

The Old Rectory Limited

The Old Rectory Nursing Home

Inspection report

Rectory Lane
Capenhurst
Chester
Cheshire
CH1 6HN

Tel: 01513397231

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22 November 2018

26 November 2018

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of The Old Rectory Nursing Home on 20, 22 and 26 November 2018.

The Old Rectory Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate up to 35 people in one building. It specialises in providing support to people who are living with dementia and other age-related conditions. At the time of the inspection 27 people were living at the service one of whom was in hospital.

A registered manager was in place. 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. The registered manager had not been working at the service since 25 June 2018 and was due to return to work in January 2019. An acting manager was covering the registered managers absence two days a week.

The provider had not ensured the arrangements in place for the management of the service were effective. The acting manager did not have sufficient time to undertake their management responsibilities. Roles, responsibilities and accountability arrangements were not clear and incidents had not been reported to the CQC as required.

The systems in place to monitor and assess the quality of the service were ineffective and had not identified shortfalls in the quality and safety of the service people received. Where shortfalls had been identified, action had not been taken to make the required improvements.

The provider had not sought guidance to provide an environment that could meet the needs of people living with dementia. There had been no consultation with people or their family members before changes had been made to the environment. The environment was not kept free from hazards and did not aid the orientation of people living with dementia. There was not enough seating or dining tables to accommodate the number of people living at the service.

There was an inconsistent approach to safety that sometimes placed people at risk. Risk assessments were not always reviewed as needed and staff did not always follow good practice when moving and positioning people, which increased the risk that harm could occur.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. Staff did not always demonstrate a good understanding of gaining lawful consent.

There were processes in place to respond to formal complaints but there were no systems in place to monitor themes and trends of day to day concerns that were raised.

People's care plans and care assessments did not always consider the full range of people's diverse needs and were not always up to date and accurate. The opportunities for people to engage in social activities was limited and people were not consistently supported to engage in activities they found stimulating and enjoyable.

Although people's relatives felt staff were kind and caring, some aspects of the environment did not protect people's privacy. Some staff practices were task lead rather than person centred and did not promote people's dignity.

Staff training was not always up to date and staff did not have access to policies and procedures that reflected current good practice guidelines and legislation. Staff felt supported by the management team but did not receive regular supervision meetings. They did not have the opportunity to attend regular team meetings.

People enjoyed the homemade meals and their dietary requirements were met. Our observations were that people were comfortable and relaxed with the staff team who knew people well and spoke with them in a dignified and respectful manner.

People's views about the standards of care were actively sought through customer satisfaction surveys. The outcome of the last survey showed a high level of satisfaction. Healthcare professionals told us they felt staff had a good understanding of people's needs and were accepting of and followed any advice given.

Most of the premises was clean and hygienic, personal protective equipment was available to staff who wore it appropriately. Personal emergency evacuation plans (PEEPs) were available for each person in the event of them having to be evacuated in an emergency. Medicines were safely managed and people received their medicines on time.

There were sufficient staff on duty and these levels had been maintained over time. The necessary security checks to ensure staff were suitable to work in care had been completed but some information about staff which providers are required by law to hold had not been obtained.

You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people's health and safety had not always been identified or managed effectively.

Staff personnel files did not contain all the required information.

People received their medicines as needed and equipment was safe to use.

There were sufficient numbers of staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not always supported to gain the skills, experience and knowledge they needed to provide effective support.

Staff lacked understanding of and did not always meet the requirements of the Mental Capacity Act.

People's healthcare needs had not always been assessed and planned for.

The environment did not meet always the needs of people living with dementia.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People were not always treated with dignity and respect or supported to maintain their appearance in a dignified way.

Visitors felt people were supported by kind and caring staff who knew people well.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

People's communication needs were not always met.

People were not always supported to participate in activities that they found stimulating and enjoyable.

There were processes in place for formal complaints to be investigated. There was no system for monitoring day to day concerns that had been raised.

There were arrangements in place for people's end of life care needs to be met.

Is the service well-led?

The service was not well led.

The arrangements for covering the registered managers absence had not provided effective and consistent leadership.

Quality assurance arrangements were not applied consistently and were not effective in driving improvements.

The registered manager and acting manager were not always clear about their responsibilities.

Inadequate ●

The Old Rectory Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 20, 22 and 26 November 2018 and was unannounced. The inspection team on the first day consisted of one adult social care inspector and an expert by experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector completed the following two days of the inspection.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also requested feedback from the Local Authority Commissioning and safeguarding teams and checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided.

We looked at five people's care plans and associated risk assessments, people's daily records, medication administration records, five staff recruitment files, training records, policies and procedures, quality assurance audits and the complaints file.

During the inspection we spoke with five people's relatives, two visiting healthcare professionals and two ambulance crew. We also spoke with, the registered manager, acting manager, two nurses, four care

assistants, a kitchen assistant, the head housekeeper and the maintenance person. We spoke with five people who used the service and used the Short Observational Framework for Inspection (SOFI) as a way of observing care to help us understand the experience of people who could not talk with us. We toured the premises, observed the interactions between people and staff and observed the lunchtime experience.

Is the service safe?

Our findings

Appropriate action to protect people from the risk of falls had not always been taken. People's falls risk assessments and mobility care plans had not always been reviewed and updated to reflect the fact they had experienced a fall. The providers own guidance for when a person experienced three falls in a three-month period, to introduce a falls diary and review risk assessments and care plans, had not always been followed. Accidents were reported when they occurred and recorded in accident records and daily records. However, the information these records contained was minimal so it was not always possible to gain an overview of the incident or accident or what action had been taken to prevent re-occurrence.

We saw some people were wearing socks and no slippers or shoes which can increase the risk of a person slipping, tripping and falling. When we raised this with staff they explained some people removed their footwear but they took no action to find and return them and care plans contained no risk assessments or information about this issue. A relative told us their loved one had three pairs of slippers which they said, "Keep going missing". We saw one person was barefoot. Staff explained the person had a condition which made wearing shoes or slippers painful. There was no risk assessment or care plan in place for this and no action had been taken to source appropriate support to address the person's underlying condition.

We saw people were not always supported to sit or sleep in a position that was comfortable and safe. We saw one person asleep with their back raised and their feet touching the foot of the bed. This can increase the risk of a person developing pressure sores on their feet. When we raised this issue with staff they repositioned the person however, the next day the person's feet were again touching the end of the bed. This person's assessment showed they were at high risk of developing pressure sores and their care plan stated they should be repositioned every four hours by staff. Staff explained this person liked to remain in a sitting position during the day but the care plan and risk assessments had not been updated to reflect this. We saw another person's care plan stated cushions were needed to support their back but these were not in place. We also saw staff walk past people who had slipped down in their chairs without supporting them to reposition or getting cushions to support them. This increased the risk of people developing pressure areas or slipping from their chairs.

The moving and handling techniques used by some staff when supporting people were not in accordance with good practice guidelines and could place the person and staff at risk of harm and injury. For example, when a person fell to the floor we saw two staff members assist them to stand by lifting them without using equipment. We also saw a staff member supporting two people to walk by linking their arm under the person's arm pit.

The environment and equipment were not kept free from hazards. We saw the whole of the main lounge floor was mopped during the day while people were in the room. We saw that bathrooms and toilets were cluttered with laundry bins which restricted access to toilets and hand basins. The hand rails in the main corridor had been removed when decorating had taken place but had not been replaced. The joining's of some floor coverings were lifting and had loose threads creating a trip hazard. The areas around the base of some toilets and support frames around some toilets were not clean and some floor coverings in the

hallways were not sealed to the walls creating an infection control risk.

People were not always protected from the risk of infection. This was because people were not supported to clean their hands before or after eating.

There was no business continuity plan in place to outline steps staff should take to make sure the service could still operate in case of an emergency such as loss of power or severe weather. There were no arrangements for where people should be taken should they need to be moved to a place of safety in an emergency such as fire or flood. We requested a copy of the providers fire risk assessment which we were told had been reviewed to reflect the new layout and newly built lounge but this was not provided. Therefore, we could not check whether it was up to date.

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

The suitability of staff to work with vulnerable people was checked as part of the recruitment process. These checks included obtaining proof of identity and a disclosure and barring check (DBS). The DBS is designed to ensure that staff do not have criminal cautions or convictions that could impact on the role they had applied for. A DBS check had been completed before each member of staff started work. However, a full work history and an explanation for gaps in employment history had not always been obtained. Where staff had previously worked in care, the references had not always been obtained from their previous employers. A record of reference requests that had been applied for had not always been maintained. Reference requests did not ask for confirmation of dates of employment and none of the references seen had been verified.

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

People's relatives felt the service was safe. Their comments included; "My relative is safe here", "Oh yes they (the staff) know my relative well and of course the doors are kept locked. I feel my relative thinks they are safe here" and "I think my relative is safe here, the checklist shows when they have checked on them or turned them and that reassures me".

Most staff had received training in safeguarding people from abuse. When safeguarding incidents had occurred these had been reported to the local authority for them to consider under local safeguarding procedures. We saw staff responded well when people showed signs of agitation using distraction techniques to reduce the risk of the situation escalation and harm occurring. Some people's behaviour was monitored and recorded. This was available to relevant healthcare professionals as necessary.

Most areas of the service were clean and hygienic and people's feedback about cleanliness as part of the providers customer satisfaction survey was positive. Domestic staff were employed and personal protective equipment (PPE) such as gloves and aprons were available and used appropriately. Cleaning materials and other substances hazardous to health were stored in locked cupboards.

The administration of medication was safe. Medicines were administered by nurses. People received their medicines when they needed them. Medicines were stored safely and securely and medication records were accurate and complete.

There were sufficient numbers of staff on duty to respond to people's needs. The usual staffing levels during the day were two nurses and five care assistants plus domestic and catering staff.

There were systems in place to ensure the safety of equipment and premises. For example, gas safety, hoists, slings and other equipment had been regularly checked and serviced. Fire-fighting equipment had been tested to make sure it was safe and personal emergency evacuation plans were in place for each person. Some people had been assessed as needing bed rails to prevent them from falling from bed. Monthly checks were completed to make sure they were operating safely.

Is the service effective?

Our findings

The provider had not ensured that staff always had the information, knowledge and competences specific to working at The Old Rectory Nursing Home. An induction process was in place for new staff which included looking at policies and procedures. However, these policies and procedures were generic and had not been individualised to reflect actual practice at the service. They were also out of date and did not reference up to date legislation and good practice guidelines.

The provider had not ensured staff had always completed the training they needed to meet people's needs. The provider stated that nine training topics were mandatory including moving and handling, first aid and dementia awareness. Some staff had completed all of these topics and undertook refresher training as required. However, records showed there were many gaps in the training that had been undertaken. One staff members training file showed update training in safeguarding was overdue by 18 months and another four subjects were overdue by six months or more. Another member of staff had started working for the provider in autumn 2016 but there was no evidence that they had completed any training until October 2018. The names of five staff listed as working at the service full time and seven of the bank staff were not detailed on the training planner.

There were systems in place for staff to receive supervision and an annual appraisal of their performance from their line manager. The providers policy stated that staff should receive supervision every six weeks however staff told us they usually received supervision every six months. Records showed not all staff had received supervision within these timescales.

The above evidence demonstrates a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager and the providers trainer told us that they had identified that improvements were needed in relation to the completion of training and told us all staff training would be brought up to date by the end of the year. They also told us they had started the process of looking for an external training provider who could provide face to face and practical training in subjects such as moving and handling. They explained they had obtained some quotes and were considering the possibility of arranging the training with staff from another service in the area. They also told us the process of bringing staff supervisions up to date had started.

All staff training provided was via DVD and the completion of questions on the relevant subject. The person who oversaw the training told us they also had discussions with staff about the subject matter to test staffs understanding. The staff induction included having a fire safety tour of the building and then shadowing an experienced member of staff for two days before working unsupervised.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found everyone was under continuous supervision and control and lacked freedom to leave which indicated a deprivation of liberty and the provider had applied for this to be authorised under DoLS. However, staff were not aware of a condition that had been applied to one person's DoLS which had been authorised. Records showed there was no care plan in place and the condition was not being met.

Information in two people's care plans stated that family members held a Power of Attorney (PoA) but staff were not aware of this and there was no evidence that any documentation had been obtained from the relatives to confirm this. In addition to this, most people's relatives had signed 'photograph consent forms' when they did not have the legal authority to do so.

The information above demonstrates a breach of the HSCA Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people had been assessed as not having capacity and needed assistance in making some decisions such as the use of bedrails. Records showed that a process had been undertaken in line with the MCA to ensure that decisions had been reached in people's best interest and these were available in people's care records. Most staff had received MCA training and told us they would never force someone to do something they did not want to do.

People's physical care needs had not always been holistically assessed and planned for. For example, they did not capture arrangements for people to attend routine health screenings appointments for dental, foot and eye care before admission. This increased the risk that these healthcare needs would not be met. The acting manager told us most people did not visit the dentist but an optician and a chiropodist did visit the service to see people and they needed to add this to people's care plans.

There was evidence that support from healthcare professionals such as GP's and community psychiatric nurses (CPN's) had been sought. Feedback from the healthcare professionals we met with was that staff had a good understanding of people's healthcare needs and contacted them appropriately. One healthcare professional told us "Some people here have very complex needs. The staff are accepting of support and follow our advice. I think the staff are doing brilliantly". There were arrangements in place for the local GP to visit weekly and as and when needed. There was evidence in the records that staff had regular contact with people's CPN's and that staff kept them up to date with any changes in a person's behaviour and emotional wellbeing.

People enjoyed the food which was homemade and looked appetising. People's relatives also felt the food was of a good standard; their comments included, "The food is good" and "I would eat here every day". Care plans outlined the nutritional needs of people and included an assessment of any risks people faced from malnutrition. Some people's care plans stated that their food and fluid intake should be monitored but this did not happen consistently. One person's care plan stated they required their drinks to be thickened but we saw them being given drinks that were not thickened. The acting manager explained this was because people's needs had changed but their care plans had not been updated accordingly. People's specialised

diets were catered for and people who needed help to eat were supported appropriately.

The design and adaptation of the building did not always meet people's needs. At the last inspection we recommended that good practice guidance should be sought to assess the effectiveness of the environment to meet people's needs. At this inspection significant changes had been made to the environment however the registered manager told us they had not sought advice as recommended and no consultation had taken place with people, their families or representatives before the changes had been made. The communal areas of the service did not provide sufficient seating or dining facilities to accommodate the potential number of people using the service. There was no designated dining room at the service. Instead facilities were in a thorough way in the centre of the building. This contained three small dining tables and six dining chairs. The lounge contained 11 arm chairs all the same size and design and there were three more arm chairs in the 'activities room'. Because of the lack of seating we saw some people had no choice but to sit on dining chairs during the day.

There was some signage around the building to help orientate people, for example signs on bathrooms and toilet doors. We saw that people's bedrooms doors were painted in a range of bright colours and some had been personalised with items to help people identify their rooms. However, some bathroom and toilet doors had also been painted in the same colours which made it more difficult to identify them. All the corridors and the communal areas had been painted in the same colour and there was no clock or information about the day of the week, time of year or weather.

We were told that the new lounge had been built over the patio at the rear of the building but during the summer people had access to the lawn at the front of the building which was accessed via a ramp or stairs at the front of the building.

Is the service caring?

Our findings

People's relatives and visitors felt staff were caring. One relative told us "The staff are fantastic". Another commented "The staff are kind" and a further relative told us they felt their loved one was happy and well cared for. They also said their loved one would be able to make it clear to them if something was wrong. A health care professional told us "Staff here care for and manage people very well". Staff knew people well and spoke to people in a respectful manner.

Despite the positive feedback we found people's privacy and dignity was not always respected. We saw that a bathroom on the ground floor had windows that opened into the lounge and had no blinds to protect people's dignity. Some people's bedrooms had glass in which had been painted to prevent people seeing into the rooms but this did not block out the light and looked unsightly. We saw one person who staff told us did not like using a duvet was covered in an inside out duvet cover instead of a sheet or blanket.

We saw some staff practices were task orientated rather than person centred. At lunch time we saw staff placed food and drink in front of people without explaining to them what the options were or telling them what the meal they had been presented with was. Staff took both the main course and hot pudding to people who ate in their rooms at the same time. This saved staff time but meant the pudding would go cold because they had no means of keeping it hot. We saw both courses of the lunch time meal had been left on a portable table at the side of one person's bed who was asleep.

Little effort had been made to enhance the dining experience for people. We saw some people sat at the dining table of their own accord but we did not hear staff encourage anyone else to move and sit at a dining room table to eat their meal. There were no condiments on the tables or offered to people and people were not supplied with any napkins. Throughout the meal staff were walking through the dining area to answer doors and collect meals which was not conducive to a relaxed environment.

The provider had not made sure that there were arrangements in place for people to maintain their appearance. We saw one person had long whiskers on their face. We pointed this out to staff who said that they did not know who would usually attend to this need because the night staff assisted the person to get up. Staff told us there were no arrangements for a hairdresser to visit the service. One staff member told us "Staff do their hair or the family take them". No consideration had been given to providing an authentic hairdressing experience for people. For example, we saw a member of staff using a hairdryer to dry a person's hair, while they were sat at a dining table when other people were present.

The above evidence demonstrates a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they supported people to be independent and do things for themselves. One member of staff commented "They have a tooth brush and toothpaste to clean their teeth which we encourage them to do and of course we put their teeth to soak overnight".

People's rooms were personalised with items which were important to people such as photographs and pieces of furniture which helped them feel at home. However, some people did not have full access to their rooms because the door to the main corridor was sometimes locked with a key pad which people could not operate. This also prevented people from accessing the corridor when they wished.

We saw some positive and caring interactions from staff. We observed the registered manager talking to each person in turn and they spoke quietly to them. They explained they had not seen them for a while and asked what they had been doing. We heard staff sharing jokes with people as they went around and attending to individual requests for assistance.

People's private information was protected. Records were stored securely in a locked office or on a password protected computer.

There was information available to people about local advocacy services which the acting manager told us they would support people to access should the need arise. However, there was no service user guide available to people to inform them of their rights and explain to them the level of service they should expect to receive.

Visitors were welcomed into the service and there were no restrictions on visiting times or length of visits.

Is the service responsive?

Our findings

The service was not always responsive to people's needs. We checked whether the service was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand any communication support that they need.

We saw information in some people's care files regarding the support they needed with communication for example to speak slowly and clearly. However, the communication section of some care plans did not state if people used aids such as glasses or hearing aids. At 9.30am on the first day of our visit one person told us they had lost their glasses and couldn't see properly without them. It wasn't until 3.30pm when we asked a member of staff whether the glasses had been found, that staff retrieved them from a box of 'lost' items. This box also contained another two pairs of glasses neither of which were labelled in any way to identify who they belonged to.

None of the information for people was available in large print or illustrated with pictures to aid people's understanding and meet their individual needs. For example, a menu on the wall outside the kitchen detailed the food choices available over a four-week period but this was in small print and did not highlight what day of the week it was. The same applied to the activities timetable which was difficult to read because it was positioned high on a notice board in the hallway.

Where possible, information about people's interests and personal history had been obtained at admission from the person and their family members. However, care plans lacked guidance for how staff could support people to maintain these interests. The staff rota showed an activity organiser was employed to work one day a week. The registered manager explained that the care staff should follow the activity plan and provide an alternative if people did not want to participate. However, in practice we saw most people spent their day in the same chair, in the lounge or their bedroom, and were not provided with anything to stimulate or engage them. There was no evidence that any group activities, outings or entertainment had been provided over recent weeks or that any were planned. Staff told us they sometimes supported people to go for walks in the fields and showed us photographs of when people had visited a local church and of a time they had held a BBQ in the summer.

We did see staff providing some people with dementia friendly objects such as a baby doll, a 'breathing dog' which people took comfort from and 'twiddle' muffins and blankets which people engaged with. We also saw three people used the activities room to watch a musical with a member of staff one morning which they were singing along to and thoroughly enjoying. However, two of these people spent the rest of the day in the same chairs where they also ate their lunch and then fell asleep in the afternoon. On another day we saw staff throwing a balloon to a person and looking at a puzzle book with another. Some people liked to walk around the communal area during the day and enjoyed talking to visitors and staff as they went by. There was a large television in the lounge which was inappropriately mounted high up on the wall in a corner and could only be seen by some people. However, this was turned off most of the time.

The acting manager told us the previous activity organiser had worked full time but had moved to the care team. They also told us they were trying to recruit a new member of staff to that post.

Care plans contained information gained from people and their relatives about their preferences such as whether they preferred tea or coffee, a bath or a shower and some said what time people liked to go to bed. Staff were aware of people's preferences. When staff offered, one person told staff "I'd like a beer I don't mind buying it!" The staff member brought the person a can of their favourite beer from the kitchen and a great joke was made of the person's pouring skills with staff.

There was no evidence that people and their relatives had been involved in reviewing people's care plans. However, relatives had no concerns about this and felt the care plan would be made available to them if they requested to see it. One relative told us "I have not seen the care plan but my daughter probably has as she does all the planning". Another relative told us "I have not seen the care plan but my relative is well looked after".

Daily records had been maintained for each person. The majority of these provided an account of how people had spent their day, whether they had been involved in any accidents or incidents and whether they had taken any when required medication.

Assistive technology was used to help keep people safe and alert staff if people required assistance. Where it had been identified that a person was unable to use a call bell alarm, a sensor mat had been placed in their room next to their bed. This alerted staff if a person got out of bed without assistance or if anyone had entered the person's room. We saw staff responded quickly when these alarms were triggered.

A complaints procedure was available. This outlined the process for making a complaint and how it would be investigated. People's relatives told us they had no complaints but would speak to the staff if there was a problem. One relative commented "I can speak to the staff if I need to and if I wanted to complain I would speak to the nurse in charge". Another told us, "If I had a complaint I would speak to the ladies they are all very friendly".

No complaints had been received by the service since our last inspection. However, the registered manager told us they would only log a complaint if a complaints form had been completed. They explained that day to day concerns would be recorded in a person's daily records and addressed at the time but would not be treated as a complaint. Therefore, there was no way for the provider to analyse concerns raised, identify themes and trends and take appropriate action to make improvements.

No one using the service was receiving end of life care. The acting manager told us that relevant care plans would be implemented should the need arise and that the nursing staff would liaise with healthcare professionals to arrange for anticipatory medicines to be obtained. Where possible people's wishes on their funeral arrangements had been obtained and these had been documented within their care plans.

Is the service well-led?

Our findings

The provider had not made sure the leadership and governance of the service was robust. On 6 June 2018 the CQC received a statutory notification to inform us that the registered manager would be taking a leave of absence from 25 June 2018 and would return in January 2019. The statutory notification stated that in the interim the service would be managed by an acting manager. However, the staff duty rota showed that the acting manager had only been designated two days a week in which to undertake their management responsibilities. In the absence of the registered manager there had been no clinical lead or arrangements in place for nursing staff to receive clinical supervision.

At the last inspection in January 2017 we identified that the provider's policies and procedures covering matters such as health and safety, safeguarding, whistleblowing and staff conduct had not been reviewed to ensure that they included up to date information about current legislation and current practice. At that time the registered manager told us these documents would be reviewed soon. However, we found these policies and procedures had still not been reviewed and updated. In addition to this the provider had no policies, procedures or guidance in place for staff to refer to about the General Data Protection Regulation (GDPR) or the Accessible Information Standard.

The systems in place for the on-going monitoring of the quality of the service were not effective. There was a rolling programme for audits of key areas that included care plans, medication, accidents, incidents and safeguarding concerns. However, these audits had not always taken place as planned or identified shortfalls in service provision and risks to people's health and safety. Audits of care plans had not always identified missing or out of date information. Where audits had identified that updates were required, these had not always been completed. There was no system in place for people's repositioning requirements and other monitoring charts to be checked or audited.

The provider had not ensured staff skills and knowledge was always up to date. There was no overview of the training staff had completed in previous years so the provider had no easy way of seeing when training updates were due. Staff were not always adequately trained and supervised or given all the information they needed about current legislation and good practice. The checks of staff recruitment and personnel files were not robust and had not identified gaps in the information they contained.

The provider had not recognised that some staff practices were task led so they had continued unchecked. There was little evidence of learning or reflective practice. The provider had not taken advice or sought guidance as recommended at the last inspection in relation to the design and adaptation of the premises. Changes made to the environment had been made without any consultation with stakeholders and did not always meet people's needs. Roles and responsibilities were not clearly defined and there was no plan available for the future development of the service.

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

During the inspection the acting manager told us it had already been identified that care plans needed to improve and staff had been identified to undertake this piece of work but there was no action plan in place to confirm this. They also told us one of the nurses had been asked to take the clinical lead, audit medication records and help with auditing and updating of care plans. The nurse confirmed this to us and told us they had been allocated time off the floor to do this.

Our records showed the provider had informed the CQC by way of a statutory notification when a person had died. However, the registered manager was not aware of the need to inform us of other incidents that affected people who used the service such as allegations of potential abuse or of when DoLS applications had been authorised by the Local Authority.

The above evidence is a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

The acting manager shared information with the local authority on a monthly basis providing them with a summary of the number of incidents, accidents, pressure areas and other statistical data.

The acting manager told us they held three staff meetings a year. They explained the last meeting, in June 2018, was only attended by the staff on duty that day but no minutes had been taken. They explained they kept in touch with staff on a day to day basis and that staff kept up to date by reading the handover record at the beginning of each shift. They told us they also used the notice board in the office to display information that staff needed to be aware of.

Staff told us they felt supported by both the registered and acting manager and told us they could speak to them at any time if they needed to. We saw people, relatives and other visitors did not have to make an appointment to see the acting manager. Both the acting manager and registered manager had a good knowledge of people's needs and personality traits. The acting manager told us they had contact with the registered provider on a regular basis to feedback issues affecting the quality of the service through meetings and telephone conversations. They told us the registered provider visited the service on a regular basis. However, no records of these meetings and visits had been maintained.

We were told residents and relatives meetings took place but saw no information displayed about when the next one would be held and staff were not able to tell us when this would be. The acting manager told us they advertised the meetings by way of posters and pointing them out to relatives when they visited but that no one had attended the last meeting. We asked to see minutes of the last residents meeting that had been attended but these were not supplied. They told us they usually communicated with people's relatives by way of newsletters and speaking to them when they visited. Relatives felt they could approach management team if they had any issues. Questionnaires had been sent out in April 2018 for people to give their views about the quality of care provided and these were mainly positive.

The previous CQC inspection report and rating was on display in a prominent position. Appropriate insurance cover was in place for the service.

Staff told us they enjoyed working at the service. Staff turnover was low and 11 staff had worked at the service for over 10 years.

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 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider had not ensured they had notified CQC of all the incidents that affected the health, safety and welfare of people who used the service.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	The provider had not always ensured people were treated with dignity and respect.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider had not ensured staff always worked in accordance with the Mental Capacity Act.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had not always ensured that people received safe care and treatment.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Diagnostic and screening procedures

Treatment of disease, disorder or injury

The provider had not ensured that records were always up to date and accurate or that the quality assurance processes was effectively implemented; identified shortfalls and drove improvement.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured that staff always received the support, training, professional development, supervision and appraisals necessary for them to carry out their role and responsibilities.