan contained the most relevant information. We also found some information contained within care plans was not relevant to people's needs which caused some confusion. We found this had been addressed and risk assessments and care plans that had not been relevant to people's care had been removed from their care files.

Care plans, reviews and daily logs continued to be developed and completed by nursing staff but senior care staff had been introduced since our last inspection and it was planned for them to take on a proportion of this responsibility.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate. In one person's file we saw a communication passport in addition to the care plans. We were told nursing and senior care staff would be rolling this out to everybody with communication needs. We observed staff interacting with people in ways that were effective for them.

A nurse at the home had designed an end of life (EoL) booklet which had been shared with the hospice in your care home team, who had provided positive feedback regarding the information captured. A person living at the home had designed a butterfly to be embedded in EoL documentation and we saw the completion of 'my end of life wishes' had been done in conjunction with a person's relative. The family members spoken with told us they had been involved in discussing end-of-life wishes with care staff. One person had also been given the booklet and was in the process of completing it. EoL care was an area nursing staff were keen to progress within the home but there had been delays in progress due to the embedding of the new operational structure which has been detailed in the safe and well led key questions. It was discussed during the inspection that this would be an area for focus once changes in roles and responsibilities had been completed, to enable nursing staff sufficient time to embed changes in their approach to EoL care.

A new activities coordinator had been appointed at Acorns Care Centre since our July 2018 inspection and were currently awaiting the necessary employment checks. In the meantime, a volunteer at the home and staff were maintaining activities and ensuring people received sufficient social stimulation. We saw people had recently been involved in making poppies with the intention these would be displayed throughout the home for Remembrance Day.

Other activities included; sing-songs, bingo, games and dominoes. Some people had also been taken to art sessions in one of the local shops / studios. There were also various events throughout the year, which families and friends were encouraged to support as much or as little as they wished to do so.

Following our inspection, the new activities coordinator started work in the home and we received positive feedback from the local authority regarding their impact on the home and the progress made in engaging people in varied activities of personal interest.

There was an effective system in place to record, respond to and investigate any complaints made about the service. The complaints procedures were on display and visible throughout the home. We asked people and their relatives if they needed to make a complaint, did they know who to speak to and feel confident the management would be responsive to their complaint. All the people and relatives asked, answered positively and said they had confidence in the process and that they would be listened to and action taken to resolve their complaint effectively. One person we spoke with had made a formal complaint but were extremely positive about the process and outcome of their complaint and said it had been resolved promptly to their satisfaction.

Is the service well-led?

Our findings

Due to identifying a breach of the regulations in safe, the well-led key question can only be rated 'requires improvement' and the home has been rated 'requires improvement' overall. Although progress was identified, medicine management concerns were found. Management were reliant on nursing staff maintaining medicines oversight and increased reliance on agency nurses meant there was an absence of consistency and continuity to enable this. When the medicines management team from the care commissioning group (CCG) had raised issues at previous visits, these had not promptly been addressed.

This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, with regard to good governance.

It was evident the staff and management team had worked hard and tirelessly to make the required improvements following our July 2018 inspection. We observed systems had been embedded to support the home to sustain improvements and to continue to make progress. The home will continue to be supported through a SIP and receive regular visits from the local authority and medicine management team from CCG. We will also meet with management and stakeholders bi-monthly to monitor progress.

Because of progress made which was attributable to the changes in management, we have withdrawn our previous enforcement action taken in regard to the home following our November 2017 inspection. We completed our enforcement action taken against the registered manager and cancelled their registration with CQC.

At the time of our inspection, there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A home manager from caresolve commenced in post in July 2018, attending the home four days a week. Recruitment for a permanent manager who would register with CQC was ongoing.

At previous inspections, we had expressed concerns at the absence of an effective operational structure to support oversight, delegation of duties and the effective running of the home. The structure used placed the emphasis on nursing staff overseeing everybody's care regardless of people's care needs. This meant nursing staff were responsible for nursing duties and everybody's medicines, assessments, care plans and daily notes. This approach meant the regular nursing staff at the home had an impossible task. It also did not utilise the capabilities and knowledge care staff had consistently demonstrated throughout our inspections. This approach was also in contrast to other care homes and prevented care staff progression.

Following changes in leadership and our last inspection, management had appointed senior care staff at the home. The senior care staff were receiving training whilst we were undertaking our inspection to support them to take on additional duties which included overseeing residents care that didn't have nursing needs. This would include senior care staff completing assessments, care plans, daily notes and medicines. This

would have a direct impact upon nursing pressures, which had culminated in two regular nursing staff leaving work unwell as we commenced the inspection, after working increased hours to provide nursing cover at the home for a sustained period.

During the inspection we observed the senior carers confidently making decisions to manage people's needs. Senior carers were motivated and eager to take on additional responsibility and care staff spoke positively of the changes and opportunities for progression.

The home benefitted from an established and committed staff team. Previous concerns had been attributed to ineffective leadership and the absence of systems and processes to manage the regulated activity. This had been evident through our inspection history and to other regulatory bodies which consequently resulted in the home receiving extremely poor food hygiene ratings and being prosecuted for food safety standards. CQC had also taken regulatory enforcement action. Changes in leadership had resulted in processes being embedded to manage any regulatory requirements. This has led to an improved CQC inspection and environmental health awarding the home a food safety rating of four out of five.

We received mixed views from staff regarding management. Positive responses included; "I get on with the management at the minute and I can talk about any concerns. They do listen to staff and I feel supported", "I find it alright. I don't see the managers much but when I do, they seem on the ball" and "Management is okay from my point of view. You can talk to them if anything is wrong." However, there were some concerns expressed from staff that there had been delays in embedding changes and increasing staffing to meet people's needs. They felt this had resulted in increased pressures on staff and nurses going off sick as they had been unable to sustain the workload.

We discussed feedback with management and they were honest and acknowledged this was a fair representation of the challenges the home had faced whilst trying to embed the required changes. Management acknowledged the increased pressure on all the staff whilst trying to implement changes to reduce nursing pressures. This had culminated in an increase in responsibilities over a significant period whilst the changes were embedded, new staff were recruited and changes to roles in the established staff team took effect. We acknowledged periods of change on this scale can result in the level of unrest observed and we were confident with the progression and plans in place this was a transient position and would be resolved.

The management had implemented supportive systems which included increased training, regular supervision and an annual appraisal. There was regular resident, relative and staff meetings to maintain open channels of communication and receive feedback regarding the quality of the service. People had also told us they had been involved in recent surveys regarding the food and their likes and dislikes which they felt had been a productive exercise.

People told us they would recommend the home to other people looking for a care home and expressed receiving very good care.

Providers are required by law to notify CQC of certain events in the home such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the home

The ratings from the last inspection were displayed in the home entrance which was accessible to all who entered. The policies and procedures were available and staff confirmed being kept up to date of changes and that policy of the month had been introduced to ensure staff were familiar with legislation and

procedures at the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not being managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes had not been operated effectively to ensure compliance with the regulations.