

Scaleford Care Home Limited

Scaleford Care Home

Inspection report

Lune Road
Lancaster
LA1 5QT
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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?

Requires improvement



Overall summary

This unannounced inspection took place on 07, 08 and 11 January 2016. We undertook this inspection to assess whether the provider had made improvements to meet the requirements of the regulations.

Scaleford Care Home provides care and support for a maximum of 32 people. At the time of inspection 15 people lived at the home. The home is situated in a residential area of the Marsh in Lancaster and overlooks the River Lune. Bedrooms are situated over two floors and a stair lift is available to assist people with poor mobility to gain access to the upper floor. There are three lounge areas and a dining room.

A registered manager was not in post at the time of the inspection. A registered person is registered with the Care Quality Commission to manage the service. 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 provider had designated a member of staff to be the acting manager, who we were informed was planning to apply to become the registered manager.

The service was last inspected 21, 22, 23, 24, 28 July 2016. The registered provider did not meet the requirements of the regulations during that inspection as multiple breaches of the Regulations of the Health and Social Care

Summary of findings

Act 2008 (Regulated Activities) Regulations 2014 were identified. Breaches were identified in requirements relating to fit and proper persons employed, safeguarding people from abuse, good governance, supporting staff, safe care and treatment, acting upon complaints and duty of candour.

Continued breaches were also identified to regulations in relating to staffing, consent to care and treatment, infection control, availability and suitability of equipment and management of medicines.

At the inspection in July 2015, the service was placed in special measures by the Care Quality Commission, (CQC.)

During this inspection in January 2016, we found some improvements to meet the fundamental standards had been made. As a result the service has been taken out of special measures. The service will be expected to sustain the improvements and this will be considered in the future inspections.

At this inspection carried out in January 2016, improvements had been made to ensure people who lived at the home were safe. Suitable arrangements had been implemented to protect people from the risk of abuse. Processes were in place to ensure safeguarding alerts were identified, reported and responded to appropriately. Staff understood their responsibilities and how to report safeguarding alerts.

We saw there had been a decrease in the number of reported falls since the previous inspection. Systems had been implemented to monitor and manage falls however these were not always consistently followed by staff.

Suitable arrangements were sometimes in place for administering of medicines. All medicines were stored securely when not in use. Improvements had been made to monitor people who required soluble medicines at mealtimes. Audits of medicines were carried out by the acting manager. Systems had been put in place to ensure creams and ointments were administered correctly. We did however note systems in place for PRN (as and when required) medicines did not reflect current good practice guidelines. We have made a recommendation about this.

Staffing needs had been addressed since the last inspection. A cleaner had been recruited to address all concerns identified in relation to infection control. Systems had been established to ensure the environment

was clean and tidy and free from odours. Cleaning staff were aware of their duties and kept records of all cleaning duties. Care staff had been relinquished of all cleaning duties whilst on shift.

The registered provider had taken action to ensure the living premises were fit for purpose and had carried out all remedial works that were identified at the previous inspection. Stained carpets had been cleaned or replaced. Damaged furniture had been removed from rooms and replaced. Rooms not in use had been made secure.

Procedures to lawfully deprive people of their liberty had been considered and applications had been made to the Local Authority. People who lived at the home were free to mobilise throughout the building.

Capacity and consent of all people who lived at the home had been reviewed. We saw evidence best practice guidelines were followed when people were assessed as not have capacity. Advocates had been sought for people without families to assist people with decision making.

We observed staff responding to requests and noted people's needs were promptly addressed. People who used the service spoke highly of the staff and their attitude. Most staff were patient and respectful to people using the service, although we did identify some interactions which were addressed by the acting manager when we alerted them of our concerns. The acting manager told us they were monitoring that respect and dignity was embedded into all service provision.

Person centred care was provided at all times by staff who knew the people well. Staff knew of people's likes and dislikes and respected these whilst supporting people. People who lived at the home were encouraged to be involved in how the home was run and were encouraged to make suggestions as to how the service could be improved.

Systems had been implemented to ensure staff were equipped with the necessary skills required to carry out their role. The acting manager had developed a training schedule for all staff members employed at the home and staff told us they had completed some training in the past six months. The acting manager showed us records to demonstrate training had been planned and delivered.

Summary of findings

However auditing of staff training had not taken place and there were still some training gaps in mandatory training. We have made a recommendation regarding this.

Induction processes for new staff had been developed and implemented. Staff told us supervisions were provided by the acting manager.

People's nutritional needs were met by the registered provider. People were offered a choice of meals and meals were prepared according to health needs. Support was given in a respectful manner if people required support at meal times.

The registered provider had reviewed their complaints system and had developed a system for staff to come forward and register any concerns they may have. Staff were aware of the system in place and how to complain. The registered provider had started to develop open lines of communication with relatives of people who lived at the home.

Activities were provided during the course of the inspection. There was no structured formal activity plan on a daily basis but we observed staff taking time out and carrying out 1:1 activities with people during the day. We also saw evidence the acting manager had started to increase links with the local community.

The acting manager had started improving paperwork for all documentation relating to people who lived at the home. This had not been fully completed at the time of the inspection. The acting manager had also implemented an auditing system for auditing quality of service provision and tasks completed by staff members. We found however these systems had not been consistently applied and we identified some concerns during the inspection. The acting manager agreed to review their own systems and processes.

Feedback from staff who worked at the home was mixed. There was a general consensus teamwork had improved but we received mixed feedback upon the approach of management in response to handling of all the changes and the morale of the workforce.

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?

The service was not consistently safe.

The provider ensured there were sufficient numbers of staff on duty at all times to meet the needs of the people who lived at the home.

Procedures to manage the spread of infection had been implemented and were consistently followed. Equipment was suitably maintained.

Systems to manage and monitor accidents and incidents had been established. However during the course of the inspection we identified systems were not consistently applied by staff.

Suitable systems were in place to ensure medicines were sometimes managed safely. However, PRN medicines lacked instruction and did not follow good practice guidelines. We have made a recommendation in regards to this.

Requires improvement



Is the service effective?

The service was not consistently effective.

The acting manager had followed best practice guidelines to ensure people who lived at the home were not deprived of their liberty unlawfully. Consent and capacity had been reviewed and systems were in place to ensure any decisions made on behalf of a person who lived at the home were made in the person's best interests.

Staff had been provided with some training to enable them to carry out their roles effectively. There were however still some gaps in training provisions for staff.

Records demonstrated health professionals were consulted with for support and assistance. Health needs of people living at the home were met.

People's food and nutritional needs were sometimes met by the registered provider.

Requires improvement



Is the service caring?

Staff were not consistently caring.

People who lived at the home and their relatives told us staff were caring.

We observed staff treating people with patience and compassion. Staff took time out from their roles to ensure people were happy and content. Staff had a good knowledge of people who lived at the home.

We noted on one occasion dignity was compromised. The acting manager took steps to address this immediately when they were made aware of the incident occurring.

Requires improvement



Summary of findings

Is the service responsive?

The service was not consistently responsive.

Systems had been implemented to improve communications between staff employed at the home, relatives and visitors to the home to ensure any concerns or complaints identified were dealt with in a timely manner.

Systems had been implemented to improve documentation in relation to people who lived at the home. This had not been fully completed. These meant risks to people's health and welfare were not consistently managed.

Activities for people who lived at the home were provided on an ad-hoc basis. We observed some activities being completed with people during the course of the inspection.

Requires improvement



Is the service well-led?

The service was not consistently well led.

The registered provider had failed to ensure there was a manager in post who was registered with the Care Quality Commission.

An acting manager was in place and staff, people who lived at the home and relatives all spoke highly of the acting manager and expressed confidence in the knowledge and skills of the acting manager.

Systems and processes were in the process of being established to ensure the service provided met the required regulations.

There was mixed feedback about the morale of staff at the home. The acting manager had started taking action to address standards of professionalism of staff.

Requires improvement



Scaleford Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Health & 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 was carried out over three days on 08, 09 & 11 January 2016. The first day of the inspection was unannounced. The following two days were arranged with the registered provider. We inspected the service against all five key questions we ask about services: Is the service safe, effective, caring, responsive and well-led?

On day one of the inspection, the team consisted of one adult social care inspector, an inspection manager, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience of caring for people who were vulnerable. The specialist advisor was a qualified doctor with experience in mental health and older people's services. On days two and three the inspection was carried out by an adult social care inspector.

Prior to the inspection taking place we reviewed information regarding Scaleford Care Home from a variety of sources. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home.

We also spoke with the other agencies that had some involvement in working with the registered provider. This included the Local Authority contracts and commissioning

team and the Local Authority safeguarding team. This allowed us to gain information relating to the quality and safety of service being provided and influenced our inspection planning. The Local Authority contracts team were currently working with the service provider to improve the service being provided.

Information was gathered from a variety of sources throughout the inspection process. We spoke with ten staff members at the home. This included the registered provider, the acting manager, the cleaner, the cook and six members of staff responsible for delivering care.

We spoke with six people who lived at the home to obtain their views on what it was like to live there. We also observed interactions between staff and people to try and understand the experiences of the people who could not verbally communicate.

We also spoke with two relatives who were visiting people who lived at the home and one health professional who had attended the home to see a person who lived at the home.

To gather information, we looked at a variety of records. This included care plan files relating to six people who lived at the home and Medication Administration Records for each person who lived at the home. We also viewed three staff members' recruitment files. We also viewed other documentation including minutes of team meetings, investigation meeting minutes, cleaning schedules, health and safety certification, and staff training records.

We looked around the home in both public and private areas to ensure remedial works identified at the previous inspection had been undertaken and to ensure infection control processes were being consistently applied throughout the home.

Is the service safe?

Our findings

At the inspection dated July 2015, we identified breaches to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014, (Safeguarding service users from abuse and improper treatment). People were not protected from abuse and harm. The registered provider had failed to ensure effective systems for reporting safeguarding concerns were established and maintained. Although staff had an understanding of what constituted abuse they were unable to demonstrate an understanding of how to report safeguarding concerns. Staff relied upon the registered manager making alerts following them being raised. There were no systems in place for staff to be assured safeguarding alerts were acted upon.

At this inspection carried out in January 2016, we found the acting manager had implemented a new procedure for reporting safeguarding alerts. The acting manager had designed a safeguarding protocol which was displayed in a communal area for staff to refer to. The acting manager had also put together a safeguarding file for staff to refer to, if in doubt. Staff were aware of their roles and responsibilities in reporting any safeguarding concerns. Staff could describe types of abuse and how it may present. One staff member told us, "I know if someone is being abused I can raise it with seniors or I can raise issues myself with the safeguarding team. The telephone number is on the wall." Another staff member told us they had recently made an alert to the Local Authority. A further staff member told us they felt confident and would make a safeguarding alert to the Local Authority should a senior manager not be on shift at the time of the incident. The staff member was aware of protocols and where the telephone number was displayed. Staff we spoke with also confirmed they had attended safeguarding training since the last inspection. This showed the acting manager had ensured staff were aware of how to protect people from abuse.

At our last inspection in July 2015, we identified breaches to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered provider had failed to assess the risks to the health and safety of the people who lived at the home. Accidents and incidents were not consistently recorded and were not audited by the registered manager. We identified people at risk of harm as auditing procedures were not in place to monitor

the number of falls people experienced. This meant some people had experienced a large number of falls and had not been referred to specialist advisors for further guidance.

During this inspection carried out in January 2016, we noted a new recording system had been implemented by the acting manager which allowed the acting manager to have an oversight on the number and types of incidents that happened on a monthly basis. This enabled the acting manager to look for themes and analyse any patterns as a means to monitor and prevent further incidents occurring. Records maintained demonstrated there had been a decrease in the number of falls since the last inspection. The acting manager said they believed this was due to staff receiving training in this area.

The acting manager told us they had implemented a new system for reporting and recording falls. Each falls incident was immediately recorded in the persons care notes and as protocol a safeguarding alert would be made to the Local Authority. We asked staff about the new protocols in place. Staff were able to talk us through the procedure and confirmed the incident would be reported to safeguarding. One senior told us they had made at least three safeguarding referrals for people following a fall. They told us, "If anyone has a fall we will do a protocol safeguarding. After the fall we also complete an accident report." Following our inspection we saw evidence this had occurred on one occasion.

The acting manager had carried out an audit regarding the usage of bed rails at the home. When people required bed rails to meet their personal needs, risk assessments had been carried out in conjunction with relevant professionals and family relatives where appropriate.

As part of this inspection process we looked at care documentation to see how the registered provider managed and assessed other risks in relation to the people who lived at the home. The acting manager told us they had started to change all paperwork relating to management of risk. The acting manager hoped the new documentation would make it easier for staff to understand and consequently identify the risks. The acting manager had completed five of the fifteen files.

We looked at a mixture of old and new files and saw information within the new system was easier to track and understand. Risks were addressed in both care plan

Is the service safe?

systems and covered a range of topics including management of challenging behaviour, management of health needs and pain management. Screening tools for tissue viability and falls were included for those at risk. A senior staff member informed us they now held responsibility for reviewing a number of care records. The senior staff member said, "We review people's care records at least monthly or whenever needs change." Regular reviews had taken place on a monthly basis in five of the six files we viewed. This showed the acting manager had systems in place to monitor risk but this had not been consistently applied within all files. On the first day of inspection the acting manager agreed to look into this. We were made aware on the third day of inspection the concerns raised had been addressed by the acting manager.

At the inspection in July 2015, we identified a continued breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, (Safe Care and Treatment) as the registered provider had failed to ensure the proper and safe management of medicines. We found medicines kept at the home were not stored securely and were not always appropriately managed. We found creams and ointments were in people's bedrooms and were not secure. Systems were not in place to ensure the right medicines were given to the right person.

At this inspection carried out in January 2016 we found medicines and creams were stored securely in accordance with guidelines. The acting manager had implemented a blue beaker system so all soluble tablets could be easily distinguished from other drinks at the table. The acting manager had also implemented a new system for administering of medicines and had provided staff with training to safely administer medicines. Staff who administered medicines confirmed they had received training in this area.

We looked at medicine and administration records (MAR) relating to each person who lived at the home. We did this to ensure people who lived at the home received the correct medicines at the correct times. MAR records demonstrated staff were signing as and when required to show medicines have been administered. There were no gaps in MAR sheets which implied medicines had been administered accordingly.

We noted MAR sheets did not have people's allergies recorded upon them. We spoke to the acting manager

about this and they told us people's allergies were recorded on a separate sheet in the medicines records. We saw this was the case. The acting manager agreed however to transfer all the information for each person onto the MAR sheet. This had been completed at the end of the inspection.

The acting manager had implemented a system for the usage of body creams and ointments. Body maps were kept for each person who required support with creams and ointments. Each cream had a separate body map so body areas which required application of creams were clearly detailed. Staff signed each time creams had been applied. This demonstrated that treatment was being provided in accordance with people's needs.

One person had pain relief prescribed to them with directions to be given on a daily basis. We saw this had not been carried out and medicines had not been administered as per the MAR record. We spoke with the acting manager about this and they told us this was a mistake upon the MAR sheet. They said the pain relief was to be used when the person was in pain and was stored separately to the blister packed medicines. The acting manager agreed to have this rectified with the person's doctor immediately.

Good practice guidelines in relation to PRN medicines administration were sometimes followed. PRN medicines are medicines which are only administered on an infrequent basis. We saw the registered provider kept separate carers notes. These detailed the time the medicine was given and the reason for this. Good practice guidelines in relation to PRN medicines were not always clear. For instance, some PRN medicines had directions written on the MAR sheet that stated, "As directed." Although directions were vague, we spoke to staff to seek clarity as to what this meant and staff had an understanding of why people were administered particular PRN medicines. One member of staff also told us one person was administered PRN medicines for pain relief. They said when people could not verbally communicate; they looked at people's body language to see if they looked in pain. They then used this judgement as to whether or not to administer pain relief.

At the inspection in July 2015 we identified a continued breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safe care and treatment) in relation to the management of infection control at the

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home. The registered provider had failed to ensure systems and processes were in place to assess the risk of, prevent, detect and control the spread of infections. These meant tasks in relation to cleaning were going amiss. Care staff were also expected to carry out cleaning alongside their caring roles but they told us they did not have time to carry out all duties. Records were not maintained to show works had been completed. We found six of seven bathrooms were unclean and the home emanated with bad odours. We noted beds had been made up with soiled and dirty bedding. Staff told us they did not have ready access to personal protective equipment which is crucial in maintaining infection control processes.

At this inspection carried out In January 2016 the registered provider had employed an additional cleaner to carryout cleaning duties. This meant there was a cleaner at the home on a daily basis. Cleaning tasks had been removed from care workers, freeing up their time to provide direct care. Two care staff confirmed they were no longer accountable for any cleaning. We were informed by the acting manager a steam cleaner had been purchased since the last inspection and carpets were steam cleaned on a frequent basis. We spoke with a cleaner who told us things had improved since they had been employed. The cleaner said they had seen a lot of improvements in the home in relation to the smell of the home and teamwork between staff. The cleaner told us they had qualifications to enable them to carry out their role proficiently. The cleaner took pride in their work and said, "I don't believe in cutting corners."

We carried out a visual inspection of the home to see if standards had improved. On day one of the inspection a strong odour was present in one of the communal areas. We spoke with the acting manager about this and they informed us this was due to spillages of drinks. The acting manager said they were going to ask the night staff to steam the carpet that night. On the second and third day of inspection the odour was no longer there.

We found all odours had been removed from the home and bathrooms were clean and tidy. Bedrooms were also clean and tidy and the four beds we checked had clean linen upon them. Improvements had also been made in the laundry to ensure dirty and clean laundry were kept away from each other. This prevented cross contamination between linen.

We saw each bedroom had been provided with hand wash facilities for staff to ensure they could wash their hands when required. Signage had also been provided at the home to encourage staff to follow recommended guidelines for washing of their hands. We observed staff wearing personal protective equipment during the course of the inspection.

The acting manager had put in place a cleaning schedule and had allocated cleaning tasks between the cleaner and the housekeeper. Both staff were clear of their responsibilities and records were kept on a daily basis of all tasks completed. The acting manager told us they regularly carried out spot checks to ensure the home was suitably cleaned.

The registered provider had also replaced furniture within the home to ensure it was more conducive to meeting infection control requirements. Fabric chairs had been replaced with chairs which could be easily wiped down. Dining tables were free from scratches and peeling varnish.

One relative we spoke with commented positively on the improvements made in regards to the cleanliness of the home since the last inspection. The relative said however the home could still benefit from some re-decoration, noting the environment was "tired." We spoke with the registered provider about this and they informed us a scheduled plan of redecoration had been identified and they hoped to action this soon.

At the inspection in July 2015, we identified a continued breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing.) This placed people at risk of receiving unsafe care and treatment. Staff rotas demonstrated there was a high staff turn-over at the home and staff were having to work above and beyond their hours. Staff were scheduled to work thirteen hour days and said these long shifts caused disharmony. We were told by the registered provider they had experienced a high level of staff sickness and this too had impacted upon staffing levels and morale. The registered provider was also relying on agency staff to ensure staffing levels were maintained.

During this inspection carried out in January 2016 we looked at staffing levels to see if the registered provider had taken action to ensure improvements had been made to staffing.

Is the service safe?

The acting manager told us staffing levels had recently dropped to one senior and two carers throughout the day. This was due to a recent reduction in the number of people living at the home and due to two staff leaving employment suddenly. The acting manager told us they were inducting a new member of staff in the next week and hoped to increase the staffing levels to four once more, once new staff had been inducted. We spoke with the acting manager about the importance of reviewing and auditing staff levels when people's needs changed or when new people were admitted to the home. The acting manager said they would look into a staff dependency tool which would aid them with these decisions.

Observations made during the course of the inspection demonstrated people who lived at the home did not have to wait for staff to meet their needs. If people requested help, there were staff on hand to assist. One staff member said, "We no longer do cleaning. It has taken some time off us and gives us time to sit with the residents." Staff were not rushed and were patient with people who lived at the home. Deployment at lunch time on the first day however was stretched and staff were having to multi-task to ensure people's needs were met. We discussed this with the acting manager at the end of the inspection. They told us they had already addressed this and an additional staff member had been drafted in to help at lunch times. We noted additional help was brought in at lunch time on the second day of inspection.

We asked staff their views on current staffing levels. Feedback in regards to staffing levels was mixed. Three staff told us they felt staffing levels were sufficient and allowed them to carry out their roles accordingly. One staff member said, "Staffing levels are fine. We are doing fine today. We now have time to spend with residents." Two staff members said they were stretched as staffing levels had been reduced to three. Another staff member who was dissatisfied with current staffing levels did say the acting manager had informed them if people's needs changed an extra staff member would be made available. This demonstrated the acting manager was aware of the need to vary staffing levels to meet people's needs. Staff told us they had been happy to help out during the staffing shortage and spoke about the importance of not letting their team members down. One staff member said, "You don't want to let your team down."

Information held upon the rota demonstrated staff were still completing twelve hour shifts. We spoke with the registered provider about this and they said they had consulted with staff who had requested twelve hour shifts stayed in place. The registered provider said they were still considering whether or not to change the duration of shifts. Five of the six staff we spoke with told us they preferred the twelve hours shifts

At the inspection in July 2015 we looked at recruitment processes carried out by the registered provider and identified there was a continued breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Fit and proper persons employed.). We found requirements identified in the January 2015 inspection had not been addressed to ensure robust systems were applied. Effective systems were not in place to make sure only suitable staff were recruited to work with vulnerable adults. Disclosure and Barring Service (DBS) checks for all new staff were not consistently received prior to a staff member working unsupervised. References and full employment histories had not been sought for all new members of staff recruited.

At this inspection carried out in January 2016, we looked at records relating to all staff that had been recruited since the last inspection. We found the acting manager had made improvements to ensure they were meeting the fundamental standards in this area. Of the two records we viewed, we saw full employment histories were in place for each staff member. One staff member had gaps in their employment history and these were clearly explained within the application form. Both staff members had references held within their file from previous employers to demonstrate they were of good character. Advice from the DBS was also followed. The registered provider was advised to wait for a full certificate to be provided prior to one staff member being recruited. The acting manager followed this advice and there was evidence on file to show the staff member did not start work until they were in receipt of a full DBS certificate. We spoke with both staff members who had been recruited since the previous inspection and they verified they did not commence employment until the DBS had been received. This showed the registered provider had taken action to ensure all required pre-recruitment checks were in place prior to a staff member starting work.

At the inspection in July 2015, we identified a continued breach to Regulation 15 of the Health and Social Care Act

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2008 (Regulated Activities) 2014 (Premises and equipment.) People were not safe as the registered provider did not have adequate systems in place to ensure equipment being used at the home was in safe, working order. The registered provider could not provide suitable evidence to show portable appliance testing of all electrical appliances had been completed. Prior to the inspection we were also alerted to concerns in relation to the equipment and environment at the home by the senior environmental health officer at Lancaster City Council. We also noted the registered provider had failed to undertake recommendations made by Lancashire Fire and rescue service. During the inspection we found some equipment was not suitable and safe for use.

Following the inspection the registered provider sent appropriate certification to show risks had been addressed to demonstrate equipment was safe for use.

At this inspection carried out in January 2016 further improvements had been made to the environment. The registered provider had conferred with Health and Safety Guidance and had ensured window restrictors were fitted to all windows. The acting manager had developed a guide

for staff to clearly show the fire zones within the home. The fire plan contained information about each person who resided in each zone. Personal evacuation plans had been developed for each person and the acting manager had briefed staff about what to do in a fire and how to use the evacuation equipment. The acting manager had also reinforced this information through individual supervision as well as through training. Staff confirmed they had received training and instruction in this area.

At this inspection we found all works identified at the previous inspection had been repaired. Bedrooms no longer were fitted with broken bedroom furniture, a chipped sink had been replaced and holes in ceilings and outer walls had been repaired. A carpet strip had been fitted to stop people from tripping over a fraying carpet. This showed us the registered provider had taken action to minimise any risks of people being harmed by substandard equipment.

We recommend the provider consults with and implements good practice guidelines surrounding the usage and documentation of PRN medicines.

Is the service effective?

Our findings

All the people we spoke with who lived at Scaleford Care Home praised the effectiveness of the service and expressed satisfaction. One person said, "I don't want to live anywhere else." Another person said, "Living here is alright. I know I am looked after." And, "I've been here a long, long time. I am happy here. They look after me well."

At the inspection carried out in July 2015 we identified a continued breach of Regulation 13 of the Health and Social Care (2008) Regulated Activities (2014). The registered provider had failed to act lawfully in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Standards. We identified numerous restrictions in place for people who lived at the home. Legal process had not been followed to ensure people's rights were lawfully upheld.

At this inspection carried out in January 2016, we looked to see if the registered provider was working within the principles of the Mental Capacity Act legislation (2005.) The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We asked the acting manager to confirm what improvements had been made since the previous inspection. The acting manager confirmed an application had been made for all the people who lived at the home to be deprived of their liberty in accordance with the MCA. We were shown records to confirm this had occurred. We were informed no applications had yet been processed by the Local Authority. The acting manager showed us evidence they were having regular contact with the Local Authority to check on progress of each application. We noted the acting manager had also kept the Local Authority updated when a person had moved on from the service or had deceased.

At this inspection carried out in January 2016 we observed Yale locks had been taken off bedroom doors. This meant people had the freedom to access their bedroom whenever they wished. Staff were aware of the need to promote choice and we observed people being asked if they would like to visit their room during the course of the inspection. One bedroom still had a lock upon it. The acting manager explained this person had been asked about their preferences and they had requested the lock remained. The acting manager said, "They have capacity, it was their choice." This demonstrated the acting manager had an understanding of capacity and people's rights to make choices.

We spoke with staff about their understanding of the MCA. Staff were aware of their responsibilities within the Act. Staff confirmed they had received training in this area since the last inspection and were confident they had an understanding of the principles of the Act.

At the inspection in July 2015 the registered provider had a poor understanding of capacity and consent. People without capacity had been asked to complete consent forms for care and treatment. One person had a Lasting Power of Attorney in place but they had not been consulted with regarding to decision making. Another person was consulted in regards to a specific decision when they had no jurisdiction to do so. Staff told us they had not received any training in this area.

During this inspection carried out in January 2016 we checked care records to see how capacity had been assessed and how decisions were being made for people who lacked capacity. Within the six files we looked at, we found evidence the registered provider had completed a capacity assessment for each person. There was also evidence of best interests meetings taking place for people who lacked capacity. Best interests meetings had taken place for one individual when their needs had changed. A best interest's decision was made with the family and health professionals about how to best support the person. When people lacked capacity and had no family members to support them with decision making, the acting manager had consulted with advocacy groups and solicitors to be independent parties. This demonstrated good practice guidelines were being followed.

At the inspection in July 2015, we identified a continued breach to Regulation 19 of the Health & Social Care (2008) Regulated Activities 2014 because suitable systems were

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not in place to ensure staff were equipped with the necessary skills to carry out their role. Staff told us training had not been made available to enable them to proactively support people with behaviours which may challenge the service. This lack of training placed people who lived at the home and staff members at risk of harm.

During this inspection carried out in January 2016 we looked at training records to see if improvements had been made to staff training. We looked at a training matrix the registered provider had devised to see what training had been provided to staff. Since the last inspection training had been provided to staff in the areas of safeguarding of vulnerable adults, food hygiene, infection control, fire safety and Mental Capacity Act awareness. Information held within the training matrix showed dementia awareness and health and safety training were also booked for the on-coming month.

However the training matrix demonstrated that since the last inspection no training had been provided to staff to assist them to manage behaviours which may challenge a service and only two staff had been provided with training to manage behaviours which challenged. One staff member said they thought they had received some training in this area in the past few months. We spoke with staff about the lack of training in this area and staff we spoke with said they were confident they could deal with any behaviours which may challenge at that moment in time.

We also identified significant gaps within training in the areas of First Aid, Food Hygiene and infection control. Only four of fifteen staff had completed first aid training. The acting manager told us rotas were completed to ensure there was always a member of staff on duty with a first aid qualification. We looked at rotas for the previous three weeks and compared staffing arrangements with training qualifications of staff. On fourteen of twenty one nights, no staff on duty held a first aid qualification. This meant there were no staff present at these times trained to administer emergency first aid. We brought this to the attention of the acting manager who took action and organised first aid training for staff.

Staff confirmed other training courses had been organised since the date of the last inspection. One staff member said, "I have done a few courses in the past few months."

Another staff member said, "I've been registered for my NVQ and I should be starting it soon." Staff told us they felt confident in their abilities and said they had the skills to carry out their role.

We asked the acting manager about plans for training and they advised further courses were being offered to staff in the on-going months. This included scheduling of a challenging behaviour course for care staff.

At the inspection in July 2015 we looked at induction processes for new employees. We identified a breach to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found formal processes were not in place to support new staff at the outset of employment. Staff told us staff without experience were sometimes recruited and no processes were in place to ensure staff had the appropriate skills before working unsupervised.

At this inspection carried out in January 2016 we spoke with new members of staff. We did this to see if induction processes were in place to ensure they were supported within their role. Two new staff members we spoke with confirmed they had been party to an induction process. Both staff were happy with the process in place and said they were shadowed at the outset. Both staff praised the support of the acting manager. One staff member told us they shadowed staff until they felt confident to work alone. They also confirmed they received regular updates in regards to their progress.

During the course of this inspection we looked to see if the provider was meeting the dietary needs of the people who lived at the home. To do this we made observations over meal times, looked at people's care records and asked people their thoughts on meals. People were being supported to make informed choices at meal times as the registered provider now used photographs of food to show people what was on offer. Photographs were available to assist people with their meal choice. We observed a member of staff going around the home showing people the photographs and then asking people to choose what they would like to eat. The registered provider also had developed a pictorial menu which was on show in the dining room.

We saw improvements had been made by the registered provider to make the dining area more aesthetically pleasing for people. This served to enhance experiences of

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people who chose to eat in the dining room. Tables were set with table cloths prior to people being served their meals. However we noted there was a drop in temperature in the dining room compared to temperatures in other areas of the home. On the second day of the inspection, the inspector overheard two people complaining about the room being cold. We informed a member of staff who immediately closed a curtain to stop a draft from a glass window pane. We spoke with the nominated individual about this and they agreed to look into fitting another electric heater to alleviate the cold coming from the glass window panes.

People who lived at the home and their relatives gave positive feedback about the food provided. One person said, "All the food is excellent. I love the roast beef." A relative said, "The food is excellent. There's plenty of it."

We found during this inspection people's nutritional needs were sometimes being met. We observed meals had been prepared according to people's dietary requirements. We saw food had been blended for people who had difficulties swallowing food. For people who had difficulties with their dexterity food was served in bowls to help them manoeuvre it around the bowl. Specialist cutlery and eating aids were also available to promote people's independence.

People's dignity was also promoted over lunchtime when people were offered the opportunity to wear protective clothing to protect their clothes from becoming stained. People were also offered hand wipes at the end of lunch to clean their hands prior to leaving the dining table.

During the first day of inspection we observed one person refusing to eat their lunchtime meal. A staff member on duty knew this person well and understood their personal preferences. The staff member respected the person's right to refuse the meal and returned with an alternative meal, which they knew, was a personal favourite of the person's. The staff member then took time to support the person to eat their lunch. The staff member tried to promote the person's independence by giving them space to eat alone but offered periodic re-assurance to motivate the person to keep eating. This support motivated the person to eat their meal as we observed the person eating after each interaction.

At lunchtime there were a number of meals sent back to the kitchen uneaten. The chef realised there was a large

amount of food wastage and asked for feedback from people and staff. The chef was concerned there was something wrong with the food that had been served and wanted to ensure the meal was satisfactory. This demonstrated the chef was keen to receive feedback and improve on quality of foods.

We spoke with the acting manager and the cook about people who were at risk of malnourishment. The cook told us they had not received any specific training in how to meet people's nutritional requirements but used the internet to research people's dietary conditions and health needs. The cook told us they were booked onto a food preparation course in the next month.

We were told by the acting manager they did not keep a written log of what people had eaten or drunk. One person had been prescribed a nutritional drink to supplement their diet. The person was not supported fully with the drink and we observed the person tipping the drink all over the floor. This meant the person did not receive the optimum benefits of the drink as prescribed.

We discussed with the acting manager the relevance of monitoring food and hydration intake for people who were at risk of malnutrition. The acting manager agreed to put a system in place to monitor food intake of people at risk of malnutrition so they could log all food consumed and refused. On the third day of inspection this had been implemented and staff responsible for supporting people with their meals were aware of the new system.

We asked the acting manager about processes in place for monitoring people's weights. The acting manager explained people were weighed regularly and any concerns would be referred on to the person's GP or dietician if they had access to one. Records were maintained to show people were weighed monthly.

We saw people were supported to have adequate amounts of fluid during the day. We observed one person was reluctant to have a drink. The member of staff reminded this person it was important they had a drink as this was the doctor's recommendation. This demonstrated staff were aware of people's health needs and the importance of maintaining people's hydration levels.

Throughout the inspection we saw people were offered hot and cold drinks at pre-set times. We also observed people were given drinks of their choice outside of these times if these were requested.

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Although people's individual needs were met at lunchtime, deployment of staff meant staff did not sit consistently with people to offer support. We mentioned this to the acting manager. The acting manager said they had made similar observations at the meal time and agreed staffing levels were under-resourced to meet people's individual needs. The acting manager said they were going to bring an extra member of staff on duty at lunchtime to address this. On the second and third day an extra staff member was present to help out at lunchtime.

During this inspection we checked people's health care needs were being met by the registered provider. We looked at care records relating to six people who lived at the home. The registered provider liaised with other health professionals to ensure people's health care needs were met. Care records detailed evidence of people receiving support from doctors, district nurses, dentists and opticians. On the third day of inspection, we observed a doctor had been called to see one person who was not feeling well. This demonstrated that professionals were consulted with when concerns with people's health were identified.

One of the relatives we spoke with confirmed they were kept informed of their relative's health condition when this changed and the person was taken to hospital. They told us, "[Acting manager] always tells me what is going on. [Relative] has been in hospital recently and was kept in. The home kept me informed."

During the course of the inspection we spoke with a health professional who visited the home regularly. The health professional praised the staff team and said they were eager to ensure people's health care needs were met. They were confident staff were knowledgeable of all the people they cared for and said staff would always follow any instructions left for them. The health professional said they had seen improvements in staff attitude and in the way staff were delivering care since the last inspection.

At the last inspection in July 2015 we spoke with the registered provider about means to make the home more dementia friendly. At this inspection we saw the registered provider had started to make some improvements to make the home more accessible to people living with dementia. We saw signs had been introduced around the home to reduce people's confusion. Signs had been placed on bathroom doors. Red seat raisers had been introduced in some bathrooms to make toilets stand out and more easily identifiable. Chairs with sliders had also been purchased for the dining room. These supported people to move freely away from tables and did not restrict movement.

We recommend the acting manager maintains and refers to a staff training matrix to ensure suitably qualified members of staff are on duty at all times.

Is the service caring?

Our findings

People who lived at the home spoke positively about the caring nature of the staff who worked at Scaleford. One person said, "It's absolutely first class. I am used to being looked after well, and, "They are always so kind." Another person said, "They are good here."

The two relatives we spoke with also were happy with the attitudes of the staff. One relative said, "They are very caring. They can't do enough for you."

We observed some positive interactions throughout the inspection between staff and people who lived at the service. We observed staff taking time to sit with people to enquire if they were comfortable or had any requests for support. We observed staff offering people the opportunity to go to their rooms for a lie down if staff felt people looked tired or upset.

Staff responded in a timely manner when people sought assistance. We observed one staff member offered to make a person a cup of tea when they became upset. Staff sat with the person whilst they had a cup of tea in order to relieve any anxieties. Another person asked a member of staff to bring them a handkerchief. Staff responded to the request straight away.

We saw one person became upset as they believed they had lost a personal possession. Staff responded immediately by explaining their possession had broken and their relative had replaced this. Staff clearly described the new possession to the person whilst showing this to them so the person could try to process the new information. We observed the person became less distressed following the interaction with the staff member.

On one occasion we observed a staff member supporting a person to mobilise along a corridor. The person was anxious about walking with their frame and sought reassurance from the staff member. The staff member showed patience and offered the person support by staying with them at all times and said, "Don't worry, I won't leave you." The staff member then carried on communicating with the person, making small talk and showing a caring approach.

We observed people being spoken with and referred to by their chosen name. One person chose to be called a different name to their birth name. Staff respected this choice and addressed the person by this name. This demonstrated respect for this person.

We observed staff bending down and communicating with people at eye level as a means to promote communication in a non-threatening way. When one person was showing signs of being distressed we observed a member of staff went to the person, talked with them and gave them a hug. This was accepted by the person and the person became calmer.

Staff also took pride in ensuring people who required support with their personal care received appropriate support. People were dressed in clean clothing and were nicely groomed. People were offered the opportunity of having their nails manicured whilst we were undertaking the inspection.

Staff were aware of people's likes and dislikes and engaged in conversation with people about their interests. On one occasion we observed an entertainer coming to the home. The visitor was known to upset one person who lived at the home. Staff took time out to explain to the person the entertainer would shortly be arriving and offered the person the opportunity to sit somewhere away from the entertainment. Staff were aware this person experienced anxieties and offered to sit in an area away from the entertainment, with the person whilst the entertainment was taking place. The person responded positively to this offer and asked the staff member to spend time with them.

Although we identified multiple positive interactions between staff and people who lived at the home, we also identified some inappropriate behaviours from a staff member. We observed a staff member using inappropriate language in front of people who lived at the home. We brought this to the attention of the acting manager immediately and they agreed that such behaviour was inappropriate and may be deemed as disrespectful to the people who lived at the home. The acting manager said, "These people need to be treated with respect." The acting manager then agreed to take action accordingly.

Throughout the inspection we observed two relatives visiting people who lived at the home. Visitors told us they

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were made welcome at the home by staff. Staff ensured visitors had a place to meet with people in private. This promoted relationships and showed privacy was respected.

At the inspection in July 2015 we asked the registered provider to look at means of promoting privacy for people who lived at the home. At this inspection we saw locks had been placed on some bathroom doors but not all. When locks were present they were small and may be difficult for people to manage if they had difficulties with their coordination. We spoke with the registered provider about this and they agreed to look at all locking mechanisms again to ensure locks were provided on all bathroom doors which would be accessible for all people who lived at the home.

Feedback from one person who lived at the home and one relative told us people were treated with dignity and respect. One relative said, "They are treated with more

dignity than they were when they were at home with me." The relative then went on to say their family member had made a request for one particular staff member to bath them and this preference was always adhered to.

Although some improvements had been made to ensure privacy and dignity was promoted and maintained, we noted one incident which compromised a person's dignity. On the second day of inspection we observed an incident whilst a person was eating their meal which compromised the person's dignity. We brought this to the attention of the acting manager immediately. The acting manager agreed it was compromising the dignity of the person. The acting manager said they were going to ensure this never happened again by ensuring the person had some private space for eating in the future. When we returned on the third day the person was eating their meal in another room with support from a staff member.

Is the service responsive?

Our findings

At the inspection in July 2015 we identified a breach to Regulation 17 of the Health and Social Care Act (2008) Regulated Activities (2014) (Good Governance.) as records were not always up to date and accurate. This meant responsive care was not always delivered by the registered provider.

At this inspection carried out in January 2016, we looked at care records relating to six people to check what improvements had been made and to ensure care records were responsive to people's needs. The acting manager explained they were currently in the process of amending care records to make them more suitable for staff to understand. At the time of inspection only four of the fifteen files had been transferred to the new system.

Of the remaining eleven files which were still being maintained under the old care planning review system we observed changes had been made to the care plans since the last inspection. Records maintained demonstrated families and the people receiving care were included in the assessment and care planning process. Staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. People's preferences to care were taken into consideration when supporting people. Care records demonstrated two people enjoyed a lie in, in the mornings. These people's preferences to stay in bed were respected and staff supported the people to get up when they requested to do so later in the morning.

Although improvements had been made to some of the care planning documentation, care plans were not consistently accurate and up to date. During the course of the inspection we saw one person being supported with their mobility. The intervention provided by staff did not correspond with information retained in the person's care plan. The person's care plan documented the person required a standing aid. A staff member supporting the person told us the home no longer had a stand-aid and consequently had tried to transfer the person on their own.

The acting manager told us they no longer had a standing hoist available to use at the home as this had been removed from the home in November. The acting manager said they were awaiting an OT appointment to discuss the optimum ways in which the person should be transferred.

The acting manager said this person could occasionally weight bear and did not consistently require the use of the standing hoist. This however conflicted with the persons care plan records and risk assessment. The acting manager agreed to chase the OT referral as a matter of urgency and to look at the person's care plan to ensure it was reflective of the person's support needs.

We noted from daily care records, improvements had been made to improve the quality of daily notes made by staff. Staff were now expected to complete daily notes for each morning, afternoon and evening shift as opposed to one diary entry per day. The acting manager said this promoted quality monitoring as more information was collected over the day. It also meant reports were being written on a more frequent basis. This was to ensure all information was recorded as and when incidents occurred and not forgotten by the end of the shift. We saw one staff member completing notes immediately after a visit from a health professional visit. This demonstrated staff were aware of the procedure.

We did however note this was not yet being consistently applied by all staff. During the course of the inspection we observed a recordable incident. We looked in the person's file the next day and this had not been recorded. The acting manager spoke with the staff member concerned and they said they had forgotten to write the incident in the daily notes. The acting manager said they would discuss this further with the staff member concerned.

Staff we spoke with had a good understanding of each person who displayed some behaviour which may challenge the service. Staff were able to describe people's histories, their behavioural patterns and how to support them. For example we observed one person sat alone at a dining table. A staff member told us this was because this person became anxious and in turn raised other people's anxieties at meal times and made them distressed. This was part of the present pattern of behaviour. We saw support and reassurance was offered by staff during the meal time and staff would use distraction techniques to minimise any behaviours from escalating.

When people were at risk of presenting with some behaviour which may challenge the service the acting manager had implemented paperwork to ensure all

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behaviours were monitored and any untoward behaviour were documented. This allowed for information to be recorded, reviewed and analysed informing the care provided.

At the inspection in July 2015, we identified a breach to Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014 as the registered provider had failed to assess the risks to the health and safety of the person at the home. One person had experienced a high number of falls but their care records did not reflect this. This placed people at risk of receiving unsafe care and treatment.

We looked at two care records relating to two people who were deemed as at high risk of falls. We did this to see what improvements the acting manager had made to ensure falls records were up to date for people. When people were at risk of falls there was a risk assessment in place for each individual and this was reviewed monthly. There was a consistent record of falls recorded in the care records which matched the number of incident and accident records maintained by the registered provider. Following one fall a person was referred back to their doctor for further advice and support to minimise any risks of the person falling again. From the records maintained, we saw there had been a decrease in falls since the last inspection. The acting manager said this was due to staff being more responsive and having a better understanding of people's needs. This demonstrated the registered provider had responded to changing needs in a timely manner.

At the inspection in July 2015, we identified a breach to Regulation 16 of the Health and Social Care Act (2008) Regulated Activities (2014) because the registered provider had failed to establish and operate an effective complaints system. Staff informed us they had made a collective complaint to management. These concerns were never addressed and staff were not responded to. The registered provider was unable to provide any evidence to demonstrate these complaints had been addressed and considered.

At this inspection carried out in January 2016, we looked to see what improvements had been made by the registered provider to ensure any complaints received were handled appropriately. The acting manager had implemented an accessible complaints system. A file had been placed in the main reception area which contained complaints slips. The file also contained envelopes so all complaints could

remain confidential. The acting manager explained staff had received training and instruction about the new process, explaining if staff wanted to complain they could do so anonymously by placing completed complaints in envelopes under the office door.

We asked staff about the new processes. Staff were able to tell us how they could use the new system if they wanted to complain. We received mixed feedback however about staff confidence in how complaints would be received. Four staff said they would feel comfortable in complaining using the new system. Two staff said they would not feel comfortable complaining as they did not think complaints would be well received or managed appropriately. We spoke with the acting manager about this. They agreed to explore options for enhancing communications with the complainant when complaints were made.

We asked people who lived at the home if they were aware of how to complain. People, who could verbally communicate with us, all confirmed they were aware of how to complain and who to complain to. One person said, "If I had concerns I would speak to the manager. I know who they are."

We spoke with two relatives who were visiting the home. Both relatives had no complaints about Scaleford Care Home. One relative said, "I would ring [staff member] or just speak to one of the girls." Another relative said they had no cause for concerns but were assured any concerns they did have would be remedied as soon as practical.

Whilst looking in people's care records we noted one family member had relayed some concerns about how their relative was being cared for. These concerns had been considered and actions were taken by the registered provider to allay these concerns. This had resulted in the persons care plan being amended to take into consideration the recommendations made by the relative. This demonstrated the registered provider was willing to listen and act upon suggestions to improve people's experiences of care.

During the inspection in July 2015 we found improvements had commenced to increase the activities on offer to people who lived at the home. At this inspection we saw improvements to provide social activities was still continuing. The registered provider no longer had one person allocated as an activities coordinator. They had implemented a system where staff key-worked with a small

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group of people throughout a shift. These key workers were responsible for ensuring people were offered activities throughout the day. One staff member described activity provision as, “good.”

On the first day of inspection people were encouraged to remain active throughout the day. During the morning we observed people using all areas of the home to participate in activities. We observed a small group in a quiet lounge sitting together with a staff member partaking in arts and crafts. People were also offered one to one times with staff to sit and talk. We observed one staff member reading poetry to one person. In the afternoon an external entertainer visited the home to sing. We observed people sitting in the lounge enjoying this activity, singing along. The acting manager told us the entertainer visited fortnightly. The entertainer knew all people by their first name and knew which songs people liked them to sing. One person who lived at the home was a talented singer. The entertainer encouraged the person to take part and sing with him. On the second day of inspection a list of dates the entertainer was visiting had been placed in a communal area for all visitors to see. This was done so visitors could also plan visits to come along to join in the entertainment.

On the second day we did not see any group activities taking place. Staff were sitting with people and chatting and one person was offered the opportunity to do some drawing. We also observed one staff member promising to go and get one person's bible from their room so they could partake in some private worship.

We asked one person who lived at the home what they thought about activities on offer. The person told us activities, “Occasionally took place,” and said, “The entertainer is first class.”

We observed arts and crafts around the building which had been completed by people who lived at the home. People told us they had been involved in making paper flowers. One person had placed some flowers in a vase in their room. We also saw people had made some art work in relation to Christmas. Meeting minutes from a residents meeting showed there were plans to make an artwork mural for the dining room.

We saw evidence the local library visited the home fortnightly. People were encouraged to choose some books for pre-order for when the van visited. A variety of books were available for people to access in the dining area. Some books present could be used in reminiscence sessions which would stimulate memories and discussion.

Records kept by the registered provider showed the acting manager had started to build links with the local community. A local school had visited the home to entertain the people who lived there over the Christmas period. The acting manager said they were currently working with one person and their family to take the person to church on a Sunday morning.

Although activities had improved we noted from care records activities had somewhat decreased since staffing levels had been reduced to three members of staff on shift. We discussed this with the acting manager at feedback. They confirmed they hoped to increase staffing when new staff had been inducted. The acting manager said it was sometimes difficult to get people involved. They said people were not always motivated to partake in activities and often chose to not engage.

Is the service well-led?

Our findings

Following our inspection in July 2015 the registered manager at the home cancelled their registration with the Care Quality Commission. At this inspection we found the registered provider had not yet replaced the registered manager. We were told by the registered provider they had attempted to recruit a manager but had failed to find a suitable candidate. The acting manager told us they were planning to apply to become the registered manager but had not yet done so.

At the inspection in July 2015, we identified a breach to Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 as systems and processes were not established and operated effectively to ensure compliance with regulations. We spoke with the registered provider and allayed our concerns about the lack of progress made in relation to becoming compliant with the Regulations of the Health and Social Care Act 2014. The acting manager and registered provider told us they were committed to making improvements within the home to ensure compliance with the regulations.

At this inspection carried out in January 2016 we spoke with the acting manager about their achievements over the past six months and the challenges. The acting manager said it had been an, “Eye opener,” and, “A challenge.” They were aware they had made significant improvements but also had more to do to ensure the home was appropriately managed and consistently meeting all regulations. The acting manager said, “Every day I am still learning. It’s not a bad thing. We don’t know everything.” This demonstrated the acting manager was striving to continuously improve the service. The acting manager said, “I want us to be a good service. We will get there.” And, “We will be a home that meets every regulation.”

At the inspection in July 2015 we identified a breach to Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 (Good Governance.) Procedures for storing of information were unclear and disorganised. The registered provider was unable to locate documents at our request. Improvements had been put in place to make documentation more organised and accessible. During the course of the inspection we found the acting manager could locate documentation at our request.

The acting manager showed us the staff office and explained they had cleared away all irrelevant documentation. A new computer had been purchased to make information more accessible and plans were underway to improve filing systems. The acting manager said they were hoping to recruit some administration support in the near future to enable them to further develop the paperwork.

Although systems were in place to organise the information collected and stored at the home we saw paperwork was not always stored securely to ensure data protection legislation was adhered to. We discussed this with the acting manager who told us they had ordered new filing cabinets to be stored in the reception area. This would enable all documentation to be stored securely in one accessible place.

The acting manager said they had also purchased a laptop and printer for senior members of staff to use when the staff office was locked and inaccessible in evenings and at weekends. This enabled seniors to have access to documents when management was not present.

We looked at policies and procedures relating to the home and saw some of the policies and procedures had been updated by the acting manager. The acting manager told us a full review of these were still required and was on their “to do” list. We saw improvements had been made to the safeguarding of vulnerable adults policy. Staff were able to relay the new policy to us, when asked.

At this inspection we found the acting manager had started to implement quality audits to regularly review and improve the service. We saw evidence a medication audit had taken place and there had been a concern identified in regards to medicines. The acting manager had taken action to address the concerns and find the root cause of the concern identified.

The acting manager told us they often carried out walk around audits to ensure the living environment was suitable for people who lived at the home. They also said they had worked with staff to explain the processes and the relevance of keeping a well maintained environment. We observed staff seeking assistance from the cleaner to clean a carpet following a person spilling a drink upon it. This

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was responded to immediately. This demonstrated staff had started to take responsibility and pride in ensuring the living environment of the home was conducive to the needs of the people who lived at the home.

Audits were now being carried out to ensure cleaning schedules and other staff tasks were being completed as requested. Although audits were in place they were not yet being consistently implemented. One audit had failed to pick up concerns in regards to one staff members work. This was however picked up during the course of the inspection by the acting manager and steps were being taken to address this. The acting manager said they were going to ensure audits were more effective from now onwards.

The acting manager said they had commenced auditing staff work and assessing staff behaviour to ensure staff were carrying out their duties diligently and in a responsible manner. The acting manager told us this had been difficult and a small number of staff were resistant to the changes. We saw documentation which had been prepared by the acting manager in relation to addressing staff conduct. The acting manager said they had begun to implement clear lines of accountability and responsibility for all staff. The acting manager told us since the last inspection they had sought advice and were now using the professional services of a company who offered employment law support. This allowed them to manage more effectively.

The majority of the staff told us there had been a noticeable change in the working environment at the home. Staff said teamwork had improved and there was a sense of joint accountability for results. One staff member said, "We have worked hard to pull things up." Another staff member said, "I am chuffed things are improving." A further staff member said morale had increased since the acting manager had begun managing the home.

We spoke with staff to gauge their feedback on what improvements had been made since the last inspection. All staff we spoke with praised the efforts of the acting manager and complimented them on their enthusiasm for improving the standards of the home. One staff member said, "[Acting manager] is a good manager. [Acting manager] is doing well." Another person described the acting manager as, "Approachable."

One person who lived at the home told us, "She's marvellous – the one who is in charge. She's always busy but she's one of the best. She'll get you 'owt. She's a grand lass."

. Although improvements had been made to change the culture of the home, there were still a small minority of staff who felt the home still had a blame culture. Three staff members felt management was still unapproachable and did not feel comfortable in raising any concerns with management. One staff member said they had tried to make suggestions to improve the service but felt there suggestions were ignored. Another staff member said they did not think it was worth making suggestions as they were never listened to.

One staff member said staff were sometimes still feeling demoralised, they said the registered provider rarely gave praise and said, "Staff need praising for their work, but it never happens." We discussed this with the registered provider and acting manager who said they tried to give praise as much as possible. We then noted praise had been given to staff at a staff meeting in November when staff had been thanked for their efforts.

Over the course of the inspection we observed the acting manager communicating with staff. We observed the acting manager giving clear instruction and explanation and asked staff if they understood what was being asked of them. This was done in a supportive way and demonstrated good leadership qualities.

At this inspection, the acting manager told us they were trying to improve the culture of the home to make it more transparent. The acting manager told us they had tried to improve communications with staff by organising more team meetings. Staff told us regular team meetings were now taking place. We saw evidence team meeting minutes were being documented. Following the team meetings, minutes were available for each individual member of staff.

Staff praised the on call system put in place by the acting manager and were confident if assistance was required management were always available. Staff told us the out of hours contact was reliable but they were aware if a manager could not be contacted they could always use the list of senior care workers for advice.

At this inspection we saw the acting manager had continued to arrange and hold residents and relatives meetings. A list of pre-planned dates were placed on

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display in the communal areas and correspondence had been sent out to all relatives informing them of the dates of the meetings. We saw documented minutes were kept of each meeting and were displayed for visitors and relatives to read. One relative confirmed they had attended one recent meeting but did not feel the need for them to attend anymore. People who lived at the home were encouraged to participate in the meetings and voice their own opinions.

As well as holding relatives meetings, the acting manager told us they had started to increase communications with relatives by sending them regular correspondence. We saw evidence of this occurring. This demonstrated the registered provider was promoting an open and transparent culture.

At the inspection in July 2015, we identified a breach of the Care Quality Commission (Registration) Regulations 2009. The registered manager had failed to notify the

commission, without delay of all notifiable incidents. We identified there had not been transparent communication with the Care Quality Commission (CQC) as they had not been notified of all safeguarding concerns and incidents where there had been police involvement.

At this inspection carried out in January 2016, we spoke with the acting manager to ensure they were aware of the need to make statutory notifications in a timely manner. The acting manager told us they had read the regulations and were aware of their responsibilities. We noted from our CQC records the acting manager had commenced making notifications in a timely manner. Safeguarding notifications had been received alongside other statutory notifications as required. We also saw when incidents had occurred the acting manager was open and transparent about incidents and shared information with the Local Authority and the families of the people involved.