Care UK Community Partnerships Ltd

Hadrian Park

Inspection report

Marsh House Avenue
Billingham
Cleveland
TS23 3DF

Tel: 03334343036
Website: www.careuk.com/care-homes/hadrian-park-billingham

Date of inspection visit:
01 June 2016
07 July 2016
21 July 2016

Date of publication:
28 December 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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 1 June 2016, 7 July 2016 and 21 July 2016. The inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting.

Hadrian Park is a purpose built care home in Billingham. The home is registered to provide care and accommodation for up to 73 older people and people with dementia. The home does not provide nursing care. At the time of our visit there were 64 people living at Hadrian Park. The property has been divided into three units across a ground and first floor, accessed by stairs and a lift. The Lilly unit provided residential care on the ground floor whilst the Chester unit, also on the ground floor provided care for people living with dementia. Upstairs the Poppy unit provided accommodation for those people who had greater levels of dependency. The home was clean, nicely decorated and had a well organised lay out with a variety of communal space.

On the first day of inspection 1 June 2016, the home had a registered manager in place. On the 7 and 21 July we were informed that the registered manager had handed in their notice and the deputy manager was acting as manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in November 2015 and found the provider to be in breach of four regulations regarding safe care and treatment, good governance, staffing and need for consent.

At this inspection we found that, despite some changes being made, people were still at risk due to medicines not being managed safely and there was an ongoing breach in relation to safe care and treatment. We also found that people were still at risk because effective quality assurance of the service was not taking place and there was an ongoing breach.

We found that improvements had been made in some areas. Staff had received training on challenging behaviour and a number of new training courses had been implemented to improve staff knowledge and skills. The registered provider was therefore no longer in breach of this regulation.

We saw evidence of consent and best interest decisions on people's records, although there was still some work to be done in this area significant improvements had been made and the registered provider was no longer in breach of this regulation.

We found that medicines were not always administered as prescribed by the doctor. Creams and ointments in particular were not administered as regularly as directed. We found errors on some medicines administration records (MAR) and the fridge that was used to store medicines in on one of the units was faulty and not maintaining the correct temperature for safe storage.

There were systems and processes in place to protect people from the risk of harm. We saw that individual risk assessments were in place and that they covered the key risks specific to the person. These did not always contain sufficient information and we identified some risks that had no associated risk assessment.

Staff had received safeguarding training and demonstrated knowledge of the procedure to follow.

We found that safe recruitment and selection procedures were in place and appropriate pre-employment checks had been undertaken.

Accidents and incidents were being recorded but an analysis of the data to look for patterns and trends was not being undertaken.

We were shown how the service calculated their staffing levels using a dependency tool. We were able to see from this and from checking staff rotas that the service was adequately staffed according to the level identified by this method. Staff felt that there were not always sufficient staff to provide the correct level of care for people and in response to this feedback we were shown new rotas indicating an extra member of staff was to be on duty during the day.

Staff had received appropriate training and had the skills and knowledge to provide support to the people they cared for.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We saw that there were policies in place in relation to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff had received training and demonstrated an understanding of the requirements of the Act and we saw that the service had been applying the DoLS appropriately. We saw evidence that capacity assessments and best interest decisions were being undertaken and correctly recorded.

We saw that people were provided with a choice of food and drinks to help ensure their nutritional needs were met. We were told by people using the service and relatives that the food was not always of good quality. People were being seen by a dietician when this was deemed necessary and their diets were fortified when a need for this was identified. The records kept by kitchen staff were not reflecting the most up to date information relating to peoples dietary requirements.

We saw that people's wellbeing was supported by the appropriate access to health care professionals such as dentists and opticians.

The care plans we looked at needed to include more detail and personal information on preferences in respect of care delivery to be fully person centred. The care plans were held on an electronic system and contained all necessary information relating to the day to day care needs.

Staff were observed to be caring and respected people's privacy and dignity. People who used the service said they were happy with the care they received.

A range of activities were available to people, although some of the people we spoke to told us they preferred not to engage in them. We saw staff interacting well during activities and the service was actively recruiting for a new activities co-ordinator to improve and increase the activities available to people.

A programme of regular staff supervision had begun. Staff confirmed they were having these meetings but not all staff had found them useful.

There was a complaints procedure in place and this was clearly displayed in communal areas. We saw evidence that complaints had been dealt with appropriately but the outcome of investigations was not always documented.

Although there were systems in place to monitor and improve the quality of the service provided they were not effective. A number of issues we highlighted during our inspection had not been picked up by the audit process.

There were a number of comments made by staff regarding the morale within the staff team and the management team were aware that this was an issue. A staff surgery was being held on 21 July 2016 with a member of the registered provider's human resources team and a 'Going the Extra Mile' (GEM) awards scheme had recently been introduced to recognise and reward staff achievement.

We found the provider was breaching two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the proper and safe management of medicines and monitoring and improving the quality and safety of the services provided. 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?

Requires Improvement

The service was not consistently safe.

Medicines were not always given as prescribed by the doctor. Quantities of medicines were not always correctly recorded and creams and ointments were not always recorded as being applied.

Staff knew how to recognise abuse and reported any concerns regarding the safety of people to senior staff.

Recruitment procedures were in place and appropriate pre-employment checks were undertaken.

The service was adequately staffed according to the dependency tool and following feedback an extra member of staff was on the day shift rota.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had the knowledge and skills to support the people who used the service and the majority of training was up to date.

Management and staff understood their requirements with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Care plans showed that capacity assessments and best interest decisions were being undertaken.

People were provided with a choice of food and an adequate supply of food and drinks throughout the day but the feedback from people using the service and relatives was that the standard of food was not always good.

Is the service caring?

Good

The service was caring.

People told us they were happy living in the home and with the care they received.

We observed staff interacting with people in a positive and friendly way and in a variety of situations.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were tailored to meet each person's individual requirements and reviewed regularly but could be made more person centred by the inclusion of more personal detail.

There was a variety of activities taking place throughout the home we observed people engaging in these.

The service had a complaints procedure clearly displayed and we saw that complaints were correctly handled but not always correctly recorded.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Although there were systems in place to monitor and improve the quality of the service these were not effective. The audits undertaken by the registered manager had failed to identify the issues that we found.

Accurate records were not always kept and this had not been identified.

Staff meetings were held regularly and were seen as a robust method of communication.

Hadrian Park

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 1 June 2016, 7 and 21 July 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors, two pharmacist inspectors 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.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

During our inspection we spoke with 11 people who used the service and four family members. We also spoke with the regional director, the registered manager, deputy manager, five care workers, two senior carers, a clinical lead, an activities co-ordinator, the maintenance person and the cook.

We undertook general observations and reviewed relevant records. These included six people's care records, four staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms with their permission, bathrooms, the kitchen, laundry and communal areas.

Requires Improvement

Is the service safe?

Our findings

When we previously visited this home in November 2015 we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the previous visit quantities of medicines were not always carried forward from the previous month; the Medication Administration Record Sheets (MARS) had missing signatures on them and quantities of medicines did not balance.

On the first day of our inspection we reviewed the service's medicines management procedures and practices. The medicines and records of 15 people were examined. It was found that medicines were not always given as prescribed. Quantities of medicines were not always carried forward on the medicines administration records (MARs). Creams, ointments and other external products were not always recorded as being applied and there were missing signatures on some MARs. This meant that people's medicines records were not accurate or complete.

We checked the medicine fridge temperatures on all three units and found that temperatures were recorded each day. The fridge on the Poppy suite had been recorded as 1℃ for the month of May, which is below the recommended temperature. This meant we could not be sure the medicines stored in this fridge were safe to use.

Following the first day of our inspection we wrote to the registered provider and told them about the ongoing issues we had found with medicines management. We requested an action plan to detail what steps they would take over the following two weeks to address these matters and ensure people's medicines were recorded and audited correctly. In the action plan we received back in response to our letter the registered provider stated that the medicines audit sheet would be amended to be reflective of Topical Medicines Administration Records (TMAR) and all staff would be supervised regarding missing signatures. Training was to be put in place for all staff and improvements monitored on a daily basis with audits and daily checks to be completed.

On the third day of our inspection we reviewed the service's medicines management procedures and practices and followed up on the action plan we had received.

During the inspection we looked at the Topical Medicines Administration Records (TMAR) for people living at the home. On one person's TMAR we found that a cream prescribed to be applied twice a day every day, had not been applied regularly. Care staff had recorded 'not required' for eight days between the 11 and 21 July 2016. No record was made to explain why it was not required or what actions had been taken for it to be reviewed. We found that accurate and complete records were not kept for the application of this cream. Another person was prescribed an anti-inflammatory gel to be used three times daily. Records showed that this had been administered three times daily on only four occasions between the 11 and 21 July 2016. The remaining entries stated once or twice daily as the frequency of administration. No reasons were documented as to why the prescribed instructions were not followed. Not having the anti-inflammatory gel applied as prescribed may have reduced the beneficial effect of it. A third person was prescribed three

creams and their records indicated that topical preparations were to be self -administered by the service user. We found that a self-medication risk assessment and a body map (to explain where the cream should be applied) had only been completed for one of the creams. We spoke with the service user and found they were unsure of where to place the three creams. This was investigated by the deputy manager during our visit and established that the district nurse applied two of the creams. There was no on-going assessment of this person to ensure they understood what they were doing, that they were complying with the self-administration policy or that the creams were stored securely. People who need creams applying to maintain their skin integrity could have skin damage if creams are not applied correctly.

We looked at medicine records on the Chester unit. We found that one medicine was signed as administered on 16 July 2016; however the tablet was still in the blister pack. A second and third medicine had, on the 12 July 2016, the code 'E' recorded, which meant refused/ destroyed; these tablets were still in the blister pack and had not been destroyed. Staff administering medicines were not correctly using the non – administration codes, which were stated on the MAR

We looked at the transdermal (patch) administration records for two people using the service. One record explained how the application site of a patch should be rotated on the body as specified from the manufacturer. This record showed that the patch, which was replaced daily, had been administered to the same area on the 14 and 20 July 2016. The second record showed for a daily applied patch that three areas had been used repeatedly between the 11 and 21 July 2016, which is not in line with manufacturer's recommendations.

We checked the records for fridge monitoring on Poppy and found that the temperature was still being recorded as between one and seven degrees Celsius indicating that no action had been taken following this being highlighted to the service on the first day of our inspection. This meant we could still not guarantee the effectiveness of the medicines stored in that fridge.

There were still errors occurring with the service's medicines management procedures and practices. Although we saw that improvements had been made in some areas there were still issues in other areas that meant people were not always receiving their medicines as prescribed.

We looked at the accident and incident file and found that a full analysis of falls data was not being undertaken to ensure that lessons were being learned from any trends or patterns that would protect people from future risk.

The six care plans we looked at had individual risk assessments in place. Risk assessment tools were in use and where a person was identified as being at risk an associated care plan was developed and implemented. These included measures to be taken to reduce the risk of falls, to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. The risk assessments we looked at did not always provide staff with all the information they needed to help keep people safe. For example, one person using the service was using oxygen but was also a smoker. There was no risk assessment in place for someone who used oxygen also being a smoker. Another person had been identified as a medium risk of falls using a 'tick box' risk assessment tool but then no further information was included within care plans to guide staff as to how to mitigate this risk.

We saw on one person's care plan that hourly checks were to be conducted on them throughout the night. The records we were given to evidence this were not complete with a number of days missing and no explanation given as to why. It was not possible to establish whether the correct checks were being done on this person every night.

For these reasons the service was in breach of Regulation 12(1) (Safe Care and Treatment) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person told us, "It's pretty good this place, there is never any trouble." A relative we spoke with told us, "I cannot fault the care and feel absolutely secure that [name] is we looked after."

Most of the staff we spoke with felt there was not enough staff on duty. One staff member we spoke with told us, "There is not enough staff down here; we have five people who need two to one care. There are two of us and a senior. The senior does not help, she's doing the medicines and care plans so it is just us going round everyone. When we are both busy with one person the rest are left." Another member of staff told us, "We have enough staff upstairs but there is not a lot of high dependency up there." A third said, "There is not enough staff on shift. We have three people who need two staff on my floor. It's difficult when there is only two care staff on shift, it's a heavy load."

A relative told us, "Sometimes there is not enough staff on, only two on a night time. If one is having a cigarette [name] has to wait to go to the toilet."

Each person had a Personal Emergency Evacuation Plans (PEEP). These were up to date and reviewed monthly. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This information was kept in the fire emergency file that also contained an evacuation map of the building. This meant that important information could easily be passed to emergency services if needed.

We saw evidence that fire drills were regularly carried out and involved all staff.

During our visit we observed that fire exits were clearly signed and fire extinguishers had been checked recently. Hoists had been recently serviced, portable appliance testing (PAT) of electrical equipment undertaken and an up to date gas safety certificate was also seen. This showed that the registered provider was undertaking appropriate maintenance checks to protect people who used the service against the risks of unsafe or unsuitable premises.

We looked at the records of water temperatures within the service. When we looked at the monthly temperature record sheet for baths, showers and basins within the service we found that 48 out of 95 thermostatic mixing valve (TMV) outlet locations were registering hot water temperatures of lower than the recommended minimum of 39°C. The water in one bedroom was recorded as low as 26°C. These temperatures had been taken on 30 May 2016 and we requested the records for preceding months to check how long the water had been distributing at below the recommended amount. These records were not available as no checks had taken place since February. By failing to undertake regular checks on water temperatures and to take immediate remedial action when low temperatures were recorded people were at risk of being washed, showered or bathed in water that may not be at a comfortable or safe temperature.

The service had up to date safeguarding policies and procedures in place. There was information displayed on notice boards around the building informing people of what to do and who to contact with any safeguarding concerns. All staff had received safeguarding training and whilst we could see on the training matrix that some staff were overdue their refresher training over 80% of safeguarding training was up to date.

Staff we spoke with demonstrated a good understanding of safeguarding, including the different types of

abuse and the signs to look for; they were also able to explain how they would escalate any concerns. Staff also carry cards in their pockets to prompt them regarding safeguarding procedure.

We looked at the dependency tool that was used by the service to calculate staffing levels and spoke with the registered manager, deputy manager and regional director about this. The dependency tool indicated that the service was staffed at higher than industry standard level. However, whilst the dependency tool indicated that staffing levels were adequate for the number of people using the service and their level of need, we had received comments to indicate this may not be the case in reality. We had told the registered manager about the comments we had received and when we returned on the second day of our inspection we were shown new rotas that had been drawn up in response to our feedback and saw that in future an extra member of staff would be on duty during the day shift.

We looked at four staff files and saw that safe recruitment processes and pre-employment checks were in place. Documentation such as application forms and interview records were present and we saw that identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk unsuitable people from working with children and vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

One person using the service told us, "The food is lovely and the staff are helpful." Another said, "It's my home, I enjoy living here and I have a nice room."

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).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We looked at whether the service was applying the DoLS appropriately. We saw that capacity assessments were being undertaken appropriately. Applications had been submitted to the supervisory body for authorisation when people were identified as at risk of being deprived of their liberty. We saw that a record was kept of those people who were subject to DoLS authorisations and when they were due for review. Where people lacked capacity to make decisions about aspects of their care we saw evidence of best interest decisions having been completed.
Evidence of consent to care was present on all but one of the files we looked at and the registered manager told us they would ensure that all files were checked for this.
84% of mandatory training for staff was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely. We saw that since our last inspection staff had also received training in challenging behaviour.

The registered manager told us that staff had recently begun to receive regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

We asked staff if they found these meetings to be useful. One staff member told us, "My last supervision was last month and it was a waste of time. It was with a new senior and it's not their fault but they didn't know what they were doing and had to keep asking the other senior who has been here a while to help her. Complete waste of time. Before that I had not had a supervision for about eight months." Another staff member told us she had not had a supervision meeting yet and did not know what one was.

We observed the lunchtime dining experience in all three dining areas. The tables were set attractively with flowers, napkins and condiments. When the food was served people were heard making positive remarks about the food such as, "it's nice" and "it's lovely." The food service was not well organised and some people were waiting for approximately 20 minutes for their meal to be brought to them. We saw one person without any food and we asked what they had eaten. They told us they had not had any food and the care worker then said, "Oh, I forgot about you. What do you want?" The person asked for sandwiches but was given soup and sandwiches. We saw one person was given fish pie with mushy peas but asked for the peas to be removed as he did not like them. This plate was then given to another person. Another person had the fish pie placed in front of them and they said, "What's that, I don't want it." When asked what the food was this person replied, "God only knows, I would rather have soup and a sandwich." There was no alternative choice of vegetable for those who did not like mushy peas. Those people who did not want fish pie had the option of soup and sandwiches but we observed that although there were three sandwich fillings these were each taken to a different dining room so that one room had egg sandwiches, one had ham and one had tuna. People were not asked what sandwich they wanted and there was no choice of filling in each dining room. Although reasonable portions of healthy food were being provided for people, choice was limited and the dining experience could be better managed by staff.

We asked people about the food provided. One person said, "I am a diabetic. The food is so-so." Another person said, "I mentioned to the staff about the food, it has got a little better but it's not great." Another told us, "Food is so-so, some days good, some days not so good. I have to be truthful." One person commented on the dining room experience saying, "It is hard going for the girls (care staff) there is only one in the dining room and if they have to leave for something we are left alone, what if someone became ill?"

A relative we spoke with told us, "[name] is happy. They enjoy a varied menu and are happy with the food." Another relative said, "The amount of money we pay the food should be better."
We saw hot drinks being served throughout the day and containers of fruit squash were available in communal areas.

We spoke to the cook and asked how they were made aware of people's special dietary requirements, preferences and allergies. We were told that a file is kept in the kitchen with information on each person and we were shown the file. We were looking for the information on a person who had been seen by a dietician the day before and recommended milk shakes and smoothies to supplement their calorie intake. This person's record in the cook's file had last been updated on 18 October 2015. When we asked the cook about any recent advice regarding this person they were not aware but another member of the kitchen staff was able to tell us. When we highlighted the need to document these changes the cook told us, "I make the smoothies, the staff know who needs them." We recommend that the kitchen keeps up to date relevant information on peoples dietary needs.

We saw that there were some dementia friendly, tactile activity boards in place on the Chester unit corridors. There was some dementia friendly signage but the doors to people's bedrooms were not clearly personalised in a way that would make it easier for people to recognise their own room.
People's records showed details of appointments with and visits by healthcare and social professionals, for example GPs, district nurse teams, opticians and chiropodists. This demonstrated that staff worked with various agencies and sought professional advice, to ensure that the individual needs of people were being met and maintain their health and wellbeing.

Good

Is the service caring?

Our findings

All of the people we spoke with who used the service were happy with the care they received. Family members also felt the same. People told us, "I'm happy. I have no moans or groans" and "I would recommend this place to anyone."

A relative we spoke with told us, "It's very nice here. My [family member] is happy." Another person's relative said, "[Family member] has settled in well. I feel reassured that staff are here for [family member]." Another told us, "[Family member has been in Hadrian Park for two years and she's quite happy. She thinks the care staff are very good."

We observed staff interacting with people in a positive and friendly way and in a variety of situations. People looked clean, comfortable and well groomed.

One staff member told us, "I really enjoy my job, I love it." Another staff member said, "I like to come to work because of the service users. One good thing about work is the care that's given to people"

Staff were able to tell us the ways in which they maintained people's privacy and dignity. One staff member told us, "I always treat people respectfully. I close the door when doing personal care and talk to them so they don't feel embarrassed. Just things you would want for yourself really." We observed care staff taking tea and biscuits to people in their rooms and saw they knocked and waited before entering.

Staff we spoke with said they promote peoples independence. One staff member said, "I encourage them [people who used the service] to do as much for themselves as they can."

We saw some evidence that people were encouraged to be involved in their care. We saw 'life story' documents on people's care files, although they were not always fully completed. A member of staff told us that people were not involved in care planning as they were computerised but we were told that care plans were printed off and given to people to read and make any comments or changes if they wished to. We were shown one example of this which was a newly adopted practice that should lead to improvement going forward.

The service had a 'resident of the day' scheme which involved staff spending time with one person from each unit, reviewing their care plans and chatting with them generally. Domestic staff deep cleaned people's room in accordance with this rota and the cook also went to speak to people about food preferences as part of the scheme. We saw records that showed this was taking place but some of the information that was obtained during these conversations was not then recorded in care plans. We fed this back to the registered manager who said they would ensure any information captured was better reflected in care plans.

There was information on display about local advocacy services, although nobody was using an advocate at the time of our visit. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

At the time of our visit there was nobody on the end of life pathway. We saw end of life preferences were documented in people's care files to ensure care was carried out in accordance with people's wishes.

Requires Improvement

Is the service responsive?

Our findings

One of the people using the service told us, "The staff are helpful, I don't go to the activities because I like my own company."

A relative we spoke to told us, "[family member] likes to play bingo."

We looked at the care records of six people and found that they covered all aspects of care. For example, communication, eating and drinking, moving and handling and administration of medicines. The care plans needed more detail to be included in order to ensure they were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

We saw that the paper copy of the care plan did not always match the electronic version and there was some information that was included in daily notes that was not reflected in care plans. Further detail relating to this is included in the Well Led section of the report which highlights the fact that up to date and accurate records were not being kept.

Activities were taking place. On the first day of our inspection we saw people taking part in a musical armchair exercise class. At the time of our visit the service was recruiting for a second activities co-ordinator and we were told that this vacancy had temporarily impacted on the level of activities that had been offered.

One member of staff told us, "We could improve on activities. There are not enough staff to do activities with the service users."

The service had an activities room that contained a lot of equipment to be used to engage people in a variety of activities. We observed a member of staff working one to one with a person decorating a piece of furniture, using paper napkins to create a decoupage effect. In the afternoon we saw staff playing bingo with a group of six people. The staff interaction was positive and the people involved were chatting and happy.

The service had an up to date complaints procedure. We saw this was on display in the reception area and also viewed the 'comments, compliments and complaints' file. There were three concerns/complaints held on file. One of these was to do with a member of staff being 'heavy handed'. There were witness statements on file to indicate an investigation had taken place but there was no outcome recorded. We spoke to the registered manager who told us they had ensured this member of staff did not provide support to the person who had made the complaint and they had subsequently left the service. This was not recorded on the complaints file. We discussed this with the registered manager who confirmed that all outcomes would be recorded going forward.

We saw another complaint was being overseen by the regional director. Monthly meetings were being held with the relatives who had made the complaint and we were shown evidence that the family of the person concerned were satisfied with the way their complaint had been handled. We saw that complaints were

being appropriately handled however records were not always fully completed.

Requires Improvement

Is the service well-led?

Our findings

On the first day of inspection the service had a registered manager in place who had been registered since 3 September 2015. On the second day of inspection the registered manager was absent. We were told that they had handed in their notice and the deputy manager was acting as the manager.

Following our inspection in November 2015 a number of issues were identified with the safe management of medicines and these issues were not being picked up by the registered provider's quality assurance systems. During our latest inspection we found that there were still a number of errors in this area; details of which can be found in the 'Safe' section of this report. These errors and omissions had not been picked up by management audits of medicines and this meant that people's medicine records were not accurate or complete.

We gave feedback at the end of our first day of inspection regarding the errors we had found and we were assured that daily audits were being undertaken and that further work would be done to address the issues. However, on our third day of inspection we saw that there were still areas of concern that were not being identified, in particular accurate and complete records were not kept for application of creams.

Although medicines audits were conducted daily actions were not recorded. Information gathered from the audits was not analysed to look for themes. For example, the deputy manager told us that they were aware that codes were not always used correctly, however, they could not show us how they had established this or what they intended to do with the information.

We saw that accurate and up to date records in respect of people's care were not being kept. For example in one person's records we saw a body map, held electronically, was marked with a high number of red crosses, which indicated areas of redness, bruising or injury but on further investigation we found that these were historic entries that had not been resolved and therefore the body map did not accurately reflect the current picture. Care notes stated that the district nurse had been called the previous day to dress an injury on this person's left toe, but this had not been recorded on the body map. We looked at the electronic care records of another person and saw that their body map also had a high number of red crosses dating back several months that had not been resolved. When we reviewed further we found one red cross on the hand illustrated on the body map it said 'red between ankle and knee, both legs.' By not updating or accurately recording information on body maps staff did not have recent information regarding a person's skin condition which could lead to new injuries or areas of redness being overlooked.

We saw in another person's care plan that they were recorded as being at risk of choking. We checked this with the team leader who told us they were at risk of choking but they were not on 'thick and easy'. When looking at daily notes we saw that following a GP visit on 27 April 2016 they had been prescribed 'thick and easy'. There was no mention of this being prescribed anywhere within the care plans and it was clear from our conversations that some staff were unaware. There was no information on what consistency the thick and easy was to be made up to. Another person's care plan said they were a choking risk due to having dysphagia, the medical term for swallowing difficulties but they actually had dysphasia. Dysphasia is a

language disorder.

We were told by care staff that one person used oxygen at night but this was not recorded in the medical condition section of their care plan. We were told by a senior care assistant that this person had sleep apnoea but this information had come from the person themselves and there was no record of an official diagnosis. Sleep apnoea is a condition where the walls of the throat relax during sleep and interrupt normal breathing. There was no information within the care plan to say how they used the oxygen, for example if a nasal cannula or a mask was used. This was all relayed to us verbally with no records to corroborate the information.

The care plan for a person who was a smoker referred to the use of the smoke room in the service which had been closed down before our visit. There was no mention in the care plan that staff now needed to accompany the person to go outside for a cigarette.

Effective audits of the service were not taking place and the registered manager was failing to ensure that accurate up to date records for the care and treatment provided to people were being maintained.

This was a breach of Regulation 17(1) (Good governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative we spoke with told us, "Both [registered manager] and [deputy manager] are very approachable and keep me informed of things via email which is good as I don't live in the area."

One staff member we spoke with told us they did not feel there was an open and honest culture within the service. The majority of staff we spoke with felt morale within the team was low. They also told us that they did not feel there was a good relationship between staff and the management team. Comments from staff included; "Management don't speak to you, if you don't say 'hello' to them first they will just ignore you.", "I don't know if they are good leaders, I don't know them.", "I have no issues with [registered manager] on their own but when they are together (with the deputy) it is so different.", "The deputy (manager) is not people friendly with staff, he barks at them, he needs to develop people skills." and, "The difference today because you're here. Management have been out of their office. You don't normally see them. There is no morale in this home anymore."

We did receive some positive comments from staff including, "I have a good rapport with the manager, they know I can do my job and let me get on with it."

When we spoke to the registered manager, deputy manager and regional director about problems with staff morale we were told "Staff are being managed now and they don't like it." and that staff could be resistant to change due to working in a certain way for some time. We were told that new staff coming into the service were working well and management intended to work with existing staff to improve morale across the workforce. A staff surgery was being held on 21 July 2016 with a member of the registered provider's human resources team and a 'Going the Extra Mile' (GEM) awards scheme had recently been introduced to recognise and reward staff achievement.

On the second day of our inspection we were informed that there was to be a change of management structure. Following the decision of the registered manager to leave the organisation the deputy manager was to be promoted to replace them. There was evidence of high level managerial support being put in place to support the new manager and they expressed a determination to make improvements to the service.

We spoke to a recently recruited clinical lead who told us, "Things are improving, I have only been here at this service for two weeks and we are getting there."

We saw that staff meetings were held monthly. Meetings involved the whole staff team including senior care staff, night staff, ancillary staff and kitchen staff. Topics discussed were team work, supervisions, appraisals, timesheets, refurbishment and medication.

Residents meetings took place every two to three months. We saw from minutes that one meeting was held whilst playing bingo and having a cup of tea. The main topics of discussion at these meetings were activities and future events.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against the risks of unsafe or ineffective care because medicines were not always managed or stored correctly, medicine records were not always accurate and effective risk assessments were not in place for all identified risks.

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	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected against the risk of inappropriate or unsafe care because effective quality assurance was not taking place and accurate records were not being kept.

The enforcement action we took:

Warning Notice