Shaw Healthcare Limited

New Elmcroft

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 6 and 8 January 2015 and was unannounced. The service provides accommodation for up to 60 older people, including people living with dementia. There were 54 people living at the service when we visited. Accommodation is provided in two units with people requiring nursing care on the ground floor. People living with dementia are accommodated on the first floor.

At the last inspection in July 2014, we issued a warning notice for medicines for the provider to become compliant by 30 September 2014. Compliance actions were set for care and welfare of people using the service and assessing and monitoring the quality of the service provision. The provider sent us an action plan to become compliant by 31 December 2014.

There was no registered manager at the time of the inspection. The manager had commenced the process to register with the Commission and an interview had been booked for the end of January 2015. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The service had been without a registered manager for a few months.

People did not always receive appropriate support with food and fluids and put them at risk of malnutrition. Nutritional care plans did not contain enough information about people's food and fluid needs and the support people needed.

Infection control guidance had not been followed in relation to the environment and staff practices. Therefore, people were not protected from the risk of cross infection.

Care plans were not always developed in a timely manner following admission to the home which may impact on people initially receiving inconsistent care and not according to their assessed needs. Assessments of people's needs were completed which included any risks.

People's healthcare needs were managed appropriately and specialist advice sought although at times this was not done in a timely way.

The management of creams and ointments were not always managed safely and consistently. Other medicines were managed appropriately. Medicines were kept safely and securely and staff had completed training in medicines management.

Where people lacked the mental capacity to make decisions, the provider did not always follow the principles of the Mental Capacity Act 2005. Mental capacity assessments were not conducted and the provider could not evidence how best interests decisions had been made to protect people.

There were systems for monitoring the quality of service provision and regular audits were completed which included health and safety, care plans, medicines, accidents and incidents. However these were not always effective and did not identify risks and the shortfalls we found during the inspection.

There were arrangements including policies and procedures for safeguarding people from abuse. Staff had completed training in safeguarding adults.

Recruitment procedures were followed and all necessary checks were completed prior to staff commencing work to protect people.

People were treated with kindness and compassion by staff who knew them well and understood their needs. Staff practices promoted privacy and dignity of people they cared for.

There were procedures for responding to complaints. A complaint log was maintained for recording complaints which included details of investigations and feedback to complainants. Staff understood their roles in promoting the values of the organisation.

We have made a number of recommendations for the provider to consider when providing care to people.

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

Summary of findings

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 service was not always safe.

Infection control practices did not protect people from the risk of infection.

The process for managing some prescribed creams was not appropriate.

Risks were assessed and measures were not always put in place to manage them.

There were enough staff employed, although staffing hours may be eroded by care staff undertaking domestic tasks. The provider followed their recruitment process including all appropriate staff checks were completed.

Safeguarding procedures were in place and staff were trained and understood their role in protecting people from harm and abuse.

Incidents and accidents were recorded and an action plan developed to manage these.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

People did not always receive adequate support with food and fluids and may put them at risk of malnutrition**.** The charts were not appropriately maintained and placed them at risk of not having their needs met.

Staff were not appropriately supported through regular supervision. Training updates were not up to date and may impact on care people receive.

Advice was sought from healthcare professionals although there were concerns referrals for deteriorating service users were delayed

Is the service caring?

Good

The staff were caring, treated people with kindness and respected their privacy and dignity.

Staff were respectful when attending to people and they used their preferred names.

People were supported to maintain relationships with family and friends.

There were no restrictions on visiting the home and relatives were always made to feel welcome and kept informed of changes.

Is the service responsive?

The service was not always responsive to people's needs.

Assessments were undertaken; however care plans were not always developed in a timely way which put people at risk of receiving inconsistent care.

Summary of findings

Where pressure ulcer risks had been identified, measures to manage risks were not always developed to mitigate risks and support people.

The complaints process was followed and people were able to raise their concerns which were responded to.

Is the service well-led?

Some aspects of the service were not well led.

There was no registered manager at the service, although the new manager was in the process of registering with the Care Quality Commission..

There were quality assurance systems in place. However, the audit system was not robust and did not identify the issues with infection control, care planning, and food and fluid records.

People's views were sought and included service users' meetings.

Policies and procedures were developed and appropriate for the type of service.

The manager kept the Care Quality Commission (CQC) informed of significant incidents as per the registration requirements.

Requires Improvement

New Elmcroft

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 6 and 8 January 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a pharmacy 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.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we already held about the service including notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with 14 people using the service and three family members. We also spoke with the manager, two senior staff from the company and 13 staff members. We looked at care plans and associated records for eight people; staff duty records; four staff recruitment files; records of complaints, audits and records pertaining to the management of the service. We observed care and support being delivered in the communal areas in both units during the two days of the inspection.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in July 2014, we found that people were put at risk of not receiving their medicines as prescribed and medicines were not kept safely and securely. We issued a warning notice for the management of medicines and required the provider to become compliant by 30 September 2014. At this inspection the provider had taken action and most medicines were maintained safely.

Some creams and ointments in people's bedrooms did not contain the date of opening in order to ensure creams and ointments were used within the recommended timescales once opened. Another example found one of the creams did not have the person's name on the container. On the second day of the inspection a review of creams and ointments had been carried out and now included the dates of opening and were found to be for the correct people. A thickening agent used for one person contained the name of another person. It is unlawful to use one person's prescribed medicines for someone else and this was addressed at the time of the inspection.

Medicine administration record (MAR) charts where medicines were transcribed by staff were not signed by a second person for accuracy. Good practice guidance recommends there should be signed by two staff in order to reduce the risk to possible errors in transcribing the prescription to the MAR charts.

The morning medicines round took up to three hours to complete. This resulted in the lunchtime medicines round being done after two and a half hours. Staff did not record the exact time medicines were administered and there was a risk of people receiving their medicines too close together.

The examples above show that creams were not managed safely and may put people at risk. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were ordered in a timely fashion for continuity of treatment, this was supported by a weekly GP clinic held in the home. Some people preferred to wake up later in the morning and staff gave them their medicines after they woke up. We asked staff how they would manage time sensitive medicines and we found that staff were knowledgeable in this area and confirmed that these medicines were given by staff in a timely and person centred way. Staff followed the guidance for the management of medicines.

Staff had completed training in medicines management and this was followed by a competency assessment. This was then signed off before they were allowed to administer medicines unsupervised. Staff monitored the fridge temperature to ensure medicines were kept as per the manufacturer's recommendation. Medicines were stored safely and securely.

A new system of medicines management had been introduced following the last inspection. For example a daily audit, receipt and discarding of medicines. Senior care staff administered medicines to people.It was not clear that the nurse in charge was aware the responsibility lies with them as this was a 'delegated task' and were responsible for this. Following the inspection, the provider told us that on the ground floor they provided a nursing service and the nurses based there were responsible for dispensing medication on that floor. However during the inspection we saw a senior care staff administering medicines to people on the ground floor where nursing care was provided. The manager was developing a procedure to ensure the 'delegated task' was understood by the nurses that they were responsible for this and recorded acordingly.

Infection control practices did not always follow appropriate guidance in order to prevent the spread of infection. A staff member carried soiled laundry in their bare hands without using the appropriate bag; they did not wash their hands after disposal of linen. Hoists slings were not stored or maintained safely. Six slings were found in a communal bathroom and some of these were on the floor. The manager stated people were allocated individual slings to reduce the spread of infection. However staff were not following the infection control practices, soiled clothing was discarded on the bathroom floor and the appropriate red bags were not being used as per the home's procedure.

Areas of the home were visibly dirty and stained. Some of the carpets were stained and the cleaning schedules did not evidence what measures were in place for thorough cleaning of the carpets to reduce the spread of infection.

Requires Improvement

Is the service safe?

The dishwasher in one of the units had been out of order for over a month. Staff were hand washing all the crockery and cutlery in the small kitchen in the first floor unit. This meant that they were not being sterilised. This could cause the spread of the flu virus and other infections. The home was experiencing a flu outbreak at the time of our inspection.

As part of infection control processes, the registered persons are required to take account of the Department of Health's publication, 'Code of Practice on the prevention and control of infections'. This provides guidance about control measures in order to reduce the spread of infection. We found these measures had not been followed regarding the provision of a clean and safe environment for people and visitors.

The examples above meant people were put at risk of acquiring infections or of infections being spread. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the week of the inspection, there was a flu outbreak within the home. Necessary precautions had been initiated following advice from health professionals who had visited the home. Relatives had been advised not to visit and notices were displayed to inform visitors. Hand gels were available to control the spread of infection.

People and their relatives using the service told us they felt safe living at the home. One person said "Yes I am safe and the staff treat you well". They said their rooms were kept clean. Another person told us the staff "always checking on you to make sure all is well". A relative commented "there is no problem with safety" and they were happy with the care provided.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify and prevent possible abuse from happening. Safeguarding policy and procedures were available and staff were aware of this. The manager was aware of their responsibilities to report and followed procedures in practice for the management of alleged abuse in order to safeguard people. Staff had completed training in safeguarding adults as part of their induction and were able to tell us what constituted abuse and action they would take to safeguard people. The home's whistle blowing policy and procedures were understood by staff who knew how to report any concerns. A staff member told us "I would report any concerns to the team leader straight away and if I thought it had not been followed up I would report on by use of the abuse line phone".

In people's care records there were risks assessments in place, such as falls, pressure ulcer, nutrition and choking risks were completed and care plans developed to inform the staff's practices. Care plans for people who had been identified as at risk of falling contained measures to minimise the risks such as pressure alarm mats to alert staff. Equipment as indicated in care plans were available to people and staff were aware of the support people needed to keep them safe.

A number of people were using air flow mattresses for the prevention and treatment of pressure injury. Mattresses were to be set according to people's weight. Eight pressure relieving mattresses were in use. Care plans indicated 'when in bed the airflow mattress must be set to the correct weight'. There was no record of what each person's pressure mattress should be set at and how it was monitored. A staff member told us the instructions should be attached to the beds to guide staff but were not available. Staff could not tell us how this was managed. People may be at risk pressure injury as pressure equipment set incorrectly could be detrimental to their welfare. Although there was no evidence this had caused harm to people.The weekly records of checks on mattresses and beds were carried out by maintenance person; there were no records for individual's mattress setting to ensure they were safe and appropriate for people.

We recommend that the provider considers current guidance on management of pressure relieving equipment.

Staff and relatives confirmed there were enough staff to meet the needs of people. The duty roster for the month of December 2014 and one week in January 2015 showed there were an average of three team leaders and 11 support workers on day duty. Night duty had a registered nurse, a team leader and five support workers. Although there were enough staff to support people's needs, practices were task led and not people focussed to support

Requires Improvement

Is the service safe?

a holistic approach to care. At lunch times we noted that two people did not eat their meal and these were taken away untouched. Some staff were busy with domestic chores instead of assisting people with their meals.

Senior management acknowledged there had been a large staff turnover over the last few months and they needed time to review their staffing. The home did not have adequate number of permanent registered nurses. This was being managed by using the same agency nurses as far as possible in order to provide continuity in care whilst the recruitment of staff continues. Agency staff told us they had been booked for a number of shifts in advance which meant consideration was given to provide some staff stability.

The provider had a robust process for recruiting staff. All necessary checks including disclosure and barring service (DBS) checks were completed prior to employment. The DBS assists employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Emergency plans had been developed and the manager confirmed there was a contingency plan to deal with emergencies such as breakdown in the service provision where people may have to be moved and including mobilising staff if needed. The service was homely and there was an on-going programme of renovation and servicing of essential equipment such as hoists, passenger lifts, bath hoists and fire equipment. These were completed on a regular basis and according to manufacturer's recommendations.

Accidents and incidents were recorded and remedial actions identified. The service had a couple of incidents relating to medicines errors. The management team carried out an analysis of the problem. Medicines training had been provided to all staff and competency assessments completed before staff could administer medicines. Therefore, when an incident occurred, the provider identified the risk and took action to reduce the likelihood of it recurring. Accidents and incidents of falls were looked into and action taken such as a referral was made for a person to have a physio assessment and appropriate equipment was put in place.

Requires Improvement

Is the service effective?

Our findings

The provider was failing to ensure people received adequate support with food and fluids to meet their dietary needs. Five people did not receive any breakfast on the first day of our inspection. Some of the people were unwell with suspected flu virus and were being nursed in bed. We monitored these people and staff also confirmed they had not received their breakfast as they were "asleep". Breakfasts were dished up and left on the side in the first floor kitchen area. Staff told us they were to heat these in the microwave and serve to people; one of these included a cooked breakfast. These were discarded at around 11:00 o'clock untouched. Two people had eaten very little of their meals at lunchtime and these were taken away and discarded. They were not supported or encouraged to eat. People were placed at risk, as staff had failed to support and enable service users to eat and drink sufficient amounts for their needs.

Records of dietary needs, including food and fluids, were not always complete or updated for people who had suffered weight loss and needed their dietary intakes monitored. There were gaps of a number of hours where there were no recording of any food and fluids from tea time until lunch the following day. Staff could not be confident that people had received adequate food and fluids and were not at risk of malnutrition.

People on the first floor were living with dementia and were asked the previous day what they wanted to eat. Alternative approaches had not been considered to support people living with dementia eat well, including a 'sample plate' to help them choose their meal or offering finger foods to help maintain their independence. Therefore people were not appropriately supported in order to meet their dietary needs.

The examples above meant people were put at risk of not receiving adequate food and fluids to meet their dietary needs. These matters were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people needed pureed food because of swallowing difficulties, or thickening agents added to fluids due to risk of choking, these were provided and care staff were aware of their dietary needs.

The level of support people received in the two units was variable. People were offered choices in the nursing unit on the ground floor and they were able to choose what they ate. A person told us "I like a bit of wine, these staff do look after me"; they were enjoying their wine at lunchtime. Food and drinks were available for people between meals in line with recognised good practice guidance for preventing malnutrition for people living with dementia. People were offered juice, tea, coffee and biscuits at regular intervals during the day. However, this was not always followed up by staff supporting or encouraging people.

Staff did not receive regular supervision as part of their work. Supervision is a process which offers support, assurance and learning to help staff's development. Although a staff supervision programme had been initiated; this was not up to date. Records for training and supervisions showed that of 56 staff, 27 supervisions had not taken place for a number of months. A number of annual appraisals had been completed but these were also not in place for all staff. Twenty six staff were out of date with their annual appraisals. The management team acknowledged the gaps and staff had not all received the regular supervision they needed to support them in their roles. Whilst the staff we spoke with said they felt supported, they said "it would be good to have regular supervision".

The lack of regular supervision could impact on the monitoring of staff's practices and identifying gaps in knowledge and skills in order to effectively support staff. There was no process for supervising the agency staff who were part of the core staff due to a shortage of permanent registered nurses.

The examples above show staff were not appropriately supported, training updates were not completed and may impact on care people receive. These matters were a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

There was a training programme and staff completed a four day induction when they joined the company. Two staff recently commenced employment in October 2014 and November 2014 and had completed the four days induction. This included the provider's mandatory training such as safeguarding adults, moving and handling, fire safety, dementia awareness and infection control.

People and their relatives told us they were satisfied with the care and support people received. Staff were responsive to people's changing needs and the doctor was called if there was a change in a person's health care needs. Relative's comments included "They also phone me if there are any concerns with my relative". However a relative raised concerns about the lack of appropriate action when their relative's condition had changed and no medical help was sought until they raised this with the staff and this was being investigated at the time of the inspection.

People had access to healthcare professionals. District nurses also visited the home regularly to provide help and advice in the management of deteriorating service users. Healthcare professionals had raised some recent concerns about referrals of deteriorating service users which had not been made in a timely way and this was being investigated. Where necessary other professionals were involved in people's care, such as speech and language therapists (SALT) and physiotherapy.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards, which apply to care homes. These required providers to submit applications to a 'supervisory body' for authority to deprive someone of their liberty. Following a Supreme Court judgement earlier in 2014, the definition of a deprivation of liberty was widened and clarified. We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).There was one person who was under this safeguard and all appropriate bodies were involved in the decision making process. The DoLS had been reviewed and renewed to ensure this person was not subject to unnecessary restriction and met with legal requirements. The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005(MCA) and DoLS. Staff had undertaken training in MCA and DoLS.

Some care records contained details of family involvement in the development of care plans for those people who were not able to participate due to their mental frailty. Where people lacked the mental capacity to make specific decisions, staff were not consistently following the principles of the MCA. This would ensure any decisions were made in the person's best with involvement of service users or appropriate others. People using the service had varying degrees of dementia and mental health illness. The care plans did not all contain mental capacity assessments and it was not always clear how best interest's decisions were taken to ensure decisions and care provided met the needs of people. The manager had taken some actions in involving relatives and was exploring this further such as use of local advocates. Care records contained do not attempt resuscitation (DNAR) forms which had been completed appropriately.

The home was purpose built to accommodate older people and divided into two separate units. There was level access to a well-established secure garden area on the ground floor. Bedrooms and the communal areas were spacious and bright. The first floor where people living with dementia were accommodated was large and spacious which allowed people to walk about safely. There were seating areas and other items of interests which people stopped to look at or carried with them.

However staff said most people were not able to access the garden independently and spent most of their time on the first floor. Following the inspection, the registered manager told us people on the first floor were assisted to access the garden, weather permitting. Care plans would be developed to reflect and facilitate this, records will be maintained. The benefits for people living with dementia and gardens are well documented such as improving wellness, reminiscence and motor skills. The signage around the home was not adapted for people living with dementia. The doors were all the same colour, toilets and bathrooms were not clearly identified to aid and support people's independence.

We recommend that the provider considers current guidance on enhancing the environment for people living with dementia.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff. They said the staff were "very kind" and "that things were improving". Comments from people using the service included, "The staff are very good and they look after you well". They said the staff were kind to them and "we like them". A family member told us, "The staff are very kind and they don't fob me off when I ask questions." Another relative visited a few times a week and was very happy with the care their wife was receiving and said "they do look after her well."

Staff were kind and caring in their dealings with people using the service and there was good interaction. Staff spent time with people chatting and offering social interaction. A staff member supporting people with lunch in their bedrooms was very patient; they explained to the person what they were eating, encouraged them and interacted verbally throughout the meal. Interactions observed during the two days demonstrated staff were caring and treated them with kindness and respect.

There were normally no restrictions on visiting and visitors and relatives were made welcome. The majority of people using the service were not able to participate in decisions about their care due to their mental frailty. People and/or their relatives were involved in the care planning as appropriate. People's families were kept informed of changes or new treatment. A relative told us "they (the staff) are very good and let you know if the doctor has been and such things". A relative was upset as they arrived to visit their relative as they were told they could visit. However the home was closed to visitors due to the outbreak of flu. The manager supported this relative in a compassionate way, apologising for the error and arranged for them to stay with their relative as planned.

Staff used people's preferred form of address and were respectful when providing support to them. The induction training for all staff included dignity and respect and care practices observed reflected these. Staff were caring and had a good understanding of people's needs. The staff were engaged in meaningful conversation, checking people's welfare and re-assuring them of their concern. Staff interacted positively with people in the dementia unit, allowing them time to express themselves and using distraction when a person became agitated.

The service had appropriate policies in place to ensure people's privacy and dignity was respected. Staff described how they did this in practice, for example by making sure doors were closed when people received personal care. Staff ensured people were not exposed when they were helped to move using the hoist and were respectful of their dignity. The staff were kind and caring in their approach and had a good rapport with the people they were supporting. We observed people were comfortable with staff and interacted with them positively. Staff ensured people were informed of and sought their consent prior to providing care and support.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in July 2014, the provider was in breach of Regulation 9. There was inadequate care plans for people who were at risk of choking and were receiving thickened fluids. This put people at risk of receiving inconsistent care and not according to their needs. We received an action plan and the provider stated they would become compliant by 31 December 2014. At this inspection action had been taken and care plans contained details of support people needed to manage their risk of choking.

Before people moved into the home, an assessment was carried out to determine if the home was able to meet their needs. Where people were unable to participate in these initial assessments, staff used information from the hospital, care managers and relatives as appropriate. However, although the record of a recently admitted service user contained a detailed assessment there was no care plans to assist the staff in providing safe and appropriate care for that person. This person had been at the home for a week as respite care. There was conflicting information with regards to their dietary needs and the type of diets they needed, which may impact on the care and support they received. Another person's record showed their care plans were not fully completed until a month after their admission, and only basic information was available. The absence of detailed care plans for new people put them at risk of receiving care which was not consistent and personalised.

One person had two pressure ulcers but their pressure risks had not been assessed. The "Waterlow" risk assessment which is a recognised tool used for the assessment of pressure risk had not been completed. There was no nutritional risk assessment completed to ensure this person was appropriately supported and received an adequate food and fluids intake. Best practice guidance and research has demonstrated that eating a healthy, balanced diet that contains an adequate amount of protein and a good variety of vitamins and minerals can help prevent skin damage and speed up the healing process. People were put at risk of receiving inappropriate care and not according to their assessed needs.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the care plans in the nursing unit had clear evidence of how the provider had responded to people's individual wishes. For example one person had requested preference for only female care staff to offer personal care. This had been respected and appropriately recorded so that staff knew about this person's choice.

There was a lack of meaningful activities in order to meet the individual needs of people and this increased the risk that people would experience social isolation. Relatives told us the staff did their best and they came in daily to spend time with their relatives and "keep them company". There was a programme of activities but observation on the day of the visit showed that this did not provide sufficient interaction and mental stimulation for people living with dementia.

There was one activity co-ordinator to provide support to people in both units. Staff commented that "there are not enough hours" for one person to provide activities to 25 people in one part of the home, who had varying needs and living with dementia. People were seen asleep in the lounges, at the dining room tables or in their bedrooms with no stimulation or meaningful activities. Due to a flu outbreak, there were more people who stayed in their bedrooms and this may have impacted on the level of activities at the time of the inspection. On the second day, a group activity took place during the afternoon which was interactive and people were positive about the activity which they said was "very good and lovely". People on the ground floor were satisfied with the activity provided and their choice in not partaking in activities was respected.

We recommend that the provider considers current guidance on enhancing the activities available for people living with dementia.

People who had diabetes had their blood sugar monitored at regular intervals, particularly for those who were on insulin. Staff knew each person well and staff were able to describe their needs, abilities, and the way in which their care was provided. This included blood sugar monitoring and appropriate diets.

Requires Improvement

Is the service responsive?

Documentation such as a “knowing me” booklet had been developed for some people when they were transferred to other facilities. This was to ensure all relevant information about people was available and gave details about the service user’s needs and abilities. This was good practice, as there were a number of people living with dementia who would not be able to contribute to their care.

There were clear arrangements for responding to complaints and supported by the provider’s policy and procedures. A complaint log was maintained for recording complaints which included details of investigations and feedback they had provided. Relatives said they could raise their concerns with management if needed. A relative had commented “any concerns I have had over past months have been addressed quickly”. Information about how to raise any concerns was available at the home. There was evidence of learning from complaints which included staff’s training in undertaking a certain procedure.

Requires Improvement

Is the service well-led?

Our findings

Following the last inspection in July 2014, we issued the provider with a compliance action, as the internal auditing system was not effective and did not identify shortfalls such as the environment and furnishing for appropriate action to be taken. The provider sent us an action plan which stated they would become compliant by 31 December 2014. There was no registered manager at the service at the time of the inspection. The manager had started the process to register with the Care Quality Commission (CQC).

At this inspection we found the provider had taken appropriate action as part of their renovation programme; a number of chairs, sofa and footstools had been replaced. The provider told us of their plan for 12 bedrooms and the communal areas to be renovated between January and March 2015. There was an on-going programme of refurbishment to ensure all parts of the home remained safe and fit for purpose.

A number of audits were completed which covered areas of the running of the home and were carried out by the organisation's quality management team every three months. The manager and staff also undertook some internal audits for medicines, health and safety and care plans. The care plans audit had been recently started and only a small sample had been completed. Records of food and fluids were inadequate where gaps were found from teatime until breakfast the following day and this had not been picked up by the provider's audit.

Although there was an audit system, this was not always effective through lack of continuous monitoring such as food and fluids charts care planning and medicines management were not robustly applied.

The examples above show the audits were not effective which may impact on people's health and welfare. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were complimentary about the changes in management although there had been "lots of changes in staff". A person commented they "hope this new manager can carry on making a difference". People said things had much improved over the last few months.

A process to seek service users' views had recently been developed at the beginning of January 2015. Ten surveys were sent out and five responses received when we inspected. Some of the issues raised in the survey included staffing, supervision of people, lack of activities and laundry. The outcome of the survey was being collated and the manager said an action plan would be developed to address any issues from it. Service users' meetings had resumed including family and friends meetings which gave people an opportunity to get involved in the home.

Staff discussed the organisation vision and values such as treating people with respect and a staff commented "being there for the residents". Three care staff and two team leaders told us that they felt very confident in the new manager; who was "very approachable" and had ideas for improvement that she discussed with staff. Staff said they felt supported by the management team, and were given feedback about their work. Information was communicated to them through staff meetings.

The training records showed for infection control 80.36%, and safeguarding 89.29% of staff had up to date training. There were a number of care and cleaning staff that needed training updates.

Management promoted an open door policy and the day-to-day culture in the service was reviewed and discussed at their daily handover and general staff meetings. The manager was aware and notified the Care Quality Commission (CQC) of significant events regarding people using the service, as per the registration requirements. The management structure was well developed; the manager was supported by an area manager who attended the home regularly. Management team discussed their approach to joint working with the local council and safeguarding team, carrying out investigations as requested and attendance at safeguarding meetings. Where concerns were identified these were responded to and remedial action taken to improve practice and the manager was looking at strategies for development of relationship with the local district nursing team.

Policies and procedures were appropriate for the type of service, reviewed regularly taking into account current legislation and accessible to staff. There was a whistle blowing policy in place. Whistle blowing where staff can report their concerns about things that are not right, are illegal or if anyone at work is neglecting their duties,

Requires Improvement

Is the service well-led?

including someone's health and safety is in danger. The staff had a clear understanding of their responsibility around reporting poor practice, including where abuse was suspected.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **How the regulation was not being met: People who use services and others were not protected against the risks of unsafe care. Care and support plans were not developed and relevant to people's current needs. Regulation 9 (1) (2).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **How the regulation was not being met: People were not protected for the risks of inappropriate care as the audits did not effectively identify risks to health, safety and welfare. Regulation 17(2) (b).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **How the regulation was not being met: People were not protected from the risk of infection because the premises were not always clean. Staff's practices did not follow infection control guidance. Regulation 12(1) (2)(h)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

This section is primarily information for the provider

Action we have told the provider to take

How the regulation was not being met: Medicines such as creams and ointments were not always managed safely. Regulation 12 (1) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs How the regulation was not being met: People were not supported to receive adequate food and fluids which put them at risk of malnutrition. Regulation 14(1) (2) (3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: People were not protected from the risk of receiving inappropriate care due to the lack of staff training updates, supervision and professional development. Regulation 18 (2) (a)

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.