

## Countrywide Care Homes (2) Limited

# Astor Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 15 and 16 January 2018 and was unannounced. A previous inspection, undertaken in December 2015, found the provider was meeting all legal requirements and rated the service as 'Good' overall.

Astor Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support for up to 29 people over single storey accommodation. At the time of the inspection there were 16 people using the service. Nursing care is provided at the home as part of the delivery of care needs.

At the time of the inspection there was no registered manager registered at the home. The previous registered manager had left the home and cancelled their registration in November 2017. The deputy manager had been overseeing the home since the previous registered manager had left. A new manager had been appointed but it was her first day in post when the inspection took place. A registered manager is a person who has registered with the CQC 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 the time of this inspection the home was under organisational safeguarding. Organisational safeguarding is a process instigated by the local authority safeguarding adults team where there are significant or multiple concerns about a service. Safeguarding concerns regarding Astor Lodge at this time related to the availability of permanent nursing staff to care for people and the effective management of medicines.

People told us they were safe living at the home and we found any safeguarding issues had been dealt with appropriately and referred to the local safeguarding vulnerable adults team. Maintenance of the premises had been undertaken and safety certificates were available. We found doors to high risk areas such as sluices left unlocked on occasions. Accidents and incidents were recorded and monitored and there was some evidence of the provider looking to consider lessons learned.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. All staff had been subject to a Disclosure and Barring Service check (DBS). People and staff members told us there were enough staff at the home, although there continued to be some issue over the recruitment of sufficient qualified nurses. There had been a recent reduction in the use of agency staff to cover gaps in qualified staff shifts.

We found issues with the recording and management of medicines, including pain relief patches and topical medicines, such as creams and lotions. People told us the home was maintained in a clean and tidy manner.

Staff told us they had access to a range of training and the provider had introduced a new ELearning package. Regular supervision and annual appraisals had previously taken place but had not been conducted in the last few months. People's health and wellbeing was monitored and there was regular access to general practitioners, dentists and other specialist health staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We found legal consent and best interests decisions were undertaken, although it was not always possible to determine if the MCA guidance had been followed with regard to determining the least restrictive option.

People were happy with the quality and range of meals and drinks provided at the home. Special diets were catered for and staff had knowledge of people's individual dietary requirements. Where people's intake was monitored we found food and fluid charts were up to date and monitored.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. Staff demonstrated an understanding of people's individual needs, preferences and personalities. People and relatives said they were always treated with respect and dignity and were involved in care decisions, where appropriate.

Care plans contained details of the individual needs of the person. However, we found care delivery did not always meet these needs, especially with regard to oral care. Care records were not always up to date or were unclear about the most up to date care actions to follow. Reviews of care were variable in quality. There was no identified activities worker at the home, although the post had been advertised. Where they had time staff supported activities for people, although this was not consistent. The provider had a complaints policy and concerns raised had been effectively addressed.

The deputy manager told us regular checks on people's care and the environment of the home were undertaken. However, many of these checks had ceased in late 2017 and more recent records could not be located. Audits had often failed to identify the issues we noted at this inspection, particularly around medicine issues. Staff felt supported by the deputy manager, who they said was approachable and responsive. They told us they could raise issues or make suggestions.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Person-centred care, Safe care and treatment and Good governance. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

Medicine records were not always up to date and we could not be sure topical medicines were administered in line with prescribed guidance. Doors to certain high risk areas were occasionally left unlocked.

Safeguarding issues had been investigated and reported. People said there were enough staff to support them, although the recruitment of nursing staff continued to be an issue. Safe recruitment processes were in place.

The home was maintained in a clean and tidy manner.

**Requires Improvement** ●

### Is the service effective?

Not all aspects of the service were effective.

Identified needs with regard to people's oral hygiene were not always being appropriately met. Staff told us they received training and people felt they had the right skills to care for them. Supervision and appraisals had been undertaken in the past, but had not been conducted in recent months.

Best interests decisions were recorded, although it was not always clear the least restrictive option had been fully considered. Authorisations with regard to DoLS were in place. People were offered day to day choices.

People had access to a range of meals and drinks and specialist diets were supported. People's wellbeing was supported through regular contact with health professionals.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Relatives and people living at the home praised the care staff and described the support they received as good. We witnessed good relationships between people and saw staff were

**Good** ●

supportive and compassionate. Staff told us they currently had sufficient time to support people.

People and relatives told us they were involved in determining and reviewing care needs, as necessary. People's privacy and dignity was considered and respected

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

Not all aspects of the service were responsive.

Care plans were based around people's individual needs. However, care delivery was not always in line with the written care plan, although there was no obvious direct detriment to people's individual wellbeing. Some reviews of care plans had taken place, although the quality was variable.

There was no identified activities worker at the home, although the post had been advertised. Care staff offered activities to people when they had additional time free. People told us they were supported to make choices about their care and daily lives.

Complaints had been dealt with fully and appropriately. Where appropriate people had end of life care plans in place.

**Requires Improvement** ●

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

Not all aspects of the service were well led.

There was no registered manager currently in post at the service.

Checks and audit processes had failed to identify the issues we noted around the management of medicines and maintenance of records. Where audits had identified an action this was not always followed.

Staff were positive about the leadership the deputy manager had given to the home and said they had been involved in looking at developing improvements. Staff said they were happy working at the home and there was a good staff team.

**Requires Improvement** ●

# Astor Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on 15 and 16 January 2018. The first day of the inspection was unannounced. The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used their comments to support our planning of the inspection.

We spoke with 10 people who used the service to obtain their views on the care and support they received. We also spoke with four relatives, who were visiting the home at the time of the inspection. Additionally, we spoke with the manager, the deputy manager, a qualified nurse, two care workers and kitchen staff.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, eleven medicine administration records (MARs), five records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings and a range of other quality audits and management records.

# Is the service safe?

## Our findings

At our previous inspection in December 2015 we rated this domain as 'Good.' At this inspection we found the provider was not always meeting the regulations for this domain.

At the time of this inspection the home was under organisational safeguarding. Organisational safeguarding is a process instigated by the local safeguarding adults team where there are significant or multiple concerns about a service. Safeguarding concerns regarding Astor Lodge at this time related to the availability of permanent nursing staff to care for people and the effective management of medicines. Staff at the home and senior managers within the provider organisation were working with the local safeguarding team and other local organisations to address the concerns. We found where there were any safeguarding concerns these had been recorded and referred to the local safeguarding team. Where necessary an investigation into the circumstances of the matter had been undertaken.

We looked at how medicines were managed at the home. We found some issues with how medicines were recorded. We noted gaps in the medicine administration records (MARs). In most cases we were able to count the tablets and determine the medicine had been given but had not been recorded. In one instance we could not tally the remaining tablets to the number of signatures recorded and could not be sure the medicine had been given correctly.

A number of people at the home were prescribed transdermal patches for pain relief. Transdermal patches are placed on the skin to provide pain relief over a longer period. Prior to the inspection we had been notified of several instances where patches could not be found after being applied, where there was more than one patch applied in error or where patches had not been applied at the correct time. Whilst we noted some improvements in this area of medicines we found there were gaps in checking documentation and staff had not always signed to say they had removed a patch before applying a new patch.

Some people living at the home were prescribed topical medicines. Topical medicines are those applied to the skin such as creams or lotions. The nurse on duty at the time of the inspection told us these items were dealt with and recorded by care staff, during the delivery of personal care. We found records for the use of topical medicines were not always complete or up to date. In one instance, whilst staff reported they regularly used the prescribed cream, there was no record in place.

This meant records regarding the administration of medicines were not always up to date and we could not confirm people, who had been prescribed creams and lotions, had them administered and applied in line with prescribed guidance.

This was breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12. Safe care and treatment.

We found the storage of medicines was well maintained and that specialist items such as controlled drugs were securely stored and recorded. Controlled drugs are medicines that are subject to particular legal

restrictions on their use and storage. We also observed staff during the administration of medicines and found they did this in a safe and appropriate manner.

Not all records were up to date or available for review. In addition to the gaps in medicine records, we found many checks and audit documents had not been completed since September 2017. The deputy manager told us there had been further checks carried out after this date, but she was unable to locate the completed forms. Other documents such as daily records of care were up to date and contained good detail of the support provided to people.

Risk assessments were in place, both for the environment of the home and in care records relating to people's daily care. People's care plans contained reviews of risk related to falls, nutrition, choking and skin damage. For the building, there had been a recent Legionella risk assessment for the water supply and a fire risk assessment. Regular checks had also been undertaken on fire equipment, lifting equipment, emergency lighting and nurse call systems. We viewed the home's five year fixed electrical certificate and confirmation the boiler had been regularly inspected and serviced. Small electrical items had been subject to a portable appliance testing (PAT) regime.

At times throughout the inspection we found doors to certain higher risk areas of the home, such as the sluice area and domestic storage cupboards had not always been locked shut by staff. We spoke with the deputy manager about this and she said she would remind staff about the importance of ensuring all high risk areas were effectively secured.

There was some evidence of the provider looking to consider lessons learned from incidents. We noted some reviews of accidents and incidents. Whilst there was evidence the individual matter had been looked at, it was not always clear how approaches had changed more widely in the home as a result of the review. We saw minutes from one meeting with staff regarding the high number of medicine errors that had been occurring at the home. Staff were asked to consider the issue and make suggestions on how medicines management could be made safer. Whilst we had noted some continuing issues with recording there had been an overall reduction in medicine errors over recent months.

The majority of people told us there were enough staff to support and care for them. One person told us, "I press the buzzer and they come fairly quickly, I don't have any problems." However, another person told us, "Often there aren't enough staff here." At the time of the inspection there were 16 people living at the home. Staff on duty during the day consisted of one qualified nurse and three care staff. We observed staff were able to deliver care in an unhurried manner and spend time with people as part of their normal daily care activities. We did not witness call alarms going off for long periods. Overarching safeguarding concerns had been raised because the provider had struggled in employing appropriate numbers of permanent nursing staff. At the time of the inspection there was a recently recruited nurse on duty. They told us they were enjoying the challenge of their new role. They said they had already been on a number of courses to update and increase their skills and had further courses booked in the following weeks.

Duty rotas showed there had been a slight reduction in the use of agency staff over the past few weeks. Where agency staff were used then these tended to be the same individuals, allowing them to become familiar with the home and the people who lived there. Care staff told us they felt better supported by the recently appointed nurse and confirmed the agency staff used tended to be the same individuals, allowing them to build an effective relationship with them. The deputy manager told us they had received two recent enquiries from nursing staff about coming to work at the home. The newly appointed manager also confirmed with us she was a qualified and registered nurse.

We looked at staff records regarding recent recruitment. We found this was undertaken in a safe and appropriate manner. There was evidence of staff completing an application form, a formal interview process and appropriate checks being undertaken; including Disclosure and Barring Service (DBS) checks and the taking up of two references. The recently recruited nurse told us she had been given an extensive induction and allowed to shadow a number of shifts before working independently. There was also evidence in staff files that individuals had been subject to a probationary period of work to ensure they were suitable to work in the environment and support people appropriately.

People and relatives told us they felt the home was maintained in a clean and tidy manner. We saw the environment was well maintained. Some areas of the home were in need of updating or redecorating, particularly some toilet and bathroom areas, where paint was peeling or plastic coating material had been used on pipe work boxing, meaning it was difficult to ensure these areas could be cleaned effectively. The deputy manager told us there was work planned over the next few months to address these matters.

# Is the service effective?

## Our findings

At our previous inspection in December 2015 we rated this domain as 'Good.' At this inspection we found the provider was not always meeting the regulations for this domain.

Care records showed people's care needs and choices had been assessed. However, we found care delivery was not always in line with people's assessed needs. We found a number of people had been specifically prescribed toothpaste to assist them with their oral hygiene. These items were included on people's MARs with the indication care staff would support people with this activity. We checked people's rooms throughout both days of the inspection. We found at each check people's toothbrushes were continually dry and tubes of toothpaste, dated November 2017, did not appear to have been used. People we spoke with were unable to confirm if they were supported with this matter. Care staff told us there was no current system for recording how personal care had been supported. This meant we could not be sure people were being appropriately supported with their oral hygiene and having these needs met. We spoke with the deputy manager about this. She agreed people should be regularly supported to maintain good oral hygiene and said she would immediately speak with care staff about this issues.

This was breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Regulation 9. Person-centred Care.

Staff we spoke with told us they had received supervision in the past and had also been subject to an annual appraisal. Documents we examined indicated no supervision meetings or appraisals had taken place since the departure of the previous manager around September 2017. The deputy manager told us this was one of the areas that had fallen into abeyance whilst other matters had been immediately addressed. The manager told us this would be one of the areas she would be picking up on as she began to develop an improvement plan for the home.

Staff told us, and records showed there was access to a range of training. The deputy manager told us the provider had recently introduced a new ELearning system and so staff were required to complete a range of components to update their training records. Staff told us they found the training useful, although the change to only being able to complete it in the work environment was something new. The deputy manager said they were looking at how to support staff to do this during work time.

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 (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed the home had made a number of applications with regard to DoLS and the majority of these were in progress with the local authority deprivations of liberty team. Where a response had been received a note was made of when the DoLS expired or that it had been deemed as not required.

People's care records contained copies of mental capacity assessments to help determine whether they were able to consent to certain actions and treatments, such as the taking of photographs, sharing information with other professionals or receiving a flu vaccination. Where people had capacity but were not physically able to sign, then a note had been made that they had given verbal consent. Where people did not have capacity then there was evidence relatives or other key individuals had been involved in determining the best course of action. We noted best interests decisions had been made in an all-encompassing manner for the use of equipment. This included the use of bedrails, crash mattresses (to prevent falls injuries) and sensor mats to alert staff to when people got out of bed. Under the MCA these constitute forms of restraint and consideration should be given to using the least restrictive option to support people. Whilst such equipment was used appropriately and safely it was not always clear alternative or less restrictive options had been fully considered. We spoke with the manager and deputy manager about this and they told us they would review the best interests process to ensure it fully complied with the requirements of the MCA. Where relatives held Lasting Power of attorney (LPA) then a copy of the LPA documents was held in the person's file for staff to reference, if necessary. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.

People's care records contained a care plan relating to issues of equality and diversity. However, we noted in the majority of cases the details concerned issues of dignity and respect. Staff we spoke with told us they had completed ELearning with regard to equality and diversity and were able to explain to us what this meant and how they would apply this to their day to day work. The manager and deputy manager told us care plan entries would be reviewed as part of the overall review of care records.

People we spoke with told us they enjoyed the food provided at the home. Comments from people included, "The meals are lovely, and the cook is such a nice man"; "There is always plenty of food, even a cooked breakfast if I want it" and "The cook is such a nice person and the food was lovely, I just couldn't eat it all." We observed meal times at the home and found the food to look wholesome and well presented. Staff were aware of any special requirements or specialist diets that were needed. We noted in one person's care plan it was recorded they could eat a normal diet but preferred a pureed diet. There were also instructions on how staff should support the individual at meal times. We saw the person was provided with a well presented soft diet and staff supported them in line with the care plan description. People's nutritional needs and risks had been assessed and where necessary a record of their food and fluid intake was made and weekly or monthly weights taken. Care plan instructions detailed the action staff should take if a person did not drink sufficient fluids for a period of three days or should lose a significant amount of weight. We saw people's GPs had been contacted regarding weight loss.

Records indicated people were supported to access a range of health appointments and services. People had been assessed by physiotherapists and speech and language therapists with regard to meeting their needs. During the inspection we witnessed the nurse on duty contacting a person's GP about an issue with their medication. People and relatives we spoke with confirmed staff contacted services, as necessary.

## Is the service caring?

### Our findings

At our previous inspection in December 2015 we rated this domain as 'Good.' At this inspection we found the provider was continuing to meet the requirements of the domain and acting with the regulations related to this area.

People and their relatives were extremely positive about the care they received at the home. People and relatives told us, "Its Canny here"; "There is always someone to talk to here"; "I think the staff are very respectful towards my mother, she is well cared for" and "The girls are absolutely great." One relative talked to us about their relation, who preferred to spend their time in their room. They said that despite this, "Someone calls in every hour at least." We found staff treated people politely and in a caring, thoughtful and considerate manner. We witnessed some nice exchanges between staff and people living at the home. Staff spent time chatting to people and took time to support them with meals, drinks and snacks. We also witnessed staff sharing jokes with people. It was clear from the conversations and care we witnessed the staff knew people very well and knew their particular likes, dislikes and personalities.

Staff told us they enjoyed caring for the people at the home. Comments from staff included, "It's the residents that keep me coming to work. I know you should not have favourites, but I do a little bit; but I don't show it. In fact they are all lovely. I love my job" and "I love coming in and caring for people. You get to know them, make them smile. It's like a mini family."

Staff told us at the moment, because of the lower number of people living at the home and the staffing numbers they had time to sit with people and discuss things, or do things for them. We witnessed one member of the care staff offer to do a person's hair for them. When they later had it done by the visiting hairdresser they said they would do their nails for them instead. People were able to spend time and chat over the lunchtime without staff rushing them.

People were supported to express their views as much as they were able. We saw records of 'resident/relative' meetings, although records suggested there had not been a recent meeting. The deputy manager told us there had been one in December, but the minutes had not yet been typed up. A further one was planned for the following week to welcome and introduce the new manager and notices were on display announcing this. Some relatives told us they were aware of their relation's care plan, whilst other said they were not sure about the content. Best interests decision records indicated people had been involved in decision making, where they had the capacity to do so. Some information was available in a folder in the foyer area in easy read format around decision making and DoLS. There were also a range of notices and information leaflets placed on notice boards throughout the home.

People told us their privacy and dignity was respected. Some people told us they preferred to spend time alone in their rooms and staff respected this. We also witnessed staff delivering dignified care. We saw they ensured room doors were closed when delivering personal care and had also closed the room curtains to ensure privacy. Staff also spoke unobtrusively to people when asking if they required help with personal care issues. We witnessed throughout both days of the inspection people looked clean, and well dressed. Staff

we spoke with were able to describe in detail the actions they took to ensure people's dignity was maintained.

## Is the service responsive?

### Our findings

At our previous inspection in December 2015 we rated this domain as 'Good.' At this inspection we found the provider was not always meeting the regulations for this domain.

There was evidence in people's care plans that an assessment of need had been undertaken prior to them coming to live at the home. The assessment document covered a range of areas including; nutrition, mobility, personal care and skin integrity. We saw that from this assessment care plans had been developed to support staff in addressing people's needs. Some of the care plans contained good information about the type and level of support people required. There was information about whether people required hoists to help them move, how many staff were required to deliver safe support and whether they required specialist diets or regular monitoring of their weight. Because of skin integrity issues some people required assistance to change position.

Daily records indicated in most cases the described support plan was being followed by staff. Position charts, signed by staff, indicated people's position had been changed and we observed this to be the case through the inspection. We also observed staff supporting people appropriately during meal times.

However, we found other care plans were not always up to date and did not always reflect the current care delivery. For example, we looked at one person's plan who was noted to be at high risk of skin integrity issues. Their care plan indicated their skin should be supported through the use of a particular cream three times a day. Their MAR chart suggested they should be administered two creams and a special spray to help with wound care. One of the creams was required to be applied three times a day and one four times a day. In their room we found just one of the creams identified on the MAR (to be applied four times a day) but there was no topical medicine record sheet available to demonstrate staff had been applying the cream as instructed. There was no evidence of the second cream or spray being available in the person's room.

We spoke with the nurse on duty about what care the person should be receiving. The nurse said she was not fully aware of the full care plan because she was relatively new to the home, but said she had never used the spray when dealing with the person's wound care but had used the prescribed dressings. She spoke with care staff who told her they used the cream prescribed four times a day and did not use the cream identified in the original care plan. They told the nurse they used the cream whenever they supported personal care, but did not record the use.

This meant the care records did not directly reflect the care being provided for the individual and it was not clear staff were following an agreed plan, although there was no evidence of a serious detrimental effect on the individual. The discrepancy in care plans and care delivery had not been identified during care plan reviews.

This was breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good Governance.

Other care plans had been reviewed and updated to reflect changes in care delivery, although we noted the review were often limited in content and detail.

The deputy manager told us there was no current dedicated activities co-ordinator employed at the home, although they had advertised to fill the post in recent months. She said that during the current level of occupancy, where they had additional staff on the rota, they were designated to provide some level of activity at the home. We saw from duty rotas we looked at certain staff had been highlighted as providing activities. People told us there were some activities but not a great deal. One person told us, "Activities are very rare." On one of the days of the inspection we saw people were having their hair done by a visiting hairdresser and some staff were also supporting people with their nails. We also witnessed two staff sit down and undertake an activity with people and staff also sat chatting with individuals throughout the day. The deputy manager told us they were continuing to advertise for the activities post to be filled.

People we spoke with told us they were able to make choices. One person told us they preferred to spend time in their room and this was respected by staff. We witnessed staff supporting people to make choices by asking them if they wished to take their meals in their room or move to the dining area. People were also offered choices of meals, snacks and drinks. Staff also understood about social isolation. We witnessed one staff member speaking gently to a person, quietly encouraging them to have their lunch in the dining room and chat to some of the other people living at the home. The person decided they would take their meal in the communal area and we saw them engaging in conversation with others sat around their table.

The provider had in place a complaints policy and information about how to raise a complaint or concern was available in the home's main foyer area. We saw a record was kept of the number and type of complaints that had been raised. We noted issues such as care delivery, staff attitudes and missing items had been identified as formal matters of concern. We noted the registered manager or senior staff member had responded appropriately, investigating the matter and responding to the family or individual, either through a formal letter or by meeting with them face to face to discuss the issues. Whilst individual matters were looked at it was not always clear from records as to whether wider lessons had been learned from issues raised as a complaint.

People's care plans contained information with regard their end of life plans and how they wished to be supported in their final hours. Some people had individual health care plans which formally identified action that should be taken if they became seriously ill.

# Is the service well-led?

## Our findings

At our previous inspection in December 2015 we rated this domain as 'Good.' At this inspection we found the provider was not always meeting the regulations for this domain.

At the time of the inspection there was not a registered manager registered at the home. The previous registered manager had left the home in September 2017 and cancelled their registration in November 2017. A new manager had been appointed but it was her first day in post when the inspection took place. The deputy manager had been overseeing the home in the interim, with support from senior managers in the provider's organisation. We were supported on the inspection by the deputy manager, who was there on both days. We also spoke to the incoming manager about her priorities and key action points.

The deputy manager told us there had been a number of audits and checks undertaken on the environment of the home and the care delivery. We found the majority of these quality checks had ceased around September and October 2017. The last registered manager walk around audit was recorded as 17 October 2017, the last kitchen audit on 2 October 2017 and the last health and safety audit undertaken in September 2017. The deputy manager told us staff had undertaken other checks since these dates but was unable to locate the documentation.

Where audits had taken place these did not always reflect a true picture of the home and what we found at this inspection. For example, we found an audit of medicines had been undertaken on 13 January 2018. The audit document stated there were no issues with topical medicines, with the correct information available, complete records that creams had been delivered and nursing staff had checked topical creams had been appropriately administered by care staff. This was at odds with the situation we found at the inspection only two and three days later. Care plan audits had failed to identify that the skin integrity care delivered was not reconciled with the written care plan.

We also found where audits and checks had been completed then actions were not always followed. For example, a senior manager's quality visit in January 2017 had highlighted as high risk that doors to sluices areas and other storage was left unlocked and must be secured. On this inspection we found sluice and domestic storage areas, which contained detergents and other chemicals, also left unlocked at time during the day.

This meant quality audits were not undertaken robustly and where checks had taken place action was not always taken to address the issues identified.

We had also previously identified staff supervision had not been undertaken in recent months, although the deputy manager was aware this was an issue that required addressing as soon as possible.

This was breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good Governance.

The newly appointed manager spoke with us. She said it was early days yet, but felt there were a number of areas she needed to concentrate on which included the safe recruitment of nursing staff, ensuring medicines were dealt with effectively and getting in place appropriate oversight systems.

The deputy manager told us she felt the home was improving slowly, with regards the concerns that triggered the organisational safeguarding, but recognised there was still work to be done. She hoped the recruitment of a new manager would help to strengthen these improvements.

Staff we spoke with told us they felt the home was getting better slowly. They told us they had been supported by the deputy manager and confirmed other senior staff had visited the home over the last few months. They said the deputy manager had been in the home every day and could be approached if they needed any support or advice. They said they were happy in their jobs, despite the concerns, and were committed to delivering appropriate and individual care. They felt there was a good staff team at the home, who supported one another.

Staff told us there were staff meetings and we saw records of these for both senior staff and the wider staff cohort. Staff had been updated with regard the current situation at the home and had also been engaged to try and identify solutions as to how to improve the care. A senior staff meeting had been called to pool ideas and solutions about how to improve the safety and efficiency of medicines management at the home and what needed to change to make things better. Staff had raised issues and made suggestions at the meeting, including the need for better oversight where agency nurses were covering shifts.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do. The service was displaying its current quality rating both at the home and on the provider's website.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People's care was not always person centred and oral hygiene needs were not being met in an appropriate manner. Regulation 9 (1)(a)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always being provided in a safe and effective way and there was not always the safe and proper management of medicines. Regulation 12 (1)(2)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not in place to ensure the effective operation of the home. Processes to assess, monitor and improve quality and safety were not robust. Records were not always contemporaneous or maintained in an accurate, complete manner. regulation 17 (1)(2)(a)(b)(c).