

Leonard Cheshire Disability

St Cecilia's - Care Home with Nursing Physical Disabilities

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?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

The inspection took place on the 3 and 4 May 2016 and was unannounced. At our previous inspection on 17 and 18 June 2015 we had found the service was breaching several legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included regulations about staffing levels and the support provided to staff. The provider sent us an action plan detailing the action they would take to meet these legal requirements. They told us this would be completed by the 30 September 2015. We carried out this inspection to check the action plan had been completed and to provide a new rating for the service.

St Cecilia's Care Home with Nursing Physical Disabilities accommodates up to 30 people, most of whom have complex physical disabilities. At the time of our inspection the home was providing support to 29 people. The home had a registered manager in post. 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.

At this inspection on 3 and 4 May 2016 we found continued breaches in relation to staffing levels and the failing to provide staff with support, supervision and appraisals and a new breach of legal requirements in respect of the safe management of medicines. We served Warning Notice's against the provider and the registered manager for some of the breaches found and will re-inspect the service to check they have complied with the notice. You can see information about action we have asked the provider to take at the back of the full version of this report.

There was not sufficient numbers of suitably qualified staff to meet people's needs safely and in a timely manner. There had been no review of staffing levels and no increases in staffing levels following our last inspection on 17 and 18 June 2015. Medicines were not always managed safely. Risks to people's physical and mental health needs were not always assessed and reviewed in line with the provider's policy. People's care needs were not always reviewed in line with the provider's policy and in response to their identified needs. Staff did not receive appropriate support, training, supervision and appraisal in line with the provider's policy and to enable them to carry out the duties they were employed to perform. The provider did not have an effective system in place to regularly assess and monitor the quality of service people received or to address the improvements required as a result of our last inspection on 17 and 18 June 2015.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. There were safeguarding adult's policies and procedures in place and staff were aware of the potential types of abuse that could occur and the actions they should take. Accidents and incidents were recorded and acted on appropriately and there were suitable arrangements in place to deal with foreseeable emergencies. There were systems in place to monitor the safety of the premises and equipment used within the home.

There were systems in place to ensure staff new to the home were inducted into the service appropriately. The service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People were supported to eat and drink suitable healthy foods to meet their needs and ensure well-being. People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Staff worked with people in a friendly and respectful manner and care plans contained guidance for staff on how best to communicate with people. People were supported to maintain relationships and independence. People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

People's diverse needs and independence was supported and promoted. People had access to specialised equipment that enabled greater independence and met both their physical and emotional needs. People were supported to engage in a range of activities that met their needs and reflected their interests. People and relatives told us they knew who to speak with if they had any concerns or complaints. However the response to complaints requires some improvement. The provider took account of the views of people using the service through surveys.

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 question or overall, we may 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. 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

There were not sufficient numbers of suitably qualified staff to meet people's needs safely and in a timely manner.

Medicines were not always managed safely.

Risks to people's physical and mental health needs were not always assessed and reviewed in line with the provider's policy.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment.

There were safeguarding adult's policies and procedures in place and staff were aware of the actions they should take.

Inadequate ●

Is the service effective?

The service was not consistently effective.

Staff did not receive appropriate support, training, professional development, supervision and appraisal in line with the provider's policy and to enable them to carry out the duties they were employed to perform.

There were systems in place to ensure new staff were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People were supported to eat and drink suitable healthy foods to meet their needs and ensure well-being.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff worked with people in a friendly and respectful manner and care plans contained guidance for staff on how best to communicate with people.

People were supported to maintain relationships and their independence as much as possible. People's diverse needs and independence was supported and promoted.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Good 

Is the service responsive?

The service was not consistently responsive.

People's care needs were not always reviewed in line with the provider's policy and in response to their identified needs.

People had access to specialised equipment that enabled greater independence and met both physical and emotional needs.

People were supported to engage in a range of activities that met their needs and reflected their interests.

People and relatives told us they knew who to speak with if they had any concerns or complaints. However relatives felt complaints were not always responded to.

Requires Improvement 

Is the service well-led?

The service was not well-led.

The provider did not have an effective system in place to regularly assess and monitor the quality of service people received or to address the improvements required as a result of our last inspection on 17 and 18 June 2015.

The provider took account of the views of people using the service through surveys.

Inadequate 

St Cecilia's - Care Home with Nursing Physical Disabilities

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 was 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.

Prior to the inspection we reviewed the information we had about the service. This included reviewing the provider's action plan from the previous inspection and looking at statutory notifications. A notification is information about important events which the provider is required by law to send us. We spoke with the local authorities and health clinical commissioning groups who are commissioners of the service and local safeguarding teams. We also spoke with other health and social care professionals to obtain their views.

The inspection was unannounced and consisted of a team of four members. The team included two inspectors and two specialist advisors. During the inspection we spoke with nine people using the service, five visiting relatives, 17 members of staff including the regional manager, manager, deputy manager, nursing staff, care staff, domestic workers and volunteers. We looked at the care plans and records for seven people using the service and six staff records.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the regional manager and manager. We looked at care plans and records for people using the service, medicine records

and records related to the management of the service including audits and incidents logs. We also looked at areas of the building including the communal areas and outside grounds.

Is the service safe?

Our findings

At our previous inspection on 17 and 18 June 2015, we found there were not always enough staff on duty and deployed throughout the home to meet people's needs. The provider had failed to ensure there was an effective system in place to analyse and monitor staffing levels to ensure people were kept safe. The provider sent us an action plan detailing the action they would take to address the breach in the regulations by the 30 September 2015.

At this inspection people told us that although they felt safe with the staff that supported them there were not enough staff on duty to respond to their needs in a timely manner. One person said, "I have to wait for long periods at times, as there are not always enough staff to support me. It's not just evenings or weekends that are a problem." Another person said, "I have a call bell but it can take a very long time before anyone answers it. I can wait over half an hour at times." A third person commented, "It's bad all the time but worse at night." A fourth person said, "I sometimes wait a very long time and try not to call at night. It's awful all the time." A visiting relative told us they had been a visitor at the home for many years and had noticed there were problems with staff retention and recruitment. They explained that experienced care workers had left and agency staff were used but it was difficult as they were not always familiar with people's needs. They said, "There is a great reliance on agency staff who don't often know the residents. The care supervisor is having to fill in for absent nurses and they can't always get agency nurses."

We asked the registered manager about the staffing levels at the home since our last inspection on 17 and 18 June 2015 and the breach in regulations we had found. They told us that the inspection report had been discussed with senior managers, but this had not resulted in additional staff being deployed at the service. A plan to consider training care workers was discussed, but there had been no review of staffing levels and no increases in staffing levels following our last inspection. They told us that since the last inspection a number of experienced nurses had left the service and that there had been difficulties in recruiting new nurses and care staff. We were told that per week 42 nursing hours and 298 care worker hours were currently not filled per week. However, following the appointment of some newly recruited care workers, the staffing vacancies would reduce to 112 hours a week. The registered manager told us that bank and agency staff were used to fill the current staffing gaps. The registered manager told us one nurse and three care workers had been rostered on duty at night and a pilot scheme had been run for a month with an additional nurse on night duty. They advised this was because nursing staff had highlighted that the work was too much for one nurse at night. This had been requested in December 2015. It had not been agreed by the provider until February 2016 and only then on the agreement to use permanent staff which meant it was not possible to run it.

The acting head of operations told us they had subsequently confirmed when they were appointed in March 2016 that the pilot scheme could be implemented through the use of new nurses and agency nurses where needed. They told us that staffing levels were decided using a needs assessment completed when people were first admitted to the home and these should have been reviewed. However, they explained that the assessments of people's dependency levels to assess staffing requirements had not been completed nor reviewed for some time but they were currently in the process of doing this. The provider could not give an up to date picture of the staffing levels required for the service to meet people's needs safely.

We reviewed staffing rotas and found that from February 2016 to May 2016 there were 16 days between March 2016 and beginning of May 2016 when both nurses on duty in the day were agency nurses which meant they may not be familiar with people's needs or the routines of the service. We saw that the nurse care supervisor was recorded as on annual leave on the rota from 11 March 2016 until 04 April 2016 which meant there was no clinical support for the agency nurses on those days. Care workers were being led by agency nurses who were not always familiar with the needs of people using the service. We also saw that on the 17 February 2016 there was only one nurse on the roster for the day shift, with no bank or agency support recorded and there was only one nurse on the rota until midday. On 01 April 2016 there was only one nurse on the rota until 1pm and 06 April 2016 only one nurse until 11am. On the 18 April 2016 there was no nurse on the rota. We were told this was their first day back from leave and the registered manager was off on sick leave. They explained there were no nurses on duty and the agency had sent a care worker rather than a nurse and so they had worked the shift alone. There were insufficient staff to meet the provider's assessed staffing levels.

Pre-printed allocation sheets for different numbers of staff working at the home showed that the numbers of staff on duty varied and did not always met the assessed requirements to meet people's needs safely. For example the allocation sheet headed for 12 care workers, each care worker was expected to assist a maximum of five people with personal care in the mornings. The allocation sheet for 11 care workers showed some care workers had six people to assist and the allocation sheet for 10 care workers showed this had increased to every care worker having six people to assist in the morning. We asked staff on duty how the different staffing levels impacted on people using the service. They told us it could mean that when there were 10 care workers; people could arrive late for planned activities and or not being supported to get ready until lunchtime. One care worker said, "I am conscious sometimes of rushing and not going at people's own pace, not having time to talk with people and communicate with pleasantries." Another staff member said, "When we are 12 we are happy as we can manage. Ideally if we were 14 we could give people the time they need." The registered manager confirmed that there were not always 12 care workers available in the mornings to meet people's assessed needs and the allocation sheets were printed to assist staff because of the fluctuating staff levels.

People's needs were not responded to in a timely way. We spoke with the registered manager about call bell response times. They told us that it was agreed with people using the service and their relatives that call bells should be answered within 15 minutes and any longer delay was unacceptable. They also advised that their policy was not to cancel the call bell when pressed until people were attended to. We looked at the call bell response times over a period of 12 days between February 2016 and May 2016. Call bell records showed a wide variety of response times. On the 29 April 2016 we saw there were more than six occasions when the call bell response time was over 15 minutes. One call bell had rung at 7.07am and was not cancelled until 7.57am. On the 30 April 2016 there were four occasions when the call bell response was over 30 minutes and on the 18 April 2016 there were 15 occasions when the call bell response time was over 30 minutes.

These issues were a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice against the provider for the breaches found against this regulation. We will re-inspect the service to check they have complied with the notice.

We looked at the arrangements in place for the management, administration and safe storage of medicines. Medicines were not always managed safely. We spoke with nursing staff who told us they checked controlled drugs on a daily basis. However, we looked at the provider's daily controlled medicines check list and noted daily checks had been missed. For example, between the 19th March 2016 and the 29th March 2016 and again on the 9th April 2016 until the 24th April 2016 there had been no checks performed by staff. The controlled drugs medicine daily check list did not match with the controlled drugs register or the

controlled drugs stock. For example, the controlled drugs medicine daily check list recorded three pain relieving patches in stock for one person using the service, but when we checked the stock balance there were only two patches in the box named for the person. However, the controlled drugs register confirmed the right stock balance. Staff administering medicines told us the discrepancy could be due to the lack of staff time to perform the daily controlled drugs checks. We looked at the provider's home remedies register and found the book had not been completed correctly. For example, the register stated there should be 10 Paracetamol tablets in stock to be used but in fact there were 128 paracetamol tablets in stock. We also found the register stated there should be 54 paracetamol soluble in stock but on checking we saw there were 74 paracetamol soluble available.

We looked at the medication administration records (MAR) for nine people using the service. We found four MAR charts had not been completed correctly so it was unclear that people had received their medicines as prescribed. Nursing staff told us before the end of their shift they checked each other's MAR sheets for errors and omissions. However, they were unable to provide a written record of these checks which was not in line with the provider's medicine policy.

Staff administering medicines told us they had received training relating to the administration and management of medicines. Records confirmed staff had received medicine training. However we noted only two members of staff had received training within the last year. Staff had not received medicines competency assessments on an annual basis in line with the provider's medicine policy. The registered manager informed us they had undertaken medicine theory competency assessments on the evening of the first day of our inspection which was to be followed up by practical competency assessments. The registered manager was unable to provide evidence that suitable checks of agency nursing staff had been undertaken to ensure agency nurses had received appropriate medicines training and assessments of their competency before they administered medicines.

The registered manager and care supervisor confirmed they conducted medicine audits on a monthly basis. However, these were not always completed. We noted the last medicines audit was undertaken on 8 March 2016. We saw that some staff had not received medicines training since June 2012 and the provider did not have systems in place to ensure the on-going training and competency of staff with regard to the safe management and administration of medicines.

These issues are in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's physical and mental health needs were not always assessed and reviewed in line with the provider's policy; which was an initial review within six weeks and then six monthly. We looked at seven people's care records and found failings to monitor and mitigate risks relating to the health, safety and welfare of people using the service. For example one person's care plan showed that their skin integrity and nutritional risk assessments had not been reviewed since 17 September 2015 and 05 August 2015 respectively. Their bedrails risk assessment had not been reviewed since 19th November 2014. Another person's health plan had not been reviewed since 18 March 2015, their risk assessment for manual handling was last reviewed on the 04 August 2012 and their personal emergency evacuation plan was last reviewed 30 July 2014. A third person's risk assessment for manual handling was last reviewed on 17 November 2015. A fourth person's support plan was last reviewed on 27 March 2014 and their personal emergency evacuation plan was last reviewed on 01 July 2014. A fifth person's bedrails assessment was last reviewed in September 2015 and their medicines assessment was last reviewed on the 30 October 2014. This meant the provider failed to operate an effective system to assess monitor and mitigate risks to ensure peoples safety and well-being.

These issues are in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice against the provider and the registered manager for the breaches found against this regulation. We will re-inspect the service to check they have complied with the notice.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in social care. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references and history of experience and or professional qualifications.

There were safeguarding adults policies and procedures in place to protect people from possible harm and information on the "London Multi Agency Adult Safeguarding Policy and Procedure" was available for staff reference. Staff were aware of the potential types of abuse that could occur and the actions they should take. Staff told us they felt confident in reporting any suspicions or concerns they might have and explained that if they saw something of concern they would report it to the manager or in their absence, to the senior worker on duty. Staff were also aware of the provider's whistle blowing procedure and how to use it. Safeguarding records demonstrated that the provider had notified us about safeguarding concerns and had taken appropriate action to ensure people were kept safe.

Accidents and incidents were recorded and acted on appropriately. Records showed that staff had identified concerns and had taken appropriate action to address concerns. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required. The registered manager told us that all incidents and accidents records were held on a computer system and were analysed centrally by the provider for learning.

There were arrangements in place to deal with foreseeable emergencies and reduce possible risks. Fire signage was located throughout the home and indicated fire doors and fire exits. Equipment for evacuation use was available and staff told us they knew what to do in the event of a fire. Regular weekly fire alarm system checks were in place and daily checks were undertaken by the maintenance officer on fire doors, emergency lighting, fire extinguishers and window locks. Fire drill records demonstrated that regular fire drills were carried out and occurred at different times throughout the day including during the night. The domestic manager informed us they were the fire marshal for the home.

We saw equipment and premises were maintained and checked regularly to reduce risk. For example, hoists and slings, portable appliances, gas safety, fire alarm system, fire equipment and emergency lighting. Legionella and electrical testing checks were also carried out and records we looked at were up to date. We noted that the premises were kept clean and were adequately maintained. People's rooms and communal areas were tidy and free from odours.

Is the service effective?

Our findings

At our previous inspection on 17 and 18 June 2015, we found a breach of regulation as the provider failed to ensure that staff received adequate supervision and appraisals. The provider sent us an action plan detailing the action they would take to address the breach in the regulations by the 30 September 2015.

At this inspection people and their relatives commented on the support they received from staff and staff's competency. One person said, "The staff are very kind and know what they are doing but they are always so busy." A relative said, "Most of the staff are good, but some of the agency staff are somewhat lacking." Another relative told us, "They use agency staff a lot and this can lead to poor communication with residents."

Staff were unable to confirm they had received supervision and appraisals in line with the provider's policy. The registered manager told us the provider's policy was to undertake supervision on a three monthly basis and an annual appraisal of their performance. They told us they had been working towards improving the system of supervision for staff since our last inspection on 17 and 18 June 2015. They said a registered nurse had been employed to assist with supervisions for the qualified nursing staff team. However they had not yet been trained to deliver supervision. We asked the registered manager how they monitored which staff were due an annual appraisal or supervision. They provided a list which did not distinguish which staff members were overdue an appraisal or supervision but identified 36 members of staff who were overdue. For example we saw that one staff member was still overdue a supervision since 7 November 2014 and another from 22 December 2014.

We looked at the records of staff who had been working at the home for a significant period. We found that staff had not received supervision or an annual appraisal in line with the provider's policy. For example one staff member had an annual appraisal dated 9 March 2015 and a supervision dated 4 April 2015 but no subsequent supervisions were recorded nor any appraisal records for 2016. Another member of staff had a supervision recorded on 2 June 2015 but had no appraisal recorded and no subsequent supervision records. A third member of staff had an appraisal recorded on 16 February 2015 and supervision recorded for 16 June 2015 but no supervision or annual appraisal recorded subsequently. Staff did not therefore receive appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

These issues were a continued further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice against the provider and the registered manager for the breaches found against this regulation. We will re-inspect the service to check they have complied with the notice.

Staff had not received appropriate regular training to meet the needs of people using the service. We asked the registered manager and the providers acting head of operations to see the system in use to manage staff training and the staff training policy to establish what training staff required and received. They advised us there was no policy in place for staff training but there may be something in the staff employment contracts.

The registered manager was unable to tell us what mandatory training staff required and how they kept an oversight on staff training and would know which staff were overdue or had recently completed training.

They told us the providers training system was being revised and it was not possible for them to know this. There was no system in place to evidence if staff were up to date with their training or to verify what training was required and the frequency it should be refreshed. Following our inspection the registered manager sent us a list titled 'personal development profiles' for staff. This appeared to be a list of required training for different staff roles and did not include expectations about the required frequency of refresher training. We looked at the required training for nurses and found that there was no training for wound care, catheter care, or percutaneous endoscopic gastrostomy feeding listed despite people at the home having these needs. There was no system to monitor or mitigate against risks to health, safety and welfare of service users from the delivery of care.

These issues are a continued further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to ensure staff new to the home were inducted into the service appropriately. Newly appointed staff undertook an induction which included completing training and shadowing experienced colleagues. Care workers were provided with an induction pack for basic care tasks which included for example; guidance on skin care and assisting people with eating and drinking. The provider had introduced and implemented the Care Certificate for all newly recruited care workers. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all care workers. One staff member told us they had received a good induction into the home which included training.

People told us staff asked for their consent before they provided personal care. One person said, "Staff do check I am happy before they do anything. They are all pretty good like that." Staff gave examples of how they would check if a person who could not communicate verbally gave consent such as through their facial or bodily gestures. Staff demonstrated good knowledge and understanding of people's rights to make informed choices and decisions independently but where necessary for staff to act in someone's best interest.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

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 that where required, people's care plans contained mental capacity assessments and best interests meetings to demonstrate decisions were made in their best interest and we found the service was working within the principles of the MCA.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet. People told us the food was very good, was served at a good temperature and there was plenty of choice. People who were unable or wished not to eat their meals in the dining room told us staff made sure they had a their meals and plentiful supply of snacks and drinks and we observed this to be the case. We noted that the home employed two meal time assistants each day to assist staff in supporting people's needs

during meal times. We observed lunch time in the dining room and saw people were offered choices and staff chatted with them whilst serving meals to assist in a pleasurable occasion. People sat either with a member of staff, visiting relatives or other people using the service and did not eat alone. Staff supported people with their meals and provided conversation, encouragement and consulted with people before offering support.

People were supported to maintain their physical and mental health and had access to health and social care professionals when required. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required. Records of health care appointments and visits were documented within people's care plans so staff were aware of any treatment required or advice given.

Is the service caring?

Our findings

We observed people were treated with respect and people told us their care and support needs and preferences were acknowledged and acted on by staff. One person told us, "I don't think there could probably be a better place. I am very happy with the care I get." Another person said, "Staff are absolutely lovely." A third person commented, "All the carers are lovely and the nurses." A fourth person said, "The staff are kind and helpful but just so very busy." A relative told us that the permanent staff were kind and caring but there were not enough permanent staff available.

We observed that communal areas were relaxed and welcoming and staff encouraged and supported people with activities of daily living and with attending planned activities. Staff respected people's choice for privacy and it was evident throughout the course of our inspection that staff knew people well and understood their needs. We observed a nurse enter one person's room and knock before entering as well as calling out requesting to enter as the person was unable to communicate verbally. We noted the person's eyes lit up and they smiled when they saw the nurse enter. The nurse explained to us how they could understand the person's wishes through their eye movement.

We observed staff actively listened to people and supported and encouraged them to express their views and to be involved in making decisions about their support and treatment. Staff addressed people by their preferred names and answered people's questions with understanding, awareness and patience. Staff we spoke with demonstrated a good understanding of people's life histories and preferences and were able to tell us about important events in people's lives and about people's individual personalities and behaviours.

People told us how staff supported them and encouraged them to be as independent as possible and we observed this during our inspection. We saw that the home environment and equipment used assisted in the promotion of independence by supporting and maximising people's abilities. We spoke with a member of the maintenance team who told us they had made and adapted a drinking system for one person which allowed them to have access to fluids without asking for support. They said this had given them a greater sense of independence.

Care plans documented people's histories, preferences and expressed wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Care plans demonstrated that where appropriate staff supported and enabled people to practice their faith and to attend local community services that reflected people's wishes and cultural needs. Care plans also demonstrated that people had been involved in the development and review of their care. When required staff had sourced social activities and independent advocates for people who required support to make informed decisions and choices about their care and treatment. Where appropriate people's relatives were involved in their family member's care and were invited to attend meetings and events.

Is the service responsive?

Our findings

People's care and support needs were not always reviewed in line with the provider's policy and in response to people's identified needs. For example one person's daily activity records had not been completed since 8 January 2016. Another person's monthly weight record had not been completed since 24 December 2015. A third person's care plan contained an action plan dated 3 February 2014 and detailed the support they required to access community services and activities they wished to pursue. We noted that the action plan stated these desired outcomes were to be reviewed within a month and should have recorded the person's progress but this had not been recorded. A fourth person's care plan contained only one review record dated 24 October 2014. This included an action plan which detailed the persons desired goals from receiving physiotherapy treatment to attending activities. However no progress notes were recorded despite it being documented that they were to be achieved as soon as possible and within a couple of months. This meant that the provider failed to assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service.

These issues are a continued further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's diverse needs and independence was supported and promoted. People had access to specialised equipment that enabled greater independence and met both their physical and emotional needs. The home was well equipped with specialist equipment ranging from ceiling hoists, electronic wheelchairs, specialised seating, adjustable beds and electronic systems that enabled effective communication. People told us they had all the equipment they needed to support them in their daily lives. Care plans contained guidance for staff on the use of specialised equipment and we saw equipment was subject to regular servicing and maintenance to ensure its safety and reliability.

People's specific ethnic, cultural and religious needs were documented within care plans to ensure that people's needs and wishes were met. For example one care plan detailed that the person liked to attend religious services held within the homes chapel which had no set denomination. We saw that services for many religions were conducted in the chapel at set times throughout the course of a week.

The home provided a range of activities that people could choose to engage in. People told us they enjoyed the activities on offer. One person commented, "There are plenty of activities for us. My interest is the garden. The home has a group of volunteers who maintain the garden and I work with the volunteers on what needs to be done in the garden." We observed there was a well-equipped activities room, physiotherapy room and a computer room. We saw the design and layout of rooms ensured that facilities were accessible to people. For example the computer room was designed so that people who used a wheelchair could access the computer equipment at the correct height. The home employed two activity coordinators and a schedule of planned activities was displayed on notice boards so people were aware of the activities on offer. Activities included hand care, aromatherapy, quizzes, board games and film nights.

The home had a complaints policy and procedure in place and people told us they were aware of how to

make a complaint and would tell a member of staff or the manager if they had any concerns. However complaints needed improvement as relatives told us they felt some complaints were not recorded and responded to appropriately and in a timely manner. We looked at the home's complaints records which were recorded on the provider's computer system and saw that when concerns had been raised these were investigated and feedback given to the complainant. The complaints record showed that there had been three complaints received within the last 12 months. Complaints we looked at had been investigated and responded to in line with the provider's policy and procedure.

Is the service well-led?

Our findings

At our previous inspection on 17 and 18 June 2015, we found quality assurance processes were not always followed effectively in relation to staffing levels and staff deployment throughout the home and lack of staff supervision and support in line with the provider's policy. We had also recommended that the provider followed best practice in relation to ensuring and maintaining accurate, complete and contemporaneous records in respect of the care and treatment of people using the service.

At this inspection people and their relatives told us of the instability in staffing and leadership at the home and how this had an impact on the quality of care provided. One relative said, "I have lost faith in the management." A person using the service said, "The manager's absence is the reason the quality of the care has gone right down." Another person commented, "Staffing levels are a real problem and I don't often see the manager."

We spoke with the registered manager about staffing levels at the home and actions taken to address the concerns following our last inspection. They told us that staffing levels were discussed with the provider. However, this had not resulted in additional staff and there had been no review or analysis of staffing levels following our last inspection. We spoke with the provider's acting operations manager about staffing levels within the home and any actions taken. They said the plan was to review people's dependency levels to evidence the required numbers of staff needed as these are not up to date. They informed us that these should be completed annually and they had not been.

There had been no analysis of the delays in call bell response times undertaken or investigation of the reasons for delay nor action plans in place to address the continued concerns.

Medicines checks and audits were not conducted in line with the provider's policy and issues we found at our inspection had not been highlighted or addressed in audits that were completed. Risks to people's physical and mental health needs were not always assessed and reviewed in line with the provider's policy and there were no effective systems in place to check or identify these issues we found at our inspection.

We looked at agency staff records and found that for one agency nurse their mandatory training was recorded as expired in March 2015. We noted that this agency nurse was working in the home on the first day of our inspection. We asked the registered manager what systems of checks were in place to monitor agency staff training. They advised that the records were checked routinely. However the checks were not effective as they had not identified that this nurse's training was recorded as out of date. Systems to monitor the quality of the service and to mitigate risk were not effectively operated.

The provider failed to implement the action plan they sent us detailing the action they would take to address the breach in the regulations relating to staff supervision and appraisal by the 30 September 2015. There were no effective systems in place to evidence if staff were up to date with training or to verify what training was required and the frequency it should be refreshed. We looked at the records of staff meetings held. Records we were shown demonstrated that staff meetings for registered nursing staff and care staff

were irregular.

There was a registered manager in post at the time of our inspection but staff told us they did not always feel supported and staffing levels were a problem. One member of staff said, "We are short staffed. It is hard to provide good care because we are short staffed." Another member of staff told us, "We are a good team and work well together but there are just not enough of us." A third staff member commented, "Everyone's so busy I don't feel very supported or listened to." We spoke with the registered manager who informed us that they had been absent from the home for some time but senior managers were aware of this and were supportive to them. We enquired if there was a written plan of action and support in place for the home in their absence and were told there was not one available to guide staff in these situations.

The registered manager sent us a copy of the providers 'service quality action plan' start date 30 November 2015 which listed audits and checks that were scheduled to be conducted within the home in line with the providers policies. We saw that this was completed by the registered manager on the provider's computer system which collated the information and highlighted areas of concern or that required action. We saw that this highlighted 12 areas that were 'in progress' and one area that was 'to be started'. This meant that the quality of the service provided was not monitored or assessed on a regular basis to ensure good standards of care and service delivery.

People and their relatives told us that residents and relatives meetings were not held frequently and they felt their concerns were not appropriately addressed. People said there had been a meeting of friends and families held in February 2016 with the registered manager. However there were no minutes recorded as the registered manager was subsequently away from the home. People told us they had tried to hold another meeting with the registered manager a few weeks ago but they were absent again and the deputy manager could not attend as they were busy meeting people's needs. Records of meetings held in the months of October and November 2014 and again in February 2015 recorded concerns in relation to individual's care needs, staffing levels and the use of agency staff, catering, laundry and activities. An action plan was developed and improvements were reported at that time. However, there was no recorded information or explanation why residents meeting were not held in December 2014 and January 2015 as recorded.

These issues are a continued further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's views were considered through the provider's satisfaction surveys that were conducted on an annual basis. We looked at the results for the provider's last 'Speaking up' survey that was conducted during the months of January and February 2015. Results showed that 75% of people had made a complaint about the service and 33% of people were happy with how the complaint was handled. As a result of the findings the provider implemented an action plan dated 23 July 2015 in which they detailed the actions they would take to address issues around the providers complaints procedures and how they managed complaints received.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. These issues are in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Risks to people's physical and mental health needs were not always assessed and reviewed in line with the provider's policy.</p> <p>These issues are in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice against the provider for the breaches found against this regulation.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were not enough staff on duty and deployed throughout the home to meet people's needs. Staff did not receive appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties.</p> <p>These issues were a continued breach of Regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice against the provider and registered manager for the breaches found against this regulation.</p>

The enforcement action we took:

Warning Notice