Hornby Healthcare Limited

Shoreline Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Shoreline Nursing Home on 27 June and 6 July 2017. The inspection was unannounced. This meant that the staff and provider did not know we were coming.

Shoreline Nursing Home is a large two storey property, pleasantly located on the seafront at Redcar. The service provides care and support for people who require nursing and personal care. It is registered to accommodate up to a maximum of 44 people and at the time of our inspection there were 41 people using the service.

At the time of our inspection the home did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We were informed that the previous manager had left the service on 9 June 2017 and that a new manager had been recruited but was currently working their notice elsewhere. Following the inspection we received confirmation that the new manager had taken up the role on 24 July 2017.

The service was last inspected on 4 February 2015 and was found to be in breach of Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some staff training had not been completed and mental capacity assessments had not been carried out on people. We took action by requiring the registered provider to send us action plans telling us how they would improve this. When we returned for this inspection we found these issues had been addressed.

During this inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems in place to monitor the quality of the service were not always effective in generating improvements. People's feedback was sought via an annual survey but this was not analysed to look for common themes which could lead to improvements in the service. Records relating to the care and treatment of people using the service were not always accurate or complete.

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

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety although the certificates for some of these checks were not on site at the time of our visit.

People's care plans were not always fully completed or up to date. They contained information on tasks staff were to perform to provide care but were not always written in a way to describe people's likes, dislikes and preferences. Care plans were regularly reviewed but were not being audited.

Appropriate systems were in place for the management of medicines so people received their medicines safely.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

Risks to people's safety had been assessed and reviewed. Risk assessments had been personalised to each individual and covered areas such as nurse call failure, moving and handling, tissue viability and choking. This enabled staff to have the guidance they needed to help people to remain safe.

We saw from records and observations that there were sufficient staff on duty however some agency staff were being used and people we spoke with felt staff were busy and stressed.

We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.
We saw staff had received supervision on a regular basis and an annual performance development review.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. Capacity assessments were being undertaken when necessary.

We saw people were provided with a choice of healthy food from a balanced menu and a plentiful supply of hot and cold drinks were served throughout the day. The mealtime experience was calm and unhurried but there was very little interaction between people and staff in one of the dining rooms.

People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Staff knew people well. People told us they were happy and felt very well cared for.

We saw there were plenty of activities going on within the service. Activities staff encouraged participation or engaged with people on a one to one basis to prevent social isolation.

The provider had a system in place for responding to people's concerns and complaints and we saw evidence of this being used effectively.

Staff meetings were held regularly and staff told us they felt able to contribute their ideas regarding the positive running of the service. The views of the people using the service were also sought via resident meetings and used to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were administered, stored and disposed of safely and medicine records were correct.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

Is the service effective?

Good

The service was now effective.

Staff received training and regular updates. This helped to ensure people were cared for by knowledgeable and competent staff.

Staff had received training on the Mental Capacity Act (2005) and demonstrated knowledge of how to apply this in practice. The service was undertaking capacity assessments when necessary.

Staff received support via regular supervision and an annual appraisal.

People's nutrition and hydration needs were met and they were supported to maintain good health via access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

People were encouraged to maintain their independence as far as possible.

People had access to advocacy services if they required them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Information within care plans was not always complete, up to date or accurate.

People were offered a range of activities and encouraged to participate by enthusiastic activity staff.

Complaints were handled in line with the provider's policy and procedure.

Is the service well-led?

Requires Improvement

The service was not always well led.

Some quality assurance systems were in place but were not effective in ensuring the quality of care was maintained. There was a lack of management oversight.

The service did not have a registered manager in place; however staff felt supported by the provider and deputy manager.

Survey results were not fully analysed, however people were asked for their views and their suggestions were acted upon.

Shoreline Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We inspected the service on 27 June and 6 July 2017. The first day of the inspection was unannounced. The inspection team consisted of an adult social care inspector, one specialist professional advisor and an expert by experience. A specialist professional advisor is someone who has a specialism linked to the service being inspected, in this case a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from the local safeguarding team and statutory notifications since the last inspection. We also sought feedback from the local authority commissioners of the service, the local NHS clinical commissioning group and Healthwatch prior to our visit. Healthwatch is an independent consumer champion gathers and represents the views of the public about health and social care services in England.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 41 people who used the service. We spoke with 12 people who used the service and three relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During the visit we spoke with the provider, deputy manager, a nurse, two senior care assistants, four care assistants, activities co-ordinator, maintenance person, chef and domestic staff. We also spoke with two visiting healthcare professionals.

As part of the inspection we reviewed a range of records. This included all medicine administration records,

six people's care records and six staff files, including recruitment and training records. We also looked at records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

During our visit we observed there were enough staff available to respond to people's needs and staff were working very well as a team. Nurse call bells were answered promptly. During the day there was a senior care assistant on the first floor and a nurse based on the ground floor working from 8am to 8pm. They were supported by a senior care assistant working across both floors from 8am to 4pm. There were three care assistants on the ground floor and three on the first floor, an activities co-ordinator, domestic, laundry, handyman and the deputy manager. On a night shift there was one nurse and four care assistants, two working on each floor.

We looked at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota and the tool used to map the dependency of people who used the service, which was used to ensure staffing levels were safe. We looked at six weeks of staff rotas and saw the staffing levels were consistent and in line with the dependency tool.

We received mixed feedback from people regarding staffing levels. One person told us, "I have not experienced any shortage of staff." Other people we spoke with told us there were not enough staff on duty. One person said, "Staff are run ragged, run to their limit." Another person said, "I know they would love to sit and chat but they just haven't got time."

We discussed this with the deputy manager who told us that, between 3pm and 3:30pm, half an hour of 'protected time' was set aside each day for all staff to stop what they were doing and spend time talking with people. They explained that this had not been working successfully as staff found it difficult to stick to this timetable if urgent tasks needed to be attended to. Other options were going to be looked at to improve people's experience.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. Medicines were stored in two treatment rooms, one on each floor. These contained locked medicines trollies, cupboard space, a medicines fridge and a controlled drugs cupboard which met current regulations (controlled drugs are medicines liable to misuse). We saw that both rooms were clean, cool and tidy and were kept securely locked throughout the day.

People we spoke with told us they received their medicines on time. All staff responsible for administering medicines had undertaken relevant training and had annual competency assessments.

We reviewed the medicine administration records (MAR) of people using the service. Each had a front sheet containing the person's up to date photograph, date of birth, pharmacy and GP details. Allergies were clearly identified in red and administration preferences were documented.

Medicines that could be administered 'when required' had a separate information sheet, clearly stating the medicine, when it should be given, the dose, the interval between doses, and what the maximum administration is in a twenty four hour period. On these instruction sheets there was a box for a review date.

Some were blank or the review date had passed although the prescription was current. This was brought to the attention of the nurse and the senior care assistant.

MAR sheets had been completed correctly with no errors found in staff recording. Medicines were administered at the correct times; any omissions in administration were recorded correctly on the reverse side of the MAR identifying the reasons for this.

Some creams had been prescribed 'as directed'. We discussed with the deputy manager that prescriptions should state where and how often the cream should be applied and this should be highlighted to the GP and pharmacy. This information should then be reflected on the MAR and the body map section of the forms currently being used. They confirmed they would take the necessary action to have application instructions more clearly prescribed and reflect this in people's records.

Most medicines were supplied by the pharmacy in blister packs and orders were received on a 28 day cycle. The home was about to change pharmacy supplier and staff training and meetings had taken place to facilitate this change effectively.

There were 'sharps' containers, waste bins for disposal of discontinued medicines or ones that may have become out of date and kits for the disposal of controlled drugs. All disposed of medicines were recorded in the disposal register, and in the case of controlled medicines also in the controlled drugs recording book. The home had a contract with an outside organisation to safely dispose of this type of waste and collections were made monthly.

We looked at six staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also helps to prevent unsuitable people from working with vulnerable adults.

We were told that the service currently had vacancies for a kitchen assistant and a night nurse. Two other nurses had recently been appointed but had not yet begun their induction. At the time of our inspection there was only one nurse employed at the service who worked three days a week. The provider said that recruiting nurses had proved difficult and agency staff were being used as an interim solution to ensure that safe staffing levels were maintained. The deputy manager told us the same agencies were used regularly and wherever possible the same staff provided cover. Information relating to the training and experience of the agency staff was supplied along with information on DBS checks. The deputy manager checked nurses were correctly registered to practice with the Nursing and Midwifery Council.

We saw that treatment rooms had reminder notices regarding blood glucose monitoring and 7am medication round details. In the nursing office there was very clear visual information of those people who had deprivation of liberty safeguards (DoLS) or do not attempt cardio pulmonary resuscitation (DNACPR) in place. This meant in an emergency staff could see this information at a glance. This was particularly important due to the high level of agency staff in use at the time of our inspection and ensured that the most pertinent information was easily accessible.

Staff told us they had all been trained to recognise and understand all types of abuse and we saw records that confirmed this. One member of staff told us, "You need to know the signs to look for. If someone is normally chatty and they become withdrawn or they seem nervous when certain staff are around." All the

staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. We saw evidence of safeguarding referrals being made to the local authority and corresponding notifications were sent to CQC.

Risks to people were assessed and plans were put in place to mitigate them. We saw individual risk assessments in areas such as nurse call failure, moving and handling, tissue viability and choking. These were reviewed monthly to ensure the information remained up to date. This enabled staff to have the guidance they needed to help people to remain safe.

Recognised risk assessment tools such as the Braden Scale for predicting pressure sore risk and Malnutrition Universal Screening Tool (MUST) were also being used where appropriate. MUST is a five-step screening tool, used to identify if people were malnourished or at risk of malnutrition.

One person with a sensory impairment was not able to use the call bell system and to ensure their needs were met they had been placed on 30 minute observations. We saw observations charts signed regularly by staff to evidence that these checks were being undertaken.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. These tests were carried out by an external contractor and up to date certificates were not available in the service during our inspection but had to be sent to us afterwards via email. During our visit the deputy manager had to ring the contractor to ensure that the tests had been done within the necessary timescale and therefore did not have sufficient oversight of safety checks. The maintenance person did regular visual checks of this equipment to ensure safety but this is further evidence that management were relying on external organisation to carry out work without ensuring it was done. We spoke to the provider about this and they told us in future a better review of the checks carried out would be done.

The maintenance person completed monthly checks in each person's bedroom to ensure the room temperature was acceptable, window restrictors were secure, call bells were in working order and hot water temperatures were within safe limits. We saw comprehensive records were kept of these checks and no concerns were highlighted.

Personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. These were red, amber, green (RAG) rated to highlight at a glance those people in need of most support to evacuate in an emergency. Copies were held in the fire file which was kept by the exit for ease of access. The file also contained a floor plan of the building and emergency contact numbers.

Records showed fire drills took place and were overseen by the maintenance person. Records were kept to ensure all staff, including night staff had taken part in at least one drill over the course of the year. Tests of the fire alarm were undertaken weekly to make sure it was in safe working order.

The corridors as we were shown round were clean and clutter free. Hazardous areas were kept locked. There was a nurse call in every room that residents had access to and once activated the area requiring staff attendance was highlighted on indicator boards which were strategically placed around the home.

Personal protective equipment was readily available. There were stations around the home containing a

supply of aprons and plastic gloves. Anti-bacterial cleansing gels were in all areas. Kitchen staff were correctly attired and for serving meals staff wore head covers, gloves and blue aprons. Food temperatures were taken with an appropriate probe prior to serving.

We looked at the arrangements in place for monitoring accidents and incidents and preventing the risk of recurrence. We saw documentation was appropriately completed following a fall, accident or incident. A falls audit was conducted on a monthly basis and referrals were made to the falls team if a person was found to be falling regularly. We saw one referral which had been made to the falls team after a person had fallen three times in one month. This referral had not been recorded on the falls action plan and it only contained the information relating to the most recent fall. We discussed the importance of accurate information being passed to other agencies when referrals were made and the deputy manager told us this would be fed back to staff.

Although falls were audited on a monthly basis there was no system in place to look at patterns and trends in other accidents and incidents which would have helped the provider and management understand the root causes better. We discussed this with the deputy manager who told us the forms were looked at as and when they were completed but a formal system for this would be implemented and run alongside the falls analysis.

Good

Is the service effective?

Our findings

At the last inspection we found the provider to be in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not up to date with their training. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

We spoke with people who used the service who told us staff provided a good quality of care and had the necessary skills and knowledge. One person said "I don't need any help but staff would be able to help if I needed it." A family member told us "From what I've seen staff always seem to know what they are doing."

We saw training records which confirmed staff were up to date with all mandatory training, including moving and handling, safeguarding, health and safety and infection control. Mandatory training is training that the provider thinks is necessary to support people safely. We also saw additional training in areas specific to the needs of people using the service, for example, catheter care, diabetes and arthritis.

Staff told us they were happy with the level and quality of training they received. One member of staff told us, "Training is very good. I really see it as a positive thing now. A lot of it is e-learning but this gives you a really good base-line and if you want more training you only have to ask."

New starters underwent a 12 week induction programme that covered the provider's visions and values, policies and procedures, as well as mandatory training. New staff also shadowed more experienced staff until they were confident to work independently.

Staff we spoke with during the inspection told us they felt well supported and we saw records to confirm supervision and annual appraisals had taken place. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. One member of staff told us, "[Deputy manager] does my supervision. I get continuous support from [deputy manager], they are very approachable."

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 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).

At the last inspection we found the provider to be in breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because mental capacity assessments were not being undertaken where necessary. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Staff had received training in MCA and DoLS. Staff we spoke with had a good understanding of DoLS and the practicalities around how to make 'best interest' decisions. They were also able to describe what conditions were attached to certain people's DoLS authorisations. One member of staff told us, "We know to look out for signs someone's capacity may have changed. One person was trying to leave the other day. They have been out of character. An emergency DoLS request has been put in by the deputy manager." Another member of staff said, "DoLS are used when someone lacks capacity and you are restricting them in their best interests."

Information relating to MCA was clearly present in each care file. We saw evidence of people being asked for, and giving, consent to their care and treatment. Signed forms were kept on people's care files along with the MCA policy and procedure. We saw capacity assessments were being correctly undertaken and recorded. One staff member told us, "You would only do a capacity assessment if you had doubts about their capacity to make a decision."

We observed the dining experience on both floors during lunchtime. The menu choices were jacket potato, sausage and mash or salad however the menu was only displayed on one table. People were all given the same soft drink with their meal without being asked and hot drinks were only offered after the main course. The food looked appetising and the portion sizes were generous.

People were supported to eat in the dining room or in their own room dependent on their care needs and personal preference. Staff prompted people to eat independently but also gave support where necessary, for example cutting up food. Some relatives were present during lunch and supported their family members to eat their meals. There was limited interaction between people and staff in the downstairs dining room. Only five people ate in the downstairs dining room and the atmosphere was more subdued than the first floor. More staff involvement in engaging people and encouraging interaction would have made the mealtime a more sociable experience.

People told us they were happy with the food they received. One person told us, "I have no complaints about the food, I am grateful for everything." Another person said, "The food is great, they'll give you something else if you don't like what's on the menu." Another told us, "I am a vegetarian and they never bring me meat."

We spoke with the chef who was aware of people's special dietary requirements and was informed by senior care staff if there were any changes.

At the last environmental health inspection in May 2017 the kitchen had been awarded only two stars out of a possible five. The list of recommendations was being worked through at the time of our inspection, new equipment had been purchased, the kitchen was to be re-decorated and new paperwork had been implemented. The deputy manager was undertaking a monthly food hygiene audit and once the action plan was complete the provider planned to request a return visit in order to have the kitchen re-rated.

At the time of our inspection two people received their food, fluids and medicines via a Percutaneous Endoscopic Gastrostomy (PEG) tube. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach. We saw that staff had received appropriate training and records relating to people's PEG were correctly completed.

At the time of our inspection the weather had been particularly hot. We saw that people were offered drinks throughout the day and there were jugs of water or juice in all bedrooms. There was a hot weather plan on display advising staff to prompt people to drink more fluids, provide cold refreshments and revise the menu

if necessary.

We saw records to confirm people had access to a range of health professionals such as the dentist, optician, chiropodist, dietician and PEG nurse. This showed that the provider was supporting people to maintain good health.

One relative we spoke with told us, "If [family member] ever needs a doctor they are seen straight away."

A visiting health professional told us, "They will contact me even for the smaller issues. People I visit all seem well cared for and the service are responsive to any advice I give." Another visiting professional told us "They are very good here. They work well with me and follow any advice I give them. I'm very happy with communication and the staff seem to know people well."

There was clear signage around the building to help orientate people, lighting was good and handrails along each wall and on the stairwells could be clearly seen against the background walls. This meant the provider had taken necessary steps to help people with dementia move around the service independently.

Good

Is the service caring?

Our findings

People we spoke with during the inspection told us they were very happy and the staff were caring. One person said, "The people who look after you here are gems." Another person told us, "Praise, praise, praise. I couldn't be in better hands." A relative said, "The place is wonderful, he's very happy here."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff were cheerful, chatted to people as they worked and treated people with respect, care and consideration.

Staff told us ways in which they protected people's privacy and dignity. One member of staff told us, "I always knock before I go into anyone's room. It's their space. I would expect that so it is only right I treat them the way I would want to be treated. When I'm providing personal care I always explain what I'm going to do and always ask their permission."

We observed staff moving visiting professionals away from communal areas to discuss people in private and staff also went into the nurses' office to continue a conversation about a person's care when other people were around.

It was evident from discussion that staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One member of staff told us, "This job keeps you smiling, I absolutely love it. The residents make me smile every single day." Another member of staff said, "I love my job, this place has a strange pull over you. The care staff are all brilliant."

People were involved in decisions throughout the day about where they would like to sit or what they wanted to do. Some people chose to spend time in their rooms and we saw these contained many personal items, pictures and photographs. There were also bright spacious lounge areas on both floors with pleasant views of the sea.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. We saw people were supported to mobilise independently and provided with the appropriate aids to support them with this where necessary.

We looked at the plans in place for people's end of life care. We saw that some people had DNACPR in place and some people had been prescribed anticipatory drugs or 'just in case' medicine for symptom control in the last days of life. A palliative care box had been set up containing a syringe driver and all other items necessary for its use. The nurse we spoke with was the palliative care champion; they liaised with the specialist palliative care nurse and had syringe driver competency checks.

The home used the local NHS trust paperwork for end of life care and we saw this had just commenced for

one person. Files were set up for people's end of life care once it was identified that this was inevitable but most people did not have individually tailored end of life care plans in place. We discussed with the deputy manager the advantages of establishing a person's wishes before they became too ill to express them. They told us they would look to putting these in place for those people who wished to engage in a discussion about the topic.

Information about advocacy support from external agencies was available and on display in a communal area. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Requires Improvement

Is the service responsive?

Our findings

People told us they enjoyed a variety of activities. They told us they particularly enjoyed bingo, quizzes and listening to music. One person told us they enjoyed, "Having an ice-cream sitting out on the veranda."

During our inspection we observed people participating in a sing-a-long in the downstairs lounge. The activities co-ordinator had printed song sheets so that everyone who wished to could join in and several people did. An art class took place in the upstairs lounge and people were animated and chatty whilst participating in this. People said they looked forward to the exercise class on Wednesday. They told us it was, "Great fun" and "A highlight of the week."

People spoke highly of the activities co-ordinator who we saw going about their work in a friendly, energetic and enthusiastic way. One member of staff told us, "The activities co-ordinator we have now is really excellent. We have some residents who wouldn't come out of their rooms in the past. She has really encouraged them to take part in things and she has also nurtured relationships between people so they now have friends to chat to."

During our visit we reviewed the care records of six people. We saw people's needs had been individually assessed and plans of care drawn up. One person had been living at the service for just over a week and their pre-admission assessment contained very little information, some of which was handwritten and illegible and some of which we found to be inaccurate on speaking with the deputy manager. The deputy manager confirmed that completed care plans should be in place 72 hours after a person moved to the service, however we found that this care plan was still only partially completed.

We were told by the deputy manager that one person's condition had recently changed significantly and as a result an urgent DoLS authorisation had been applied for. The change in their capacity had not been documented within their care plan. We fed this back to the deputy manager who arranged for the necessary changes to be made straight away. However when we reviewed the records on the second day of the inspection we found that some care plans had been updated and others had not meaning there was conflicting information throughout the file.

Care plans we looked at contained information about the support a person needed, however they focussed on the tasks staff were to perform and required more person centred information. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The care plans did not explain exactly how a person would like care to be given, what staff should do to assist and what a person could do for themselves. There was very little information included about a person's likes and preferences and only limited life history, although this was an area the activities co-ordinator had begun working on. The care plans did not give a clear and descriptive picture of the person and although the staff we spoke with had a good knowledge of the people they were supporting, agency staff or newly recruited staff would benefit from that knowledge being fully documented.

A lack of quality assurance processes in respect of care plans meant that issues we identified were not being

picked up. You can see what action we have taken under the well led section of the report.

Care plans were reviewed and updated on a monthly basis but there was little documented about outcomes for the person being met. Most review records merely stated 'no changes, care plan to continue.' Staff told us that people were always asked to be involved with their care plan review. One member of staff told us, "Some people respond better to certain members of staff so we try to consider that when we do reviews."

Whilst person-centred detail was missing from records we observed staff delivering care in a person-centred way, taking time to communicate with people in the way most suited to them and demonstrating knowledge of people's likes and dislikes whilst delivering care.

Staff told us that changes had been made to the care plans that had made them simpler to follow. One member of staff told us, "The way they are set up now makes it easier to find your way around them. We've been really trying to improve things over the last 18 months." Another member of staff told us, "The care plans are better but some could do with wording differently."

The provider had a complaints policy and procedure in place and we saw this was clearly displayed within the service. People we spoke with told us they knew how to complain if necessary and all said they felt comfortable to make a complaint if they had to. Three formal complaints had been received within the previous twelve months and these had been dealt with appropriately in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. There was no set structure to the care plan audit being conducted at the time of our inspection. Random checks were being done on care plans and we were told that every care plan was audited over a twelve month period but there was no schedule in place to evidence this. We found a number of care plans contained errors or omissions. These issues had not been identified as part of the audit process and a more effective system was required.

The deputy manager was able to show us numerous checks which were carried out on a monthly basis to ensure the service was run in the best interest of people. These included audits on medicines, infection control, pressure areas, weights, mattresses and personal finances. An annual planner in the office, highlighted when audits were to be undertaken and by whom. Some audits had been delegated to senior care staff but it was not clear what training they had received to undertake them. We saw that issues had been identified on the infection control audit and mattress check but there was no action plan completed to say what work was necessary or when this had been done. Although the deputy manager confirmed that actions had been taken, this had not been appropriately evidenced. We found that although some regular audits were being carried out, we could not evidence their effectiveness.

Issues such as the lack of up to date records relating to the safety of the premises were not being picked up which highlighted a lack of management oversight.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good Governance.

At the time of our inspection there was no manager in post. They had left the service two weeks prior to our inspection. The deputy manager had taken over as acting manager whilst a new manager was recruited and was evidently working hard to ensure the service ran as smoothly as possible in the interim.

A relative we spoke with told us they knew who the management were however one of the people we spoke with told us they had, "No idea."

Staff told us morale was good and they worked together well as a team. One member of staff told us, "[Deputy manager] is very good, very organised. They are doing a good job and we're all supporting them at the moment." Another member of staff said, "I honestly do think it's a good team. Morale is good. If I didn't like it I would have moved on." Another told us, "[Deputy manager] has managed my shifts when I needed things changing, they have been really flexible. I feel really supported."

The provider was visiting the service on a daily basis whilst they were without a manager. The deputy manager told us they were very busy but felt well supported.

Staff confirmed that the provider was a visible presence within the service and they felt able to approach them if necessary with any concerns. One member of staff told us, [Provider] will come to staff and say "I don't know what needs improving until you tell me."

Staff meetings were taking place every two to three months. We saw minutes from the last meeting which was held in April 2017. Topics discussed included safeguarding issues, keeping the environment clean and tidy, staff breaks and handovers. One member of staff told us, "I feel we really do have input. Both [deputy manager] and [provider] are very open to new ideas. Staff suggested trying a change of mealtimes and they took that on board."

Annual surveys were conducted with staff and people using the service. Completed surveys were looked at by the deputy manager and each given a satisfaction score depending on the answers given. The deputy manager told us that a visual check was being done to look for common concerns or issues raised by more than one person. This check was not documented and no action plan was drawn up in response to the survey results. Because of this it was not possible to evidence any positive impact the surveys had on the service.

The deputy manager told us people who used the service and their relatives had the opportunity to meet with staff on a regular basis to share their views although these were not always well attended. We saw a poster displayed on the notice board with dates of upcoming meetings. The most recent meeting had been held on 21 June 2017 and minutes from this indicated people had engaged and raised both positive and negative points. One person had commented that there was a lack of crockery and cutlery and the provider confirmed that new items had been ordered. A person we spoke with told us they attended meetings and had requested a new bath and shower and more activities. They felt their comments had definitely been listened to as there was now a new bath and shower and more activities were taking place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess and monitor the service. Audits had not identified all of the issues found during inspection. Records relating to the care and treatment of people using the service were not always accurate or complete.