Care Quality Commission

Girlington Nursing Home Limited

Britannia Care Home

Inspection report

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Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Inadequate**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Inadequate**

Overall summary

This inspection took place on 21 December 2015 and was unannounced.

During our previous inspection on the 29 April 2015 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements in relation to; the management of medicines, governance systems and processes, and the safety and suitability of the premises. During this inspection we checked improvements had been made in these areas and re-rated the quality of the service provided.

Britannia Care Home provides accommodation, personal care and support for a maximum of 35 people. On the day of our inspection 31 people used the service. Most people who use the service have enduring mental health needs. The service is situated in Girlington, Bradford close to local amenities. The bedroom accommodation is a mixture of single and shared rooms, many with en-suite facilities. Communal space includes a dining room and two lounges.

The service has two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 identified a number of areas where potential risks to people's health and safety had not been appropriately assessed, monitored and mitigated. There was a lack of robust information to assist staff in managing this risk, and where information and guidance was provided this was not always being followed.

We noted an improvement in some aspects of the premises. However, appropriate assessments were not being completed to ensure that people's bedrooms and the overall environment was safe and appropriate to people's specific needs.

We found recruitment procedures were not robust and consistent. This placed people at risk of harm as the suitability of staff had not been thoroughly checked before they commenced work.

No concerns were raised by people who used the service, relatives or staff about the staffing levels. We observed staff were available to respond to people's needs. However, we found improvements were needed to ensure the staffing levels were robustly reviewed and assessed as people's needs changed.

The staff were confident about how to identify and act upon any allegations of abuse or if they were concerned about people's wellbeing. Procedures were in place to monitor and respond to safeguarding incidents and allegations. Improvements had been made to how money was managed.

Overall we found medicines were now managed more safe and robust way. Some minor improvements were still on-going, however the registered manager had plans in place to address these areas.

People told us the food was good. However we identified concerns about how staff monitored people's weight and ensured their nutritional intake was sufficient.

Staff worked closely with other healthcare professionals to ensure people's physical and mental health needs were met. However, improvements were needed to ensure any advice was translated into the care planning system to ensure staff could evidence they had taken appropriate action.

Staff acted within the legal framework Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Most people and relatives we spoke with said they were happy with the care provided and praised the staff. People told us staff treated them with respect and were polite. However improvements were needed to ensure the care people received was consistently good and person centred.

Care records were not always complete, accurate and person centred. This risked that people would not always be provided with appropriate care and support.

Although many people who used the service accessed the community independently, some improvements were needed to ensure activities were planned more effectively, particularly for those people who did not have the confidence or ability to leave the home without staff's support.

A complaints procedure was in place and the registered manager operated an open door policy to encourage people to come to them directly with any concerns or issues. It was not always clear that lessons had been learned from the complaints people had made.

Although some improvements had been made to some audits. Overall the systems and processes in place to monitor, assess and improve the quality of service provided were not sufficiently robust. We were concerned that the registered managers and provider did not have the knowledge and understanding to develop, implement and maintain robust governance systems.

We identified four breaches of legal requirements. You can see what action we have asked the provider to take at the back of the full version of the inspection report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key

Summary of findings

question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Risks to people's health and safety had not been appropriately assessed, monitored and mitigated.

Some improvements had been made to the premises. However appropriate assessments had not been completed to ensure the environment was suitable for people's specific needs.

Sufficient numbers of staff were available to respond to people's needs. However, more robust arrangements were needed to ensure staffing levels were formally reviewed. Improvements were needed to ensure the staff recruitment processes were robust and consistent.

Staff were confident about how to identify and act upon any allegations of abuse and improvements had been made to how people's money was managed.

Some minor improvements were still on-going but overall we found the procedures in place for managing medicines had been made safer and more robust.

Is the service effective?

Requires improvement

The service was not always effective.

People told us the food was good. However, we had concerns with how nutritional risk was being managed.

The service worked with healthcare professionals to ensure people's physical and mental health needs were met. However, improvements were needed ensure any recommendations were translated into clear care plans and risk assessments.

Overall we found staff had appropriate training and development.

Staff acted within the legal framework Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Is the service caring?

Requires improvement

The service was not always caring.

Most people were happy with the care provided and said staff were polite and respectful. However improvements were needed to ensure the care people received was consistent.

Staff's knowledge of people was not always translated into effective and person centred care planning.

Summary of findings

The promotion of people's independence needed to be appropriately balanced with people's safety and welfare.

Overall, we saw staff respected people's cultural and religious preferences.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care records were not always complete, accurate and person centred.

A complaints procedure was in place however it was not always clear that lessons had been learned from the complaints people had made.

Staff used their knowledge of people to provide responsive care.

Improvements were needed to the planning of activities to ensure that everyone received appropriate stimulation.

Is the service well-led?

Inadequate

The service was not well led.

The quality assurance systems and processes in place were not sufficiently robust. They did not contribute to the continuous improvement of the care people received.

Although people's feedback was sought, this was not always acted upon and used to drive improvement.

Although people who used the service and staff provided positive feedback about both registered managers, we concluded that they did not have the knowledge to develop, implement and maintain robust governance systems.

Britannia 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 21 December 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors, one mental health inspector and a specialist advisor with experience of mental health services. An interpreter also attended the inspection to enable us to speak with people who preferred to speak with us in Hindi, Punjabi or Urdu.

Before the inspection, we reviewed the information we held about the provider. We also spoke with the local authority mental health commissioning team and local authority safeguarding team to ask them for their views on the service. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with eight people who used the service and five relatives. We reviewed nine sets of care records and people's medication administration records. We also reviewed a number of other records relating to the running of the service, such as policies, procedures, audits and staff files. We spent time observing the care and support provided to people. We spoke with five members of care staff, two cooks, the deputy manager, both registered managers and the registered provider.

Inadequate

Is the service safe?

Our findings

During our inspection we identified a number of areas where potential risks to people's health and safety had not been appropriately assessed, monitored and mitigated.

Both the registered manager and deputy manager explained that they did not have anyone living at the home who was at risk of self-harm or suicide. However, pre-admission records showed that at the beginning of December 2015 a person had moved into the home who was at risk of suicide. There was no risk assessment or management plan in place to ensure this risk was effectively managed and to guide staff about how to ensure this person was kept safe.

Another person's care records showed they were a potential risk of harm to other people who lived at the home. Their care plan stated that staff should use de-escalation and then follow the 'walk away' policy. However, there was no information about what appropriate de-escalation techniques would be for this person. We spoke with the registered manager and three members of care staff about this and none of them had any knowledge or understanding of the 'walk away' policy. We also found the policy in place for the prevention and management of violence and aggression was basic and did not reference the latest best practice guidance in this area. This meant staff were not provided with appropriate information to ensure they could mitigate this risk and keep this person and other people who used the service safe.

Another person was identified as being at risk of alcohol abuse. The care plan in place stated they should be discouraged from consuming alcohol. Their care records did not evidence that therapeutic support had been sought to support this person and staff to safely manage their alcohol consumption. The home's drugs and alcohol policy stated there was a zero tolerance policy for drugs and alcohol. During our inspection we saw this person had alcohol in their bedroom, staff did not take any action to remove or discourage them from having this. There were no systems in place to support staff in monitoring and dealing with this issue. One staff member told us they found it difficult to control what people brought into the service. This showed there was a lack of robust information to assist staff in managing this risk, and where information and guidance was provided this was not always being followed.

We spoke with the registered manager about the assessment criteria being used to ensure Britannia Care Home was a safe and appropriate environment for people before they moved into the home. They explained that their assessment criteria were currently being reviewed. They said they would not admit anyone who they considered to be 'high' risk and that they had not accepted placements where they felt unable to manage people's needs. However, they were unable to provide us with any robust guidance to demonstrate how they would make the judgement that someone was considered to be 'high' risk.

We noted an improvement in some aspects of the premises. For example, a new smoking shelter had been built which was away from the dining room which made for a more pleasant mealtime experience. We also saw that a new spacious downstairs quiet lounge had been built in a room which had previously been used for storage. However, we found that appropriate assessments were not being completed to ensure that people's bedrooms and the overall environment was safe and appropriate to their specific needs. We also found that some lighting on the staircases was dim and some carpets in corridors and bedrooms were heavily patterned and therefore may not have been appropriate for the people who lived with dementia to safely move around the home.

We saw people were able to come and go from the home as they pleased. Staff told us some people told them when they were going out but others did not. We asked the registered manager how they would know who was in the building at any one time and they acknowledged that they would not know. We saw people's rights were promoted as they were not restricted in their movements and were able to freely leave the home, however there were no systems in place to ensure that in an emergency, such as a fire, staff knew who was in the building. The registered manager said they would seek to address this as an immediate priority.

Overall we found risks relating to the health and safety of people using the service were not being effectively assessed and appropriate action was not being taken to mitigate potential risks to people's health and safety. **This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We found gaps in the recruitment process which meant the suitability of some staff had not been thoroughly checked. We looked at three staff recruitment files and found all the staff had completed application forms, references had

been obtained and criminal record checks had been completed. However, there were no interview records for any of the applicants which meant we could not ascertain how their suitability for the job role had been determined. We found references had not always been verified. For example, in one applicant's file we saw the application form did not provide details of referees. In the file there was a reference from their last employer yet it was not clear what the referee's role was within that organisation. The second reference for this applicant stated their role but it was not clear which organisation the referee was working for.

We spoke with one newly recruited staff member who said they had completed an application form, attended an interview and been required to provide two references and have a criminal record check before they started work. When we looked at this applicant's file it showed they had started work on 21 September 2015, yet one reference was undated and the other reference was dated 3 November 2015. This meant the applicant had started work before full recruitment checks had been completed. **This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

No concerns were raised by people who used the service, relatives or staff about the staffing levels. During our visit we observed staff were available to people and responded to their needs. This led us to conclude there was sufficient staff on duty. We looked at the duty rotas for the two weeks prior to the inspection and found the staffing levels quoted by the registered manager were met. We found the duty rotas did not include the hours of either of the registered managers. The registered manager said they would address this so staff were able to identify when they would be available to provide management support. However, we found improvements were needed to ensure the staffing levels were robustly reviewed and assessed in line with people's changing needs. The registered manager acknowledged there was no formal tool used to determine people's dependencies or consider the layout of the building when calculating the staffing levels but said this was something they would implement.

The provider had reviewed and updated their policies and procedures in relation to safeguarding and whistleblowing. We found they now contained more detailed information to assist staff to identify and deal with any concerns or if they suspected someone was at risk of abuse. The policies did not contain specific contact details for other organisations, such as the local authority, however we saw this information was available in the staff office. Both polices were not dated which meant it was difficult to establish when they should be reviewed. The registered manager said they would address this.

The staff we spoke with were confident about how to identify and act upon any allegations of abuse or if they were concerned about people's wellbeing. Safeguarding was regularly discussed during staff and residents' meetings. This ensured that people's knowledge and understanding of recognising and dealing with safeguarding was regularly refreshed. We saw the registered manager made statutory notifications to the Commission and safeguarding alerts to the local authority where appropriate. However, we saw two occasions where people had raised safeguarding concerns directly with the local authority. These had been investigated and responded to through the local authority safeguarding procedures. However a statutory notification had not been made to the Commission. We spoke with the registered manager about this and they said on both occasions they thought the Commission had been informed of the allegations. However, they said in future they would ensure that they made a statutory notification to ensure the Commission was aware of all potential safeguarding incidents.

We found the provider had made improvements to the procedures regarding the handling of people's personal money. We saw clear records were kept and the accounts were regularly audited and where it was appropriate, relatives also checked people's accounts to ensure they were accurate.

Overall we found the provider had improved the way they managed people's medicines so that the procedures in place were safer and more robust. We looked at the provider's medicines policy. The policy demonstrated the provider had taken steps to ensure they complied with current legislation and best practice in the administration of medicines.

Most medication was administered via a monitored dosage system. All medicine administration records (MAR) had an attached photograph of the person and a pictorial medication record. Staff told us this allowed them to correctly identify people and individual medicines so that they could establish which medicines people had taken.

Inadequate

Is the service safe?

Some medicines were still dispensed in individual boxes and bottles. We carried out a random sample of five people's medicines which were dispensed in this way. We found on three occasions the stock levels of the medicines reflected the amount recorded on the MAR. However, on two occasions we noted an imbalance. We saw the registered manager had begun monthly audits of the medicines system and addressed any issues or discrepancies with individual staff members. Both of the issues we identified occurred during December 2015. Therefore because the cycle had not yet ended and been checked these issues had not yet been identified and picked up through the registered manager's medicines audit. The registered manager explained they would investigate the two examples identified of stock imbalances and address any issues with staff.

We observed the morning medicine round conducted by the deputy manager. The deputy manager showed us the medication administration records (MAR) sheet was complete and contained no gaps in signatures. We asked the deputy manager about the safe handling of medicines to ensure people received the correct medication. Their answers demonstrated they had the knowledge to administer medicines safely. We saw good practice was adhered to when administering controlled drugs. For example we saw two staff checked and signed the medicine and ensured the person took the medicine in the presence.

Some areas of the medicines system still required some minor improvements. For example, not all

'as necessary' (PRN) medicines were supported by individualised protocols which described the specific situations and presentations where PRN medicines could be given to each person. Records also showed that on the day prior to our visit the care staff member signing for medicines was the same from 0800hrs to 2100hrs. The person signing was recorded as being on duty until 2100hrs which indicated that some night-time medicines were administered earlier than prescribed. The deputy manager confirmed the medicines would have been administered between 2000hrs and 2100hrs. Whilst we saw no risk of interaction with the medicines administered at 1800hrs, on this occasion these medicines had not been given as prescribed. We raised these issues with the registered manager. They acknowledged the improvements to the medicines system was an ongoing process and there were still some areas which needed further development. They said these issues would be addressed as an immediate priority.

Requires improvement

Is the service effective?

Our findings

Most people we spoke with told us the food was good and there was always plenty of it available. One person told us; "I eat really well. I can ask for a drink or a snack whenever I want and they give me something straight away." Another person told us how they liked that staff provided "good quality" fish and chips every Friday. Despite this positive feedback we identified concerns about how staff monitored people's weight and ensured their nutritional intake was sufficient.

One person's care records showed their weight had reduced from 38.45kgs to 35.40kgs between August and December 2015. Records showed the dietician had assessed this person in November 2015 and recommended actions to be taken to improve their dietary intake which included having full fat milky drinks three times a day. We looked at this person's nutritional care plan dated 30 November 2015 and saw the dietician's advice was not included. The registered manager told us this person refused milky drinks. However a member of care staff told us the person liked milky drinks. The care records stated staff were to encourage this person to drink 1.5 to 2 litres of fluid daily. We asked the deputy manager and registered manager how this person's dietary intake was being monitored. They said food and fluid charts had been recorded previously but were not being used now. When we asked to see the food and fluid charts that had been previously completed, they were not provided. This meant we were unable to establish that this person's nutrition and hydration needs were being met.

We found inconsistencies in the nutritional assessments recorded by the dietician and those completed by the home for this person. For example, the malnutrition universal screening tool (MUST) completed by care staff used a different height than that used by the dietician. This meant care staff assessed this person as being at low risk of malnutrition, whereas the dietician's same completed MUST assessed this person as being at high risk of malnutrition. These discrepancies had not been identified by the registered managers and meant there was not clear information about the level of risk of malnutrition to this person.

A staff member told us sometimes this person had difficulty swallowing food and when this happened food was blended for them. This was confirmed by the cooks, yet there was nothing in this person's care records to show they had a blended diet or that health professionals had been informed about their swallowing difficulties.

We spoke with this person and they told us their new dentures has been lost so they found it difficult to chew most foods as the dentures they had didn't fit. They said they had told staff about this but nothing had been done. They said they did not like the food because it did not cater for their cultural preferences so they did not eat much. They said their relatives brought them food and sometimes the registered manager would visit a specialist supermarket to bring them food they liked. There were no formal arrangements in place to ensure they were provided with these foods on a daily basis. Records showed the dietician had recommended that care staff spoke with this person's family about the food they supplied to see if the home could replicate these meals. We found no evidence to show this action had been taken. We spoke with a relative of this person who told us; "I am worried because they don't eat much as the food is not prepared to their taste. I can't visit every day but when I do I always bring in what food I can and they usually eat that."

Care records showed another person had lost nearly 7kgs between 1 October and 14 December 2015. The nutrition care plan stated this person had a poor swallow, required a soft diet and that their diet and fluid intake was monitored on a daily basis. The registered manager told us the person was no longer on a soft diet as their swallowing problems had occurred while they were in hospital and they did not require a soft diet now. This was confirmed by the cooks we spoke with who said this person used to have a soft diet but only had it sometimes now. However, there was no evidence to show there had been any review from a healthcare professional such as a speech and language therapist, dietician or GP when making this decision. The nutritional risk assessment for this person stated if their target weight fell below 56kgs to encourage extra diet and inform their GP. The records showed the person's weight had been below 56kgs since 31 October 2015. There were no medical notes recorded and when we asked the registered manager they were unable to find any evidence to show the GP or dietician had been involved with this person about this. The deputy manager and registered

manager told us food and fluid intake charts had been in place previously but were not being used now. When we asked to see the charts which had previously been completed they could not be located.

We spoke with the cooks who showed us the menus. We saw there was a choice of dishes at each mealtime and the cooks told us there was always an additional option of a meat or vegetarian curry and rice available. We saw pictorial menus were displayed in the dining room showing the choices on offer. The cooks were aware of people's dietary needs and knew which people were low weight. However we found they lacked knowledge about fortified meals and how to increase people's calorie and nutritional intake. We saw there was full fat milk available and the cooks told us they added this to potatoes with butter and cream. However, when we checked there was no butter available, only margarine, and no cream. We saw one person who was low weight eating porridge for their breakfast, they told us they had this most days. The cooks said the porridge was made with full fat milk but cream was not added. Both cooks said they would like further training in meeting nutritional needs and were keen to learn more.

Overall our observations, discussions with staff and review of records led us to conclude that appropriate action was not being taken to ensure people received adequate nutrition and hydration to meet their needs.**This was a breach of the Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** We also found that risks in relation to potential malnutrition, dehydration and weight loss were not being effectively assessed, monitored and mitigated. **This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw evidence the service worked closely with other healthcare professionals to ensure people's physical and mental health needs were met. People told us and records showed staff were proactive in making referrals to other agencies and healthcare professionals where appropriate. For example, we saw people were promptly referred to their GP when issues relating to their medication had arisen. However, improvements were needed to the care planning system to ensure the service could consistently demonstrate how they supported people to maintain good health. For example, we found staff did not consistently update the computer system to ensure healthcare involvement had been recorded and any recommendations were translated into clear care plans and risk assessments.

The registered manager had systems in place to identify when staff training had been completed and when refresher sessions were due. We looked at the training matrix and saw the majority of staff had received safeguarding training in the past year and all of the senior staff had received medication training. The registered manager told us at the beginning of December 2015 eight staff had received training on risk management, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A further session was booked for early 2016 to ensure all staff received this training. They also told us that they were in the process of organising refresher training on managing violence and aggression. Our observations and discussions with staff showed they would benefit from additional training so that they were confident in supporting people with mental health needs. The registered manager said they recognised this and were in the process of arranging additional training for staff in this area.

Staff told us they received regular supervision with the registered manager. We saw records which showed the majority of staff had received supervision in October 2015. We found the supervision records contained very little information. The registered manager told us a new supervision format was being implemented. We saw these forms had been completed for the deputy manager and registered manager and were more detailed. They registered manager said they planned to introduce this format for all staff throughout 2016.

We saw records which showed eight staff had received appraisals this year. The records showed many of the staff had identified a training need in the electronic care management system (CMS). We discussed this with the registered manager who explained that each staff member had been shown the new system and had time to practice using it as it was gradually phased in. However, staff told us they still felt "unconfident" in using the system and the registered manager said they wanted additional training as they knew there were many more aspects of the system

Requires improvement

Is the service effective?

they could be using to help streamline and improve the care planning processes. They said they were looking to arrange more detailed and formal training on CMS for all staff early in 2016.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw three people were subject to authorised DoLS. We saw two people had conditions attached to the authorisation. Discussions with the registered manager, our observations of care and review of care records showed these conditions were being met. We spoke with the registered manager with regard to a further authorisation recently submitted to the supervisory body. Our discussion demonstrated the registered manager had a good understanding of the requirements of Mental Capacity Act 2005 and the code of practice with regard to DoLS.

One person had their medicines administered covertly. Their care records showed meetings had occurred involving the GP, a psychiatrist, family members, a community psychiatric nurse, care staff with personal knowledge of the individual and a pharmacist. Documents demonstrated a clear aim of giving the medicines covertly along with the required benefits to the person's health and the psychiatrist had made a written statement regarding the person's lack of mental capacity. A process to ensure this decision was regularly reviewed was also in place.

Requires improvement

Is the service caring?

Our findings

Most people and relatives we spoke with said they were happy with the care provided and praised the staff. One person said, "It's all right here. The staff are good and treat me right." Another person said, "The staff treat me well, I've no complaints." A relative said, "I'm happy with everything here. (My relative) is better and more stable since they've been here." Another person's relative said, "I come about two or three times a week and can visit at any time. (My relative) is quite independent but seems to be settled here." However, one person told us that some people who used the service received "more attention than others" because they were "louder." They said this meant the standard of care they received was "not as good as it used to be." Another person also told us that "not all staff had a caring attitude" which meant the standard of care they received was variable. A relative also told us that they felt that not all staff "really cared about people." We also spoke with three people who often chose to spend time in their bedroom, they both said staff would only usually come to see them in relation to a care task. One person told us this meant they could feel "isolated." This showed us that improvements were needed to ensure the consistency of care provided.

The care staff we spoke with had a detailed knowledge of the people they supported. We spent time observing their approach and attitude with people and found staff to be patient and polite. We saw examples of staff putting their knowledge of people into practice, such as engaging people in conversations about topics which matched their interests, offering drinks and snacks which they knew people liked and speaking with people in their preferred language. However, we found staff's knowledge of people was not always translated into effective and person centred care planning.

People were involved in formal care reviews at least every six months. We saw examples of staff involving people in making decisions such as where and how they wanted to spend their time and what food and drink they wanted. The registered manager told us a key feature of the service was that staff encouraged people to maintain control over their lives. We saw examples where staff helped to promote people's independence, such as prompting people to clean their own rooms and providing drinks stations in the dining room so that people could make their own drinks. We also saw that where it was appropriate, people were free to leave the home to go to the local shops, community events or to visit friends. One person told us they did not like going out alone, but said that the deputy manager regularly took them into town so they could go clothes shopping which they enjoyed. The registered manager acknowledged that the promotion of people's independence needed to be appropriately balanced with people's safety and welfare. They would seek to review their signing in process to ensure they could identify who was in the home in the event of an emergency.

People told us staff treated them with respect and were polite. We also saw examples where staff were mindful of preserving people's privacy and dignity, such as closing the door to the office when discussing personal matters. However, we saw that staff did not always knock on the door before entering people's bedrooms.

We saw that staff respected people's cultural and religious preferences. One person told us that staff supported them to attend church most weeks and the cooks sourced Halal products to cater for Muslims who used the service. People also told us the registered manager often brought them foods they liked from local specialist shops. One person told us that they did not feel that their specific cultural tastes were catered for. The registered manager said this was something they were seeking to address. They explained they had sourced and arranged for this person to attend a local day centre which specialised in providing activities and foods from their culture but said this person had only attended the centre three times and then did not want to go back. However, the registered manager acknowledged they needed to do more to ensure this person's preferences were met, particularly in relation to their diet. They said they would speak with this person, their family and the cooks to help facilitate this.

Requires improvement

Is the service responsive?

Our findings

Care records we reviewed contained minimal information and did not reflect people's current needs or detail the support they required from staff. For example, one person's mobility care plan stated they required a mobility aid but did not specify what type of aid should be used. Elsewhere in the records reference was made to a walking stick and zimmer frame. Another person's care plan for elimination showed the person was incontinent and stated 'ensure pads worn as allocated' but there was no information about the type of pad to be used. We saw contradictory information in some records. For example, one person's nutritional care plan gave different information about nutritional supplements, one part said they were on one supplement twice a day, another part said this supplement was given three times a day and then a further supplement was recorded as being given twice a day.

We found the care documentation was not person centred and care plans contained general rather than specific information about the support people needed. For example, one person's care plan stated they 'require some assistance with washing and dressing' but did not specify what assistance. Staff told us this person could not wash themselves and they had to support them with all aspects of their personal hygiene.

We found that people's complaints had been investigated and responded to in line with the provider's complaints policy. However, the records kept in relation to complaints did not demonstrate that there was always effective analysis or lessons being learned to prevent repeat complaints. This led us to conclude that overall the systems in place to manage, investigate and respond to complaints worked well. However the provider needed to take effective action to address their governance systems and processes to ensure that appropriate action was taken to learn from complaints so that underlying issues were addressed.

This showed us that the provider did not ensure they maintained accurate and complete records. **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered manager explained that they operated an open door policy whereby they encouraged people to come and discuss any concerns or issues they had with the care they received at any time. We saw examples of this on the day of our visit. Whilst we saw that this approach meant the registered manager was sometimes interrupted from their management tasks, the benefit to people was that they were able to quickly listen to and respond to their changing needs and preferences. The registered manager said they were able to work from home or worked on an evening to catch up on their paper work. However, at the time of our visit there were not permanent arrangements in place to provide administrative support to the registered manager. The provider explained that they intended to recruit to a new position to ensure the registered manager could be provided with additional administrative support on a more regular and permanent basis.

One person described how staff knew them well and responded to their mood. They said, "The staff are so nice and kind to me. When I am down they know it and they try their best to cheer me up." We also saw examples where staff showed they were responsive to the needs and preferences of people who used the service. For example, we saw staff try to encourage one person to be supported with their personal care. Upon staff asking them, this person became agitated and begun to shout out. Staff brought them a cup of tea and left them for a few minutes whilst they calmed down. When they returned they tried to encourage this person again and they accepted their support.

It was the Christmas party on the day of our inspection. We saw that the cooks had made a range of foods for the party which included both Indian and English food. We saw people enjoyed the food and kept going back to the table to help themselves to more. Staff assisted those who needed help and ensured everyone had what they wanted to eat and drink. There was a happy relaxed atmosphere with music playing in the background and some people's relatives had joined them for the party.

There were two different weekly timetables of activities displayed in the lounge. The registered manager told us they did not employ an activity co-ordinator and it was the care staff's responsibility to carry out activities. Staff we spoke with said they usually spent time with people in the afternoons and played board games or did other activities. Staff said they felt there could be more activities provided in the home as although most people went out some people stayed in the home most of the time. We spoke with some people who chose to spend most of their time in

Requires improvement

Is the service responsive?

their bedrooms. One person said they often felt they "wish they had someone to talk to." We saw a poster displayed advertising a pantomime in Bradford and giving the dates when the production was being shown. The poster said if people wanted to attend to tell the staff. However, there was no set date for this trip and when we asked staff they said they did not know when the trip was planned for or who was organising it. This showed us some improvements were needed to the structure and planning of activities in the home.

Inadequate

Is the service well-led?

Our findings

The inspectors found evidence that some improvements had been made to the quality assurance systems in place at the home. For example, there was evidence that medicines audits were identifying and addressing issues with individual staff members. However, not all of the systems in place to monitor, assess and improve the quality of service provided were sufficiently robust.

The inspectors found concerns with aspects of service delivery including; risk management strategies, ineffective and incomplete care records, staff recruitment and nutrition. These issues had not been identified or addressed prior to our inspection. As part of a robust quality assurance system both the registered managers and the registered provider should actively identify improvements on a regular basis and put plans in place to achieve these and not wait for the Commission to identify shortfalls. The provider had employed an external consultant to support with developing and improving the quality assurance systems, however we were told they only visited the home approximately one to two times each month. We were concerned that the registered managers and provider did not have the knowledge and understanding to develop, implement and maintain robust governance systems.

We spoke with the registered manager about the checks they completed to ensure care records were fit for purpose. They explained that they checked as many care records as they could each month. We asked to see a record of all of the care records reviewed in November and December 2015. The registered manager said they did not keep a record of the care plans they had reviewed or what issues they had looked at. They said if they saw that any further information or changes were needed to improve the quality or accuracy of information within people's care records they would make the changes directly in the computer system. They said they could run an audit of all of the changes made to care records, however they had not yet been fully trained on this aspect of the computer system. As no record was maintained of the care records reviewed there was not an audit trail to evidence that effective checks of care records were taking place. The issues regarding the lack of appropriate and accurate information within care records identified during the inspection also demonstrated that appropriate checks of care records were not being completed.

We reviewed the incidents logs from July to December 2015. The records showed that actions were not always being taken to follow up and learn from incidents and to reduce the risk of re-occurrence, such as reviewing and amending people's risk assessments and care records updated following an incident. This showed the provider did not operate a robust system to ensure potential risks and issues arising from incidents were effectively assessed, monitored and mitigated.

We spoke with the registered manager about how they calculated their staffing levels. They explained that they did not use a formal tool to calculate the staffing levels, but said most people were independent with only 5 or 6 who needed assistance so gauged it by that. Although our observations and discussions with people did not indicate that there were no appropriate levels of staff on duty, without using a formal analysis tool to calculate staffing levels the registered managers and provider could not assure that the staffing levels remained appropriate to meet the changing needs of the people who used the service and ensure they were kept safe.

We found that although people's feedback was sought, appropriate systems were not in place to ensure this feedback was acted upon, learned from or that improvements were made. For example, we reviewed the resident meeting minutes from September, October and November 2015. We saw that any action points or issues raised by people in the meetings did not have a clear audit trail to show they had been actioned or addressed. We saw that this resulted in people raising the same issues again and some issues not being appropriately investigated.

Overall the provider and registered manager's failed to operate effective systems and processes to ensure that; the quality of the service continually improved, that risks were robustly assessed, monitored and mitigated and that accurate and complete care records were maintained. **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People who used the service and staff provided positive feedback about both registered managers. During our inspection we mostly spoke with the registered manager

Inadequate

Is the service well-led?

who took the lead responsibility for care delivery, we found they were passionate and enthusiastic about the service and the people they cared for. However, we found their hands on approach sometimes meant the paperwork and management tasks were not completed in a timely and effective manner. They recognised they needed additional training to unlock the full potential of the new computer system which they hoped would save them more time. The provider and other registered manager explained that they were in the process of seeking additional training to help with this and were in the process of advertising for an administrative coordinator to provide further support.

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	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs Meeting nutrition and hydration needs. The nutritional and hydration needs of service users were not being met. Regulation 14(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Fit and proper persons employed. Effective recruitment procedures were not in place to ensure persons employed were of good character and had appropriate qualifications, competence, skills and experience. Regulation 19 (1)(a)(b) and 19(2).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment. Care and treatment was not provided in a safe way. Regulation 12(1). The provider and registered manager did not ensure that risks relating to health and safety of people who used the service were assessed and mitigated. Regulation 12(1)(a)(b).

The enforcement action we took:
We served a warning notice on the registered managers and provider which had to be met by 28 March 2016.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Good governance. Systems and processes were not established and operated effectively to ensure the service; Assessed, monitored and improved the quality and safety of the service provided. Assessed, monitored and mitigated risks relating to the health, safety and welfare of service users and others who may be at risk. Maintained accurate, complete and contemporaneous records for each person, including a record of the care and treatment provided. Regulation 17(1)(2)(a)(b)(c).

The enforcement action we took:
We served a warning notice on the registered managers and provider which had to be met by 28 March 2016.