

Bupa Care Homes (CFHCare) Limited

# Manor Court Care Home

## Inspection report

Britten Drive  
North Road  
Southall  
Middlesex  
UB1 2SH

Tel: 02085715505

Date of inspection visit:  
11 October 2016

Date of publication:  
18 November 2016

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection took place on 11 October 2016 and was unannounced.

The last inspection took place 24 November 2015 when we found breaches of three Regulations relating to consent to care and treatment, person centred care and good governance. At this inspection we found improvements had been made in all these areas. However, people living in one part of the service did not receive personalised care and therefore the requirement to meet this breach had not been met.

Manor Court Nursing Home is owned and managed by Bupa Care Homes (CFHCare) Limited (BUPA). The home is registered to provide accommodation, personal and nursing care to up to 111 people. The home is divided into four units, each unit catering for people with different needs. Larch unit is for older people who have dementia; Willow unit caters for older people, some who are receiving palliative care. Sycamore unit is for younger adults (people under 65 years) who have a physical disability. Beech unit was opened in 2015 and is commissioned by the local Clinical Commissioning Group to provide care, support and rehabilitation to people who are recovering from an injury or illness and hoping to move back home. People living there were able to stay at the home for up to six weeks. At the time of our inspection 82 people were living at the home.

There was 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 and associated Regulations about how the service is run.

Parts of the building were not safe or clean and this meant people were at risk. In addition the environment did not always suit their needs or ensure their privacy was respected.

People living on Sycamore unit did not receive care which reflected their preferences and individual needs.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Most people living at the service were happy there and their needs were met. In particular people living in Beech unit received care which was personalised and reflected their individual needs and preferences. They were supported to learn new skills and to achieve personal goals which they had been part of developing. People living in Willow unit and Larch unit also received care which met their needs. Where possible they had been consulted about this and had consented to their care. The provision of social activities had improved on these units and people were able to participate in a range of events which were designed to interest them.

Families of people living at the service felt involved with the care of their loved ones. They were welcomed at

the home and able to assist people if this is what they wanted. They told us they were informed about the care of their relative and were happy with the care provided.

The staff felt well supported and had the training and information they needed to care for people. There were enough staff and they were suitably employed. There were clear lines of responsibility and managers were available and accessible.

There were thorough systems for auditing the service and the care people received. These included regular checks on people's safety and wellbeing by the staff and senior managers within the organisation. Records were clear, up to date and well organised, with the exception of a small number of care plans which had some contradictory information. People received medicines in a safe way, and there were robust systems for ensuring medicines were safely managed. People were able to make complaints and felt these were listened to and acted upon.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

There was damage to doors in one unit which presented a risk to people.

One unit was not appropriately cleaned and bathrooms, toilets, shower rooms and carpets presented an infection control risk.

There were appropriate procedures for safeguarding adults and the staff were aware of these.

Risks to people had been assessed and the staff followed practices to keep people safe.

There were enough suitably recruited staff to meet people's needs and keep them safe.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not effective.

Some parts of the building did not meet the needs of the people who lived there.

People had consented to their care and treatment and the staff acted in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were well trained and supported.

People's healthcare needs were met and they had access to other healthcare professionals as needed.

People were offered a range of freshly prepared and nutritious food.

**Requires Improvement** ●

### Is the service caring?

Some aspects of the service were not caring.

**Requires Improvement** ●

People living in Sycamore unit were not always afforded privacy because of the bathing, showering and toilet facilities were not adequate.

Other people felt their privacy was respected.

People told us the staff were kind, caring and they had good relationships with them.

People's cultural needs were respected and met.

### **Is the service responsive?**

Some aspects of the service were not responsive.

People living in one unit did not always receive personalised care and support which reflected their needs and preferences. However, other people did receive individualised care and the provider had made improvements to the way in which these people were supported.

The majority of people had the opportunity to participate in social activities that interested them, however some people felt they did not have this opportunity.

People knew how to make a complaint and felt complaints would be acted upon.

**Requires Improvement** ●

### **Is the service well-led?**

Some aspects of the service were not well led.

The provider had good systems for monitoring the quality of the service and identifying problems. However, they had not always taken action to make changes that were needed where people were not receiving a service which met their needs or kept them safe.

The provider had shown a commitment to making improvements in some areas.

Records were appropriately maintained and organised.

**Requires Improvement** ●

# Manor Court 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 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.

This inspection took place on 11 October 2016 and was unannounced.

The inspection visit was carried out by two inspectors, a pharmacy inspector, a specialist advisor who was an occupational therapist and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for someone who used registered services.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, the provider's action plan following the last inspection, notifications of significant events and safeguarding alerts. The provider had completed a Provider Information Return (PIR) in September 2016. 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. We reviewed the information in this.

During the visit we spoke with 14 people who used the service and seven of their visitors. We spoke with two visiting healthcare professionals. We also spoke with the staff on duty who included the deputy manager, senior unit managers, unit managers, nurses, team leaders, healthcare assistants, activity coordinators and catering staff. We observed how people were being cared for. Our observations included a Short Observational Framework Inspection (SOFI) during the morning and over lunch in Larch Unit. SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. We also looked at the environment.

We looked at the care records for 10 people. We looked at how medicines were stored, administered and recorded. We looked at the staff recruitment files for seven members of staff and records of staff training and supervision. We also viewed other records the provider used for managing the service and these included

quality monitoring checks, records of complaints and meeting minutes.

## Is the service safe?

### Our findings

Some parts of the building were not safely maintained. Two doors from Sycamore unit to the outside had been damaged. The glass panels in the doors had been cracked. Sellotape had been placed on the broken glass and there was no evidence the glass had been properly secured. People told us that the doors had been damaged for a number of weeks, and we saw that the damage had first been recorded in August 2016.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe living at the service. Some of their comments included, "The staff are always here to help if I need", "I have a buzzer in my room and the staff come if I use this", "I do not feel any danger here", "I feel safer here than in my own home" and "I am always safe here." The relatives of people also said they felt the service was safe. One relative told us, "[My relative] is safe here and they keep me informed if anything changes." Another relative commented, "We are really happy, we know [our relative] is safe." People told us they felt confident that if they needed anything this would be dealt with appropriately and in a safe way.

Some parts of the building were not appropriately clean and conditions resulted in a risk of infection and cross contamination. We observed that toilet seats and toilets in Sycamore unit were dirty throughout our inspection visit. These were not cleaned during our visit. One person living on the unit told us they regularly had to clean the toilet seats themselves before use because they were often dirty. In addition bathrooms and shower rooms had not been thoroughly cleaned and the drain in the walk in shower had a covering of thick black mould. There was an unpleasant odour throughout Sycamore unit. The most recent operations manager quality audit, which had taken place at the end of September 2016, also identified an unpleasant odour in this unit. The deputy manager told us that carpets were the cause of the smell and the communal and some bedroom carpets were due to be replaced. They told us that carpets were also due to be replaced in Willow unit where there was sometimes an odour in some rooms due to the condition of these. However, we did not notice any unpleasant odours on Willow unit on the day of our inspection.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had responded to other areas of maintenance and repair needs in the building and the majority of the building was clean and fresh on the day of our visit. With the exception of those living on Sycamore unit, people living at the service and their visitors told us they found the home clean.

The building was equipped with call bells in all rooms and these were easily accessible. Where people were unable to use these, this had been recorded and the staff carried out regular checks to make sure the person was safe. The provider undertook checks on the environment which included checks on water, electricity, fire safety, gas, window restrictors and other equipment. These checks were recorded. There was a suitable

fire procedure, risk assessment and individual plans for each person in event of a fire. These were regularly reviewed and updated. The staff took part in regular fire safety training. There were business continuity and emergency procedures detailing what action the staff should take in different scenarios in order to keep people safe.

The provider had appropriate procedures for safeguarding adults and whistle blowing. The staff received training in these and information about the procedures and their roles in reporting abuse during their induction. This was regularly updated and there was evidence that safeguarding was discussed at team and individual staff meetings. The provider had made safeguarding alerts following concerns about abuse and had worked with the local safeguarding authority to investigate and act on these. There were clear records and evidence that action had been taken to improve the service and protect individuals following safeguarding concerns.

The risks people experienced had been assessed and there were clear plans for the staff to follow to reduce risks and keep people safe. These included risk assessments relating to moving people safely, their physical and mental health and hazards in the environment. The staff reviewed and updated risk assessments monthly.

We saw that people were supported in a safe way. The staff used the right equipment, such as hoists, to help move people who needed these. They followed approved moving and handling techniques and made sure people were safe, comfortable and knew what was happening. The staff also supported people to eat in a safe way. Some people required assistance to eat their meals, the staff made sure people were supported at a pace which suited them. People who were at risk of choking had clear risk assessments and care plans about this. The care, nursing and catering staff had a good knowledge of different consistencies of food and drink and the importance of getting this right for each person.

At this inspection, we checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the service and were stored securely in a locked medicines trolley (within a locked room). This assured us that medicines were available at the point of need. When the medicines trolleys were not in use, they were secured to the walls in an appropriate manner.

Current fridge temperatures were taken each day; and staff recorded minimum and maximum temperatures. During the inspection (and observing past records), the fridge temperature was found to be in the range of 2-8°C. The fridge on Larch unit had been out of order for one month and in this time the medicines had been quarantined in the Sycamore unit fridge.

People received their medicines as prescribed, including controlled drugs. We looked at 12 MAR charts and found only one gap in the recording of medicines administered, which assured us that overall, people received their medicines safely, consistently and as prescribed. We spoke with one person who reported that they received their medicines in a timely and correct manner. Running balances were kept for medicines that were not dispensed in the monitored dosage system. This meant that staff were aware when a medicine was due to run out and could make arrangements to order more. Where a variable dose of a medicine was prescribed (e.g. one or two paracetamol tablets), we saw a record of the actual number of dose units administered to the person on the MAR chart. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance).

Medicines to be disposed were placed in the appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs (CDs) were

appropriately stored in accordance with legal requirements, with weekly audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw seven PRN forms for pain-relief/laxative medicines. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

Medicines were administered by nurses that had been trained in medicines administration. We observed a medicines round on Larch Unit and found that staff had a caring attitude towards the administration of medicines for people. Also, we found that staff wore a protective vest to ensure that they were not disturbed during the medicines round and used separate measuring pots for medicines to prevent cross contamination.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the supplying pharmacies, Clinical Commissioning Group pharmacist and the provider, including safe storage of medicines, room and fridge temperatures, Controlled Drugs and stock quantities on a daily basis. The provider had recently introduced a further audit after each medicine round to ensure there was appropriate overview of the medicines management undertaken at the location.

The provider confirmed they were happy with the arrangement with the supplying community pharmacies and GPs, and felt that the provider received good support with regards to the training of nursing staff of high risk medicines (such as warfarin) and medicines reviews. This was evidenced by checking several daily audits to ensure those on high risk medicines were given them in a safe and effective manner.

There were enough staff to meet the needs of people living at the service. People and their relatives told us this and that they did not have to wait for care. We observed that there were enough staff on the day of the inspection, and in most parts of the home, the staff were attentive and people's needs were met promptly. In three of the four units the staff spent time sitting and speaking with people as part of the way in which they cared for them. The staff in Sycamore unit appeared to be more focussed on tasks. People living there did not wait for care, but they did not have quality interactions and their care was delivered in a functional, rather than personal, way.

The deputy manager told us there had been high levels of staff vacancies and this had caused problems, but that they had now recruited to most staff positions. Vacancies and leave were covered by staff overtime or familiar temporary staff. The deputy manager told us the service used a staffing agency but had been able to have the same agency staff working at the service to provide continuity. The role of senior unit manager had been created at the service and two new staff had been recruited to these positions. The deputy manager told us this had helped provide a new layer of management and support for the staff working in the units.

The provider had appropriate procedures for the recruitment of new staff. These included inviting the staff for formal interviews and carrying out checks on their identity, employment history, eligibility to work in the United Kingdom, references from previous employers and criminal records. We saw evidence of these checks in the staff files we examined.

## Is the service effective?

### Our findings

At the inspection of 25 November 2015 we found that some people's capacity had not been accurately assessed and information about this was not clear. Whilst some people had been asked to give recorded consent to their care and treatment, others had not and there was no, or limited, information to show whether they consented to their care.

At the inspection of 11 October 2016 we found improvements had been made. People were consulted about their care and asked to consent to this. Their consent was recorded and where they were unable to consent, there were clear assessments which showed this. For these people decisions about their care had been made in their best interest by people who were important to them and this had been recorded. The staff had received training and additional information about consent and were able to tell us about the Mental Capacity Act 2005 and their responsibilities under this. For example, one member of staff told us, "We have to encourage people to make small decisions wherever possible and give them the information they need." However, some of the care plans and information about people living in Sycamore about people's capacity to make decisions contradicted other information, sometimes making it difficult to determine whether someone had capacity to make decisions or not.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The staff understood about DoLS and the provider had made applications when needed. These were recorded and the information was regularly reviewed so that the provider acted appropriately when someone's needs changed and when authorisations needed renewing.

Some parts of the building did not meet the needs of the people who lived there. Sycamore unit catered for people who had a physical disability. However, people who lived there told us that the entrances to the unit could not easily be operated by someone in a wheelchair. They said that this had caused them difficulty when using the doors independently and had resulted in damage to two of the doors because of these problems. There was a lack of storage in the service. The deputy manager told us that new storage sheds were being built to resolve this problem. However, one bathroom in Sycamore unit was used to store sanitary products and had been used for this purpose, and therefore had been out of order, since February 2016. The other bathrooms and shower rooms in Sycamore unit were not adequately equipped and some people told us they were unable to use these. The raised toilet seats in Sycamore unit were poor quality and did not meet the bariatric needs of some of the people who lived at the service. The seats were set at

different heights but the staff were unable to explain why this was the case and whether the differing heights met the needs of people who lived there.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff had the training and support they needed to care for people safely. New staff took part in comprehensive training and shadowed experienced staff. The staff we spoke with from all the services told us they had been given a suitable induction which helped them learn about their role and responsibilities.

Care assistants were supported to complete the Care Certificate (a nationally recognised set of training standards). Registered nurses are required to revalidate their registration with the Nursing and Midwifery Council at regular intervals. The provider supported the nurses with this.

The staff records we saw indicated the staff received a range of training which was relevant to their role and regularly updated. The staff commented that training was useful and they were able to request additional training courses if needed.

The staff had a good awareness of their responsibilities and were able to describe in detail about their roles and the work they undertook. Senior staff had different allocated responsibilities and they were aware of these and how they worked as a team to support each other.

All the staff we spoke with told us they were well supported. There was evidence of regular team and individual meetings.

People's health care needs were assessed and planned for. There was evidence of input from other healthcare professionals and the staff made referrals in a timely manner. The doctor had regular rounds at the service and the staff communicated clearly with the doctors. We met a visiting doctor who told us they felt the service was responsive when there were changes in someone's health. Care plans recorded changes in people's health and what action had been taken. The service had nurses throughout the day and night. The nurses we spoke with had a very good knowledge of the individual healthcare needs of the people they were caring for.

Most people liked the food at the service, although some people did not. One person told us there was not enough vegetarian options. Menus were planned in advance and there were a number of options, including an Asian menu, available at each meal. People told us they were able to make choices at mealtimes and we saw evidence of this. The food on the day of the inspection was nicely presented and people enjoyed this. There was a comments book in each unit where people could leave their own, or ask staff to, comments about the food. This was checked daily by the catering staff and they responded to all comments, apologising when people were not happy.

People's nutritional needs were recorded in their care plans, including special dietary requirements. Where people were at nutritional risk they had been referred to appropriate healthcare professionals and their food and fluid intake was monitored. We saw that drinks were available throughout the day and people were offered hot and cold drinks. Each person had access to a drink at all times. People were weighed at least monthly and changes in their weight were acted upon.

## Is the service caring?

### Our findings

Some of the people who lived in Sycamore unit told us their privacy and dignity was not always respected. One person told us that the bathroom nearest to their bedroom had been out of order since February 2016. They said that in order to have a shower or bath they had to go to one the other side of the unit. They told us this meant they had to travel through the unit semi dressed as they were unable to get dressed and undressed in the bathroom. There were no working locks on the toilets and bathrooms in Sycamore which meant that people could not be confident that they would be undisturbed when using these facilities. People also told us that the staff walked around the unit speaking each other in a way which did not show respect to the people who lived there. For example, one person said, "There is a culture of staff being noisy and this is particularly bad at shift change and staff are so busy they will shout up corridors rather than walk to each other."

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, other people told us the staff treated them with respect. Some of their comments included, "Yes they are very respectful", "They always close the curtain and everything is private", "They take their time and check that everything is ok before they give care" and "They do respect my privacy."

People who lived at the service and their relatives told us the staff were kind and caring. Some of their comments included, "It is wonderful here", "The staff are doing a really good job", "The carers are delightful", "[The staff] are polite and can be cheeky, we have a good chit chat", "You can have a good laugh and a joke with the staff", "I could not ask for more, the staff are all very caring and [my relative] is well looked after", "The staff value old people", "The staff are top class" and "The staff are friendly and very helpful."

People told us the staff were calm and relaxed, that they took their time with care and they had built good relationships with them. Families were welcomed and we saw that the regular visitors were part of the routine of the home, sharing jokes and stories with the staff and other people who lived at the service. They were able to help assist their relative and visiting times were unrestricted. One relative said, "We are always welcome and they ask us if we are staying for lunch." Relatives of people who were very unwell were able to stay with them as long as they wanted.

People told us their cultural and religious needs were respected and met. Some people living at the service did not speak English or had only limited English. The provider had employed staff who spoke a variety of languages and at least one member of staff could communicate in people's first language. We heard the English speaking staff asking staff to translate so that people could understand what was happening and what they were being asked. In addition the staff had worked with families to learn key words in different languages and used signs and pictures to help communicate. There was a large Asian population at the home and there was a separate Asian menu which was available to anyone who wanted this. Some family

members brought in cooked foods from home and they were supported to do this so their relative could eat home cooked food. There were regular religious services at the home and visiting clergy. People's cultural and religious needs were recorded in their care plans. We saw evidence that religious festivals were celebrated and people were able to be part of these celebrations if they wanted.

People were given the support they needed at the end of their lives. Their wishes and any needs they had were discussed with them and their families and recorded in advance so the staff knew how to respect these. We saw evidence of these discussions in care plans. The staff were respectful of people who were very unwell and receiving end of life care, ensuring that they were comfortable and their needs were met. They worked closely with palliative care teams to make sure they had the medical and emotional support they needed.

## Is the service responsive?

### Our findings

At the inspection of 25 November 2015 we found that people did not always have the opportunity to take part in social activities which met their needs and reflected their preferences.

At the inspection of 11 October 2016 we found that improvements had been made. The provider had employed additional activity coordinators and they had helped develop new programmes of activities which reflected people's needs. Activities in three of the four units were varied and met people's needs. There was individual programmes of rehabilitation for people living on Beech Unit, but there were also some group social activities. People from all units could attend group events, parties and visiting entertainers wherever these activities were held. We spoke with one of the activity coordinators who described how they had spent time getting to know people's individual interests and tried to reflect these in planned activities.

However, the advertised activities in Sycamore were not always followed and people living there did not always take part in social activities which were meaningful to them. Some of them commented that they had asked for particular activities, such as playing board games, but this did not happen. One person told us there was nothing to interest them and that staff did not have the time to engage with them or help them pursue their interests. They said that often foreign language films were shown on the televisions with no subtitles. The staff on Sycamore unit did not spend time sitting and talking with people or helping them pursue interests. During the inspection the majority of people spent the morning in the lounge in front of the television with no other activity. They were not given a choice of television stations. At lunch time people were not supported to move to the dining room and stayed in the same positions whilst being supported to eat their lunch. One member of staff stood over someone supporting them with their lunch and did not sit with them or engage in conversation with them. People we spoke with told us this was always the case on the unit and there was little to engage or entertain people. We asked the staff if they thought people might like to move to a different part of the unit either to eat their lunch or to do something else. One member of staff said, "We have never thought about that." None of the staff acknowledged that this might be a good idea.

Reasonable adjustments were not made to reflect individual needs in Sycamore unit. The unit was designed to accommodate adults under 65 years who had a physical disability. However, there was little evidence that people were supported to learn and develop skills. The care plans for people living there focused on their personal and health care needs and there was not emphasis or recognition of their emotional, social or educational needs. One person told us, "There is no stimulation, no one to talk to or to help my brain work." Another person said, "We used to do cooking [in the specially adapted kitchen on the unit] but that does not happen anymore." They went on to say, "The activities here are for children. My legs may not work but I am young and I want to work, there is no support for me here." The staff on the unit were kind and polite, but focussed on physical tasks and meeting physical care needs. Therefore people living on this unit did not receive care which was personalised or met their individual needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The majority of people told us they had been involved in planning their care and this was evidence in care plans which recorded their preferences and individual needs. Care plans were regularly reviewed and updated. The quality of information recorded varied. In Sycamore unit some of the information was confusing because there was conflicting details. For example in one person's care plan there was reference to a low risk of falls and the person having a steady gait, whilst in a different section of their care plan there was information about high risk of falling. In a third part of their care plan it was recorded the person could not stand at all and used a wheelchair. However, the quality of care plans in Beech unit was good. These were personalised and had clear and realistic goals which had been agreed with the person. Information was consistently recorded and regularly updated with changes. There was evidence of a good multidisciplinary approach to care planning and care delivery. We saw the staff following care plans and offering people choices.

The staff recorded the support they have given in daily care notes and these included how the person had felt and any concerns about their care.

The provider had an appropriate complaints procedure and this was displayed around the service. People living at the service and their relatives told us they knew who to speak with if they were unhappy about anything. They also told us they felt complaints would be responded to and acted upon. The provider had a record of all complaints and action taken to investigate and address these. We saw evidence that action had been taken where necessary, for example disciplining or retraining the staff or making changes to the service. The provider had also written to complainants explaining what action they had taken and the outcome of their investigation.

## Is the service well-led?

### Our findings

At the inspection of 25 November 2015 we found that there were not always accurate, complete and contemporaneous records of the care planned and provided to each person.

At the inspection of 11 October 2016 we found that improvements had been made. The majority of care records were clear, accurate and up to date. However some care plans required further improvements because information was sometimes contradictory and confusing.

The provider had taken action to improve areas of concern from the last inspection. In addition there were other improvements to the way in which the service was staffed, to the environment and to audits. However, we found a number of concerns relating specifically to Sycamore unit where people were at risk and their needs were not always respected and met. The provider had acknowledged that there were concerns with the unit, but had not taken sufficient action to put these things right. For example, they had recognised that activities did not always meet people's needs, but continued to provide the same activities. They had also acknowledged problems with the cleanliness of the carpet and the use of one of the bathrooms for storage. Whilst they had plans to address these problems they still had not and people continued to be affected by the issues.

The majority of people who we spoke with and their visiting relatives were happy with the service. Some of their comments included, "Nothing could improve, I am happy here", "They are amazing" and "This is a happy home." The majority of staff also told us they were happy working at the service. One member of staff said, "I enjoy working here so much." Another member of staff told us, "We all work well together." However, the staff on Sycamore unit told us they felt negative about their work, although they felt supported by the unit managers.

The registered manager was away on leave at the time of our inspection. They had been in post for just over one year. They had previously worked at other nursing homes as a manager. The staff told us they liked the registered manager and felt supported by them. They felt that they had introduced some positive changes at the service. The registered manager was supported by a deputy manager and two senior unit managers. Each unit also had a manager, who was a qualified nurse. There were clear lines of responsibility and the staff understood and respected these. There were regular meetings between the heads of departments and there was evidence they worked closely together to manage the service.

The provider was a national privately run organisation. Senior managers within the organisation visited the service to conduct audits once a month. The registered manager was required to send information from the service's own audits to the provider, this information included records of accidents, falls, pressure sores, hospital admissions, complaints and deaths.

The provider had systems for auditing the service which included daily "walk around" audits by the registered manager, deputy manager or senior unit managers. These audits looked at the needs of

individual people including any changes in health. There were daily managers' meetings which included discussion about people's needs. Medicines were audited daily and weekly. At least 10% of care plans were audited each month. There was evidence that concerns were recorded and action taken where problems were identified. The daily "walk around" audits included a section for recording action which had been taken for any concerns identified the previous day.

The registered manager also completed a full audit of the service monthly and this information was shared with the provider. The audits included looking at nutritional needs, swallowing difficulties, wound care, deaths, infections, accidents, incidents, complaints, how many people were being nursed in bed and the use of bedrails. The provider required the registered manager to record the details of any anomalies.

There was evidence the provider learnt from accidents, incidents and complaints. For example, following a recent safeguarding alert the service had changed their procedure for handing information over to ambulance crews who took people to hospital, as the registered manager had identified a gap in information.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered person did not provide care which was appropriate, met the needs and reflected the preferences of some service users.  Regulation 9 (1)
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The registered person did not ensure that service users were always treated with respect because the environment did not meet their privacy needs.  Regulation 10 (2)((a))
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had not ensured that the premises was safe.  Regulation 12(2)(d)
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The registered person had not ensured that the premise and equipment were clean, properly

Treatment of disease, disorder or injury

maintained or suitable for the purpose for which it was being used.

Regulation 15(1)(a), (c) and (e)

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered person did not provide care which was appropriate, met the needs and reflected the preferences of some service users.  Regulation 9 (1)
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The registered person did not ensure that service users were always treated with respect because the environment did not meet their privacy needs.  Regulation 10 (2)((a))
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had not ensured that the premises was safe.  Regulation 12(2)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	
	<p data-bbox="836 277 1477 434">The registered person had not ensured that the premise and equipment were clean, properly maintained or suitable for the purpose for which it was being used.</p> <p data-bbox="836 479 1246 517">Regulation 15(1)(a), (c) and (e)</p>