Cotswold Spa Retirement Hotels Limited

Rosemount Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Inadequate
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 28 and 29 April 2015 and was unannounced. We also undertook a period of inspection during a night shift on 2 May 2015. A previous inspection, undertaken in September 2014 found there were no breaches of legal requirements.

Rosemount Care Home is registered to provide accommodation for up to 60 people. At the time of the inspection there were 44 people using the service, some of whom were living with dementia.

At the time of our inspection there was no registered manager in at the service, although our records showed that a person was still registered with the Commission. The regional manager told us the previous manager had left some time ago and she would follow this matter up. An interim manager was in place and overseeing the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of the need to protect people from abuse or harm. They told us they had received training in relation to safeguarding adults. They said they would report any concerns to the interim manager or nursing staff. Staff understood the registered provider's whistleblowing policy. The registered provider monitored and reviewed accident and incidents and care practice was reviewed and updated in light of any identified issues or trends.

We found staffing at the home was an ongoing issue. Staff told us there were often not enough staff to carry out all their duties and there was a high level of agency nursing in use. Visiting professionals told us that frequent agency staff use led to inconsistent levels of care. People living at the home said they had to wait for support due to low staffing numbers and we witnessed call bells not being answered in a timely manner or staff not completing care tasks.

There were issues with infection control and cleanliness at the home. We noted bathroom and toilet areas were not always clean and tidy. We found wet towels and personal toiletries left in bathrooms and grouting in one shower room was in need of cleaning or replacing. Some toilet seats were dirty and badly stained and shower chairs were rusted and required replacing. Waste bins in the sluice area and clinical room were broken and could not be operated properly. A six monthly infection control audit had not been undertaken since May 2014. The decoration of the home was in need of updating and refreshing.

Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. We found some minor issues with medicines management, although the recording of topical medicines applications was poor.

Staff confirmed they had access to a range of training and updating. Records showed there was regular monitoring of staff training to ensure it was up to date. Staff told us, and records confirmed regular supervision took place and that they received annual appraisals.

People and their relatives told us they felt the standard and range of food and drink provided at the home was adequate. They said the meals were good and alternatives to the planned menu were available. We observed staff supported people to take an adequate diet and fluid intake. Kitchen staff demonstrated knowledge of people's individual dietary requirements.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff understood the concept of acting in people's best interests and the need to ensure people made decisions about their care, although these decisions were not always recorded effectively. We observed a number of people living at the home who may require assessment as to whether formal application in relation to DoLS was appropriate. These assessments had not been undertaken.

The majority of people and their relatives told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with ready access to general practitioners and other health professionals. We found in some instances advice from health professionals was not always followed or passed on between staff. Staff were able to explain how they maintained people's dignity during the provision of personal care.

Care plans reflected people's individual needs. A process was in place to review all care plans of people living at the home, but not all records had been updated and revised. A range of activities were offered for people to participate in. The interim manager told us there had been two recent complaints and people and relatives told us they would speak to the interim manager if they wished to raise a complaint.

A range of action plans and review processes were in place to address some of the issues found at the home. We found there had been no meetings with people or their relatives since December 2014. Staff morale was improving and they were positive about the interim manager's impact. People, relatives and staff all raised

Summary of findings

concern about the number of recent managers in charge of the home and the instability and inconsistency this had brought about. There were regular meetings with staff.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to; Person-centred care, Consent, Safe care, Good governance and Staffing. You can see what action we told the provider to take at the back of this 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?

Inadequate

The service was not safe.

People, relatives and staff told us that at times there were insufficient staff to cater for their needs. Visiting professionals were concerned about the frequent use of agency nurses at the home.

Parts of the home were not clean or kept tidy. Bathroom and toilet areas required cleaning and we found personal toiletries, worn clothing and wet towels left in shower areas. There were some minor issues identified with medicines management.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Staff had received training with regard to safeguarding adults and were aware of their responsibilities to ensure people were safe from abuse.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

We found that assessments under the Mental Capacity Act (2005) to determine if people required reviews relating to possible Deprivation of Liberty had not been undertaken. Staff understood the concept of best interests decisions where people did not have capacity, but records of these decisions were not always detailed.

People told us food and drink at the home was plentiful. We found people's weights were checked regularly, but it was not always possible to ascertain if action had been taken when people lost weight. The physical environment required updating to improve people's experience of living at the home.

People said staff had the right skills to support them. Staff told us, and records confirmed a range of training was offered and regular supervision and annual appraisals were undertaken.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care provided and felt staff tried hard to support them with their care needs. We observed staff supporting people appropriately and engaging them in a caring and thoughtful manner.

People's wellbeing was monitored and they had access to a range of health and social care professionals for health assessments and checks.

Care was provided whilst maintaining people's dignity and respecting their right to privacy

Summary of findings

Is the service responsive?

Requires Improvement

The service was not always responsive.

We witnessed call bells were not always responded to in a timely manner and support not always offered appropriately.

Care plans contained assessments of people's individual needs. Plans were not always reviewed and updated as people's needs changed. The interim manager had instigated a process to review all care in the home.

There were a range of activities for people to participate in and people had the choice to follow their own interests or spend time on their own or in their rooms. Complaints were logged and dealt with using a proper complaints process.

Is the service well-led?

Requires Improvement

The service was not always well led.

In the last 12 months the home had been managed by five different managers. People and visiting professionals highlighted the instability this had caused in the home. Staff indicated the current interim manager had brought some improvements. Actions plans were in place and reviewed which covered a number of areas that required attention.

Staff talked positively about the support they received from the interim manager and felt morale was improving. They told us there were regular staff meetings where they could raise or discuss issues.

Records were not always up to date, or were limited in the detail recorded; meaning that information about people's care needs was not always immediately available. Some records had not been archived and had been stored inappropriately.

Rosemount Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 and 29 April 2015 and was unannounced. We also visited the home on a night shift on 2 May 2015 which was announced.

The inspection team consisted of two adult social care inspectors.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to help plan the inspection.

We spoke with seven people who used the service to obtain their views on the care and support they received. We also spoke with five relatives who were visiting the home on the day of our inspection. We talked with the interim manager, regional manager, three nurses, two senior care staff, three care workers, two kitchen staff, a domestic supervisor, a personal activities leader worker (activities) and an administrative manager. We also spoke to a community matron, tissue viability nurse, palliative care nurse and practice nurse, either during the inspection or subsequently on the telephone.

We observed care and support being delivered in communal areas, including lounges and dining rooms, looked in the kitchen areas, the laundry, treatment rooms, bath/shower rooms and toilet areas. We checked people's individual accommodation after obtaining their permission.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of documents and records including; five care records for people who used the service, 13 medicine administration records; eight records of staff employed at the home, duty rotas, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings of people who used the service or their relatives and a range of other quality audits and management records.

Inadequate

Is the service safe?

Our findings

People and staff told us there were times when there were not enough staff available at the home. Comments from people living at the home included, “Sometimes you have to wait a long time for help; it can be too long”; “There are not enough staff. You ring the bell and they come 20 minutes later” and “There are not enough carers. The poor girls are run off their feet. It’s getting towards unacceptable the length of time you have to wait.” One relative told us they felt people had to wait too long to be assisted with personal care; although another relative said the person they were visiting didn’t seem to have to wait that long for help. One relative told us, “Staff put themselves out for people, but there are not enough of them. I come in every day so I see that they are very busy.”

Staff told us it would be helpful to have more staff. One staff member told us it was better when there were eight care workers on duty, but this was not always the case. They told us, “Sometimes there are only three (care workers on duty in each area of the home) and it is really hard. It makes it difficult with only three. It’s been ongoing for a while.” Other care workers told us, “If we have eight it is better (four workers in each area). But for a few weeks we have only had three, which makes it very hard as people have high needs” and “I think it is better; but we need more staff. If we have eight it is better.” Two care workers told us they could not always do things such as cleaning tasks because of the limited numbers of staff. On nights there were three care workers and two nurses. Two staff members explained how one person required three people to assist them with changes in position, which would leave only two staff to cover the remainder of the home.

Visiting professionals told us they were concerned about the number of agency nursing staff utilised at the home. They said this often hampered communication, as instructions about care were not always passed on and continuity of care was also difficult. However, they also said some agency care staff were very good.

We checked the duty rotas for the home for the previous three weeks. We found there were ten nursing staff listed on the rota that came from an agency. We saw that out of 21day shifts there were 16 which required an agency nurse to cover the home. For five shifts there were two agency nurses on duty. For one week, on six out of seven night shifts, one of the two nurses on duty was from an agency. We also noted that for the three weeks prior to the inspection care worker numbers on days were between six and seven.

On the day of our inspection the interim manager was also working as a nurse because one nurse was away from work and the deputy manager had to leave at short notice. She told us she had brought in an extra care worker to help support the home, because of this.

We spoke with the interim manager and regional manager about the staffing situation. They showed us the dependency rating tool used to calculate staff ratios, but told us staffing was an ongoing issue and they had experienced difficulty in recruiting nursing staff, although a new deputy manager with a nursing background had recently started at the home. They also explained that a nurse who had been offered a post had since withdrawn from taking up the appointment. The regional manager said there had been a major turnover of staff at the home in recent months, which had caused some problems as new staff required training and inducting. She also told us she was looking to increase the number of care workers on days to eight per shift, but sickness and holidays meant this was not always possible. When we revisited the home for a night shift we saw that for the three intervening days since out last day inspection there had been eight care workers on shift during the day.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18(1). Staffing. You can see the action we have asked the provider to take at the end of the report.

We walked around the home and found a number of areas were not clean or had been left in an untidy manner. We found wet towels, clothes and personal toiletries had been left in bathrooms and shower rooms. This meant there was a risk of cross infection. In one shower room we found the grouting was badly discoloured and in need of cleaning or replacing. In toilet areas we found paintwork was badly peeling and could not be cleaned effectively. We also found dirty and badly stained toilet seats. Extractor fans in toilets and shower areas were dusty and in need of cleaning. Shower chairs were rusty, meaning they could not be cleaned effectively. In one toilet area a wall was damp and paint was peeling from the wall with some mould present.

Inadequate

Is the service safe?

At the time of the inspection there were three domestic staff at the home, although not all these staff were full time. The domestic supervisor we spoke with told us she was often required to concentrate on cleaning tasks rather than reviewing the work of other cleaning staff. She said it would be helpful to have additional domestic hours because of the demands of the home environment and that it was sometimes difficult to find time carry out tasks such as cleaning walls, particularly in communal areas. We noted there had been no specific complaints about the cleanliness of the home.

In the sluice area and the clinic room, where medicines were stored, waste bins had loose lids, meaning they could not be operated by foot pedals. This meant staff had to handle the bins which could lead to cross infection. We saw there had been no infection control audit undertaken since May 2014, when the providers own time table indicated such an audit should be undertaken on a six monthly basis. We spoke to the interim manager and regional manager about this. They agreed their own audit processes should have highlighted these issues. The interim manager told us staff had been reminded about tidying shower rooms after use. They said the matter would be looked into and addressed.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12(2)(h). Safe Care and Treatment. You can see the action we have asked the provider to take at the end of the report.

People told us they felt safe living at the home and that staff looked after them in an appropriate manner. Comments from people included, “I feel safe when they help me. No one is unpleasant to you”; “Generally the care workers are nice. I feel safe when they help me; not as if they are going to drop me. They never shout” and “The staff are very good. I feel safe with them.” One relative told us, “I feel they are both safe and secure living here and that is a relief when I go home.”

Staff told us they had received training in relation to safeguarding adults and were aware of potential actions that could constitute abuse. They were able to describe the action they would take if they were concerned and told us they would immediately report any incident to a senior member of staff or the interim manager. They were also aware of the local safeguarding adults service and information about how to contact the team was displayed around the home.

Risk assessments were in place covering issues related to fire safety, Control of Substances Hazardous to Health (COSHH), use of equipment and other areas of operation around the home. Information was available to assist emergency services in case evacuation of the home was needed in the event of a fire or other unforeseen event. Plans contained information about how people should be mobilised and what staff support they required. Regular checks were made on fire equipment and water systems. We found three fire extinguishers were marked with labels to say they were out of date and “condemned”. We spoke to the maintenance worker about this. He told us the fire servicing firm had advised him they were still usable in the short term but were being replaced.

The regional manager showed us the Datex (computerised recording) system used to log accidents and incidents at the home. We saw accidents were logged detailing the time, location and nature of the event. We saw the system required the manager to undertake an investigation to identify any causes or action required. The regional manager told us she also reviewed the information and the system to help identify trends or particular pointers, such as increased falls occurring at a particular time of day.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, notes from a formal interview process, references being taken up and Disclosure and Barring Service (DBS) checks being made. Staff told us they were required to wait for checks to be completed prior to starting work at the home. All nursing staff are required to be registered with the Nursing and Midwifery Council. The regional manager confirmed one nurse had failed to renew their registration recently and this was being addressed. The nurse was not currently working at the home.

We examined the Medicine Administration Records (MARs) for people living at the home. We found there was one gap in the recording of medicines, that handwritten entries were double signed to say they had been checked as being correct and people with “as required” prescriptions had a care plan covering the circumstances when the medicine should be offered. “As required” medicines are those given only when needed, such as for pain relief. We saw people who required their medicines at certain times, such as early morning, were provided with them when required as night staff administering these doses. Records showed staff had training in the safe handling of medicines.

Inadequate

Is the service safe?

A visiting professional told us there had been one issue where a person had not received pain relief at the correct time, but following discussions with the manager this had now been addressed. We witnessed on one day of the inspection both nurses on duty left open medicine trolleys on the corridor whilst they supported people in other rooms with their medicines. This meant the trolleys were not secure whilst left unattended. We spoke with the interim manager about this who spoke with both nurses immediately. We found topical medicines and creams were marked on the MARs by nursing staff as having been applied by care staff. However, record sheets kept in people's rooms had not always been completed, so it was not always clear if the creams had been applied. We spoke to the manager about this who said she would speak to staff again.

Requires Improvement

Is the service effective?

Our findings

Staff told us they had undertaken training in relation to the Mental Capacity Act 2005 (MCA) and record confirmed this. Staff were aware of the concept of best interests decisions and the need to support people to be as involved in decision making as much as possible. However, we found there was limited evidence in people's care records to show that consideration had been given to people's best interests when making decisions about care. We found records for matters such as the use of bed safety rails were largely tick box and it was difficult to ascertain if less restrictive options had been discussed and considered.

The interim manager told us one person had recently been assessed in relation to Deprivation of Liberty Safeguards DoLS and they were awaiting confirmation of the outcome from the local authority. When speaking with staff, and during our observations at the home, we identified a number of people who might require an assessment, to ascertain if they fell within the threshold for a DoLS application. We could find no specific capacity assessments directly relating to DoLS in people's care records. We spoke to the interim manager about this. She told us DoLS had not been a priority for her among all the other matters she was addressing, but would look into the issue.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13(5). Need for Consent. You can see the action we have asked the provider to take at the end of the report.

People and relatives were complimentary about the staff and said that most of the care workers understood about their care. Some people did highlight there had been a large influx of new staff which meant they were still learning about their care needs and routines.

Staff told us they had access to a range of training, including health and safety, infection control, fire and moving and handling. Staff said, "Oh yes we get training, no problem" and "They are refreshing the training, which I think is good." Staff told us the majority or training remained ELearning and this sometimes was not always accessible. They said there had been an increase in face to face training which they found better. We saw the home had in place a training schedule, which recorded when staff had completed training and highlighted when refreshing training was required. Staff who had recently started working at the home told us they had undertaken an induction before commencing full time and had also had opportunity to shadow more experienced staff. We saw staff files contained induction programmes and check lists, which staff were required to sign, to say they had completed each element.

Staff told us they had access to regular supervision and yearly appraisals. Supervision and appraisals are meetings between staff and senior staff or managers, to discuss work issues and consider performance and future development needs. Senior staff said they had recently taken on responsibility for supervising other staff. The interim manager told us she had recently been undertaking a number of annual appraisals. We saw copies of supervision and appraisal documents and saw they covered a range of issues, including performance, training needs and any personal issues that may affect their work.

We saw that, where possible, people were encouraged to give their personal consent and agreement to care being delivered. Staff told us they would always ask people if they were happy with the care they were providing and seek permission before doing anything. A care worker explained how one person's capacity fluctuated and so they needed to be aware of this when providing care. We noted that where possible, people had completed consent forms to say they agreed with elements of their care.

People told us the food at the home was acceptable. Comments from people included, "There is enough to eat and drink. It is not always what you would like, but it is edible"; "The lunches are alright, but it would be good to have more variety" and "The food is good. It is the sort of thing we like." One relative told us, "I think my (relative) has put on weight since he came here." During an afternoon coffee time we overheard a relative remarking about a homemade cake, "That's the best cake I've tasted and I bake a lot myself."

We saw from individual records there was information recorded about people's nutritional needs and that nutritional assessments were undertaken. This was done using the Malnutrition Universal Screening Tool (MUST). This tool helps staff identify people who are at risk of losing weight. Weights were monitored monthly or more frequently when an issue was identified. We saw in one record the care plan stated, "Doesn't reliably make dietary choices so staff need to use their knowledge of preferences

Requires Improvement

Is the service effective?

to assist choice." We did not see any record of the person's likes and dislikes within their nutrition care plan which may mean they were not always offered choices which appealed to them.

We saw people were asked to make choices about food in advance of meal times and staff had the records with them as they served out the food. However, in one dining room people were shown the actual food on the plate by a staff member and could choose between the alternatives available. This meant they could see the food and smell it which was particularly beneficial to people with dementia. Staff told us they found people liked to see the food as sometimes it was difficult for people with dementia to visualise what was on offer. One relative suggested it would of benefit to have a pictorial menu to help them make the right choices.

We saw staff supported people they cared for with eating and drinking. We observed lunch served and saw the tables were attractively presented. The menu was displayed in each dining room with a choice of two options. People told us they could request an alternative. The food was well presented and hot and cold drinks were available. People told us they enjoyed their meals. We saw people were provided with special diets for example, pureed or soft diets and diabetic pudding was available. Each item of food was pureed separately so people could distinguish what they were eating.

We spoke with kitchen staff who showed us how they held details of people's dietary requirements. Kitchen staff were able to tell us about people who were diabetic and the specific issues related to their diet. We found a good supply of fresh, frozen and dry goods at the home. This meant people's specific dietary needs were catered for and staff monitored that people had adequate food and drinks available to them.

We found overall the home was in need of refreshing and redecoration. The perimeter garden areas of the home were mowed back by two or three meters, but the remaining area was covered in tall grass and was generally overgrown, meaning people had little of interest for them to look out on from their rooms.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care provided and were involved in their care, where possible. Comments from people about their care included, “The staff are very nice”; “Generally the care workers are nice”; “If I need any help they are there to help me” and “its reasonable living here. The helpers are very good. They treat me nice and we have fun and all sorts of things.” Relatives we spoke with told us, “I am happy with the care my (relative) is getting”; “The care is fine. One or two minor issues, but fine” and “I think it is wonderful here. My relative moved here from another home and I love it here. The staff are doing extremely well and the empathy they have is wonderful.”

We spent time observing how staff interacted and treated people who used the service. We saw in the majority of cases people were supported quietly and calmly and treated with dignity and respect. People who were not immediately aware of their surroundings were approached carefully and engaged in an appropriate manner. Staff used touch to reassure people and where necessary ensured they were in people’s sight when speaking with them. One staff member told us about the delivery of care, “If I wouldn’t like it, they should not have to like it.” Another staff member told us, “I love my job. I want things to be right for people and I want it to get better.”

Staff told us there was no one at the home who had any particular cultural or religious needs. They told us the home was visited by a local minister.

People gave us a range of answers when we asked them if they were involved in their care. Some people told us staff had spoken to them about the care records and their care plan. Others said they could not recall any discussion about their care. Relatives we spoke with told us they were involved in discussions and contacted if there were any concerns. They told us, “They get in contact with the GP and let us know” and “They ring up and keep us informed if we have not been in.” People’s rooms contained copies of an information booklet about the home and the services provided. We also saw there was a range of information available on notice boards throughout the building, including reminders of what was going on at the home and also contact details for outside organisations or events.

We saw people’s wellbeing was monitored and maintained. People’s care plans indicated they had access to general practitioners and other health professionals, when they required them. During our inspection we noted a number of professionals visited the home to provide assessment and care or to advise staff on the best action to take. We saw details of these visits were recorded on professional contact sheets, but this information was not always immediately transferred on people's main care plans.

The registered manager told us no one at the home currently used or accessed an advocate or advocacy service, although this would be arranged if they required such a service. Advocacy is a system for supporting people to make decisions where they may have difficulty making these decisions on their own, or require support to express their views.

People told us staff treated them with dignity and respect and we saw people’s choices were recorded in their care plans. For example, it was recorded in people’s care plans if they preferred male or female care workers to assist them with their personal care. Staff were able to describe how they would work to support people’s dignity, such as ensuring people remained covered throughout the delivery of personal care and ensuring doors were closed. One care worker told us, “We make sure everything is done privately and well. We explain everything and talk to them quietly.” Another member of staff said, “You respect their privacy and ask them all the time if they are okay.” This indicated staff understood about maintaining people’s dignity and applied the concepts when they delivered care.

Requires Improvement

Is the service responsive?

Our findings

We noted that on the first day of the inspection call bells at the home rang frequently and sometimes for a period of time. We spent time observing how call bells were responded to. We noted on at least two occasions, call bells went unanswered for ten minutes. We followed the response to another call bell and went to check if staff were supporting the person who had rung for assistance. The person told us they had asked for a glass of water and a staff member said they would bring them one. We sat speaking with the person for 20 minutes, but the care worker did not return with a drink. We approached the regional manager who arranged for the water to be brought. She told us later she had spoken to the staff member concerned.

People told us staff worked hard to support them but they sometimes had to wait for long periods to receive support. Two people told us they only had one bath or shower a week which they felt was due to the lack of staff. One person told us, "I get a bath or shower once a week. It is as much as they can manage. They can't do the impossible." Another person told us they would like to get in and out of bed more often, but they required the help of two care workers and felt this support was not always available because staff were busy. Personal care records indicated that some people had showers and baths more frequently, but some people were recorded as having baths once a week.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9(1)(a)(b). Person-centred care. You can see the action we have asked the provider to take at the end of the report.

Relatives we spoke to told us staff were responsive to any request or concerns they had. One relative told us how a nurse had arranged a check on their relative's ear, after they expressed concern. Relatives said, "Staff are helpful, kind, understanding and patient. They are run off their feet and yet they keep smiling" and "The girls are absolutely lovely with her. There is nothing they could improve on." We spent time observing interactions between staff and people living at the home. Overall the relationships seemed good and the exchanges were pleasant and friendly. Staff had a good understanding of people, their background and needs and were able to explain how they cared for people. One staff member told us, "Sometimes you can have a laugh with the residents and that is good. It is good for them and us."

We saw a comprehensive assessment of needs was carried out prior to admission to the service. We looked at one person's records who had recently been admitted and they had in place a respite care assessment.

People's care records had individual risk assessments in place for falls, nutrition, pressure ulcers and weight loss. These were mainly updated monthly however we saw gaps in recording in November and December 2014. We saw that when changes were identified in risk assessments care plans were not always amended to reflect this. For example, when a person was identified with weight loss of 1.2 kg and an increased MUST score, we saw there was no reference to this in the care plan. We also noted that for one person their Waterlow score for skin integrity had increased; meaning their risk of pressure damage to their skin had increased. No changes had been made to reflect this in the person's care plan. This meant there was a risk staff were not made aware of people's changing needs and may not provide appropriate care and support.

We talked with staff about this and they told us that sometimes the agency nurses did not update records to reflect changes. They said they received information from the staff handover at each change of shift and this is how they kept up to date. There was a risk however, that information was missed when staff were not present and this meant we could not be sure people received the care they needed.

Professionals we spoke with told us there had been problems in the past with advice not always being followed, but this seemed to have improved in recent weeks. One professional told us, "When I have raised issues or offered advice they have taken it on board. But there were some concerns a few months ago, around Christmas time."

People told us there were a range of events and activities going on at the home. One person told us, "There are fun and games in the big room (activities room). I go sometimes, but I also like to be on my own." One relative told us, "The activities lady is excellent. She is lovely and caring and talks to people individually and in small groups."

Requires Improvement

Is the service responsive?

We spoke with the activities organiser who was enthusiastic and knowledgeable about the activities enjoyed by individuals. She told us about the programme of weekly activities which included individual and group events. There were outings every two weeks and she told us this may increase in the summer months. Regular sessions included movie nights, music, arts and crafts, ball games, skittles and bingo. There were regular trips to a local café at the beach and entertainers visited the home regularly. One staff member told us that a group of staff, people from the home and relatives sometimes went to a quiz night at a local pub for a combined social night out. We witnessed several people enjoying a film in the evening. The activities organiser told us the film being shown had been specially requested by a number of people.

People we spoke with gave us a variety of answers regarding complaints. Most people told us they had not complained but two people told us they had complained in the past, but felt nothing had been done about their concerns. People told us," If I complain I speak to the staff. But I don't think things get done"; "I have complained about the staffing, but they say it costs too much"; "I've no complaints. Nothing would make it better. I am quite happy here"; and "I've never had to make a complaint, but I would complain to the manager if I did." One relative told us, "She seems quite happy here. She has never complained. She would say if she wasn't happy."

We looked at the systems for recording and dealing with complaints. People were supplied with information about how to make a complaint when they came to live at the home and there were notices about the building advising people of the complaint process. Records showed the home had dealt with two formal complaints in the previous twelve months. We found the matters had been appropriately investigated and the outcome recorded. We saw the situation had been resolved to people's satisfaction.

Staff we spoke with told us that if anyone raised an issue with them they would try to resolve the matter immediately, but if they were unable they would report the concern to the nurse or the interim manager.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in at the service, although our records showed that a person was still registered with the Commission. The regional manager told us the registered manager had left some time ago and would follow this matter up. An interim manager was in place and overseeing the home. The regional manager told us they had recently appointed a new manager and they would be joining the home in the next few weeks and making a formal application to register. The interim manager and the regional manager were both present during the inspection.

We found records that required archiving had not been stored appropriately. We found boxes of people's records, including charts relating to food and fluid intake, positional changes and the delivery of other personal care areas kept in boxes in an unlocked bathroom area. Photographs on a health and safety document we were shown indicated the boxes had been there since January 2015. We also found large piles of similar documents stored under a desk area in an unlocked office used by the care staff. The regional manager told us she understood the records had been archived, but would arrange for them to be moved.

We also noted that other records were not always kept up to date. For example, topical cream records in people's rooms were not always completed. We also found some care records had not been reviewed. The interim manager and regional manager told us they were aware of this and had introduced a "resident of the day" system to ensure there was a system to review and refresh everyone's care records. We saw a number of records had been revised under this system. We found handover records, used to ensure information was passed between shifts were inconsistent. For example, we saw on one shift a person described as being frail, had been identified as not accepting fluids and requiring frequent use of pain relief. Records for subsequent days simply stated "settled" or "no fluids taken" with no reference to previous concerns. Some staff told us that agency nursing staff did not always update the records to reflect changes.

Staff told us the handover between shifts was the time they were updated about people's well-being. It was therefore important that appropriate information was available about people's conditions. Failure to keep accurate and complete records may mean people's care is not delivered appropriately or consistently.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17(c). Good Governance. You can see the action we have asked the provider to take at the end of the report.

People told us there had been a period of instability at the home and that there had been several managers over the previous 12 months. One person commented, "It seems to be a problem getting someone in charge. There is no one really in charge." A relative told us, "There is a new manager coming and that will be good. It has been a bit awkward recently."

Professionals we spoke with told us the frequent change in managers had been an issue. They said this had meant there had been a lack of leadership and consistency in approaches at the home. One professional felt there was no one, "really with a handle on things" and another said she felt sorry for the care workers as there had been no leadership or management.

Staff we spoke with also told us that the recent months had been difficult. One staff member told us, "Leadership has been missing and this has meant that care workers have been doing things their own way." Other comments from staff included, "What is needed is stability. There have been too many changes; but it's not just the staff that feel it, it's the residents"; "We all need to be on the same page" and "It has been a bit hard. Having a stable manager would make it much better."

People living at the service were unsure who the current manager was. They told us they did not see her very often. One person told us, "I'm not sure who the manager is. I think it is a woman but I very rarely see her." There were positive comments from staff about the interim manager. One staff member told us, "(Interim manager) is okay. She will come and ask you how things are." Other comments from staff included, "(Interim manager) is very pleasant. She is helpful and gives advice. She has brought stability to the home in my eyes" and "The manager is lovely, she really is. She has made a difference. I find her approachable and willing to sort things out."

Staff told us morale at the home was improving but it had been very low at times in recent months. Most staff told us

Requires Improvement

Is the service well-led?

that, with the exception of staffing issues, they enjoyed working at the home. Comments from staff included, "There was low morale; feeling like you were not valued or appreciated. It is getting better"; "I am happy coming to work. I respect the manager and the area manager. They are improving this place and making me stop here. They are trying really hard" and "(Interim manager) is very approachable. Morale is happy. Residents are comfortable and everyone is happy. People are working really hard and we don't need negativity."

People we spoke with told us they were not aware of meetings between the interim manager and people who lived at the home or their relatives. Documents we saw indicated the last such meeting had been in December 2014. We spoke to the interim manager and regional manager about this. They told us they had been trying to arrange a joint meeting with the local GP surgery and had found it hard to arrange a suitable date. The regional manager later told us an impromptu meeting had been arranged the following week for people to meet the new manager.

We saw copies of the recent "residents'/ relatives'" questionnaires. We saw that in all areas, with the exception of the quality of food and activities, the percentage of people indicating services were good or very good had reduced. Only 46% of respondents felt that housekeeping was good or very good – down from 64% (in 2014) and only 45% of respondents felt that care was good or very good –down from 53 % (in 2014). The regional manager told us she had only just received these results and an action plan would be developed to address issues.

The regional manager showed us the Datex (computerised recording) system that she used to monitor the home including falls, accidents and safeguardings. She also showed us copies of actions plans put in place to address some of the issues at the home. We saw these plans covered areas such a competency and training, updating of care files, weight issues and medicines. We saw actions were rolled over on a monthly basis until completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9. Person – centred care. Systems were not in place to ensure care and treatment of service users was appropriate and met their needs. Regulation 9(1)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13. Safeguarding service users. Service users were potentially deprived of their liberty because proper systems to assess the application of Deprivation of Liberty Safeguards and the Mental Capacity Act (2005) were not in place. Regulation 13(5).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe Care and Treatment. Systems were not in place to assess, prevent, detect and manage the risk of infection. Regulation 12(2)(h).

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good Governance. Systems were not in place to ensure accurate, complete and contemporaneous records were maintained for each service user. Regulation 17(2)(c).
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18. Staffing. Systems were not in place to ensure sufficient numbers of suitably qualified competent, skilled and experienced staff were employed and deployed. Regulation 18(1).