HC-One Limited

Lyndon Hall Nursing Home

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 19 and 25 May 2017.

The home is registered to provide accommodation, nursing or personal care to a maximum of 80 people. On the day of our inspection 73 people were using the service. The service is divided into four units and people who live there have a range of conditions related to older age and dementia.
The previous ratings inspection of the service took place on 24 February 2015 and at that inspection we found the service was Good overall with a rating of requires improvement in the area of Safe. This was because we found issues with recruitment practices as there were gaps in employment history and appropriate references had not been analysed. We saw that these concerns had been addressed.

The service did not have a registered 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. There was an acting manager in place who was covering in the absence of a registered manager whilst recruitment was in progress.

People were not always turned appropriately to ensure that skin viability was maintained. People and relatives told us that there were not enough staff to keep people safe. Risk assessments were in place and were in the main followed. Medicines were given appropriately. People told us that they felt safe. Staff recruitment was carried out safely.

People had some concerns around how they received food and drink. Information was not always passed between staff correctly in the form of effective handovers. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act 2005 and gained their consent before assisting or supporting them.
There were concerns around the amount of time that people spent in their bedrooms.

Where possible people were able to make some decisions for themselves. Staff provided dignified care and showed respect to people. People were encouraged to retain their independence with staff there ready to support them if they needed help.

There were concerns around lack of stimulation and limited involvement in activities for people. There was a lack of consistency with regards to people and relatives understanding of the complaints procedure. People had been involved in their care plans where possible.

Not everyone knew who the acting manager was and not all staff felt supported in their roles. People and their relatives were not always aware that meetings to discuss the service were taking place. Audits were carried out in order to assist staff to take action where any concerns arose, but these were not always done

consistently. We received notifications of accidents or incidents that had occurred, which the provider is required to do so by law.

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 always safe.

People were not always turned appropriately in order to preserve skin viability.

People and relatives felt that there were not enough staff members available.

Medicines were administered and stored appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

Some people had concerns around the quality and frequency of food and drink provided.

Staff handovers were not always carried out to ensure that important information was circulated.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before supporting them.

Is the service caring?

Requires Improvement

The service was not always caring.

There were concerns about the amount of time people spent in their bedrooms.

People were encouraged to make decisions where possible.

Staff maintained people's dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of activities that were available to people within the home.

People didn't always know how to raise complaints or concerns.

Surveys were carried out and feedback gathered.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some people were unfamiliar with the acting manager.

People were not always aware of meetings taking place.

The provider ensured they notified us about incidents/accidents as they are required to.

Lyndon Hall Nursing 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 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.

Our inspection was unannounced and took place on 19 and 25 May 2017. The inspection was carried out by two 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.

We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used this information to plan what areas we were going to focus on during our inspection.

We usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, however due to the timescale of the inspection this had not been requested.

We spoke with 10 people, 12 relatives, eight members of staff, the chef, the acting manager and a representative of the provider. We viewed care files for seven people and the recruitment and training records for four members of staff. We looked at seven people's medicine records. We looked at complaints systems, completed provider feedback forms and the processes the provider had in place to monitor the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

A number of relatives we spoke with raised concerns about their loved ones skin viability and the frequency of the turns they experienced in order to relieve pressure on their skin. One relative told us how they had raised the issue with the acting manager and the appropriate external safeguarding agency and the issue was being investigated. We looked at the person's turn charts and saw that staff were not following the care plan of turning the person two hourly and sometimes there were gaps of up to four hours between turns. Body maps of people with skin concerns were not always updated. One relative told us that they were not updated by staff that their loved one had a skin lesion and only discovered this when the person was taken into hospital, they had not seen the person turned. One relative we spoke with was satisfied with how their loved ones skin was cared for. Staff members that we spoke with told us that people were sometimes not turned as staff members were often too busy to do so. The acting manager agreed that the frequency of turns was unacceptable and said that it would be discussed with staff how important it was to turn people as required and to record appropriately. Due to the standard of recording it was difficult to ascertain in some circumstances if people had been turned and it had not been recorded or if people had not been turned.

Numerous people, their relatives and staff told us that they felt there were not enough staff to assist people. One person told us, "There is always a lot for them to do, they don't have the time". A second person said, "We could do with more staff so that they [staff] don't have to rush things". A relative told us, "The carers seem tired and burnt out, I think they could do with more staff". A second relative said, "I do feel the home is understaffed, but I believe they are recruiting at the moment". A staff member shared with us, "It can be busy, but we are always ready if somebody needs us. Two staff to 20 people can be too much though and it feels like an accident waiting to happen". A second staff member said, "I don't feel the management look after the staff, they are always short of staff, there were only two carers on through the night. In the daytime there are sometimes three carers, usually two". The rota we saw stated that three care staff would be working and this also reflected what the acting manager had told us on our arrival. We found that there were differences between units as to how responsive staff were to people and on some units we saw people waiting for assistance when staff were dealing with other people.

We spoke with the acting manager about the concerns raised and were told that recruitment was underway to fill any shortfalls in numbers, so that agency staff were not used. She shared that ideally she would like the home to run at 15% over the level of required staff and that this would be discussed with the provider in due course, however talks taking place did not mean that any outcome could be pre-judged. The acting manager told us that the return to work process had been made more rigorous in the hope of addressing sickness issues, which may impact the staff team and numbers available. We saw that rotas and staff available had been judged as conforming to the provider's level of acceptability when they used their specific staffing tool to assess the number of hours of care required in relation to the amount of staff on shift. However opinions from people, relatives and staff spoken to were that the tool to measure how many staff were required was ineffective.

Previously there had been a concern around staff recruitment, however on this visit we found that effective recruitment systems were in place. Staff confirmed that checks had been completed before they started

work. We looked at four staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective care staff member had a criminal record or had been barred from working with people due to abuse or other concerns. Any disciplinary procedures had been followed correctly.

People told us that they felt safe. One person said, "I feel safe I get on with the carers and they keep me safe" a second person shared, "I am definitely safe here". Relatives commented, "It is safe, [person's name] can't just walk out the door, it's all secure" and, "The staff here are lovely, they do their best to keep [person's name] safe". A staff member told us, "I hope that people feel safe, that is the reason we do this job, it's not just a job, the people here mean something to us".

Staff were able to recognise safeguarding issues and spoke to us of incidents that would alert them to possible concerns arising, such as marks on a person's skin or a change in a person's demeanour. They understood the variants of abuse and cited physical, emotional and financial amongst others. We saw that a safeguarding policy was in place and that where safeguarding concerns had been raised a paper trail was available with regards to the involvement the service had with the local authority.

We saw that risk assessments were in place, these included; manual handling, transferring people from one place to another, choking, mobility and falls. We saw that the risk was assessed and graded and if a person was deemed to be high risk then actions were put into place. An example we saw was a person with mobility issues using a specific profiling bed to assist them with their positioning whilst they were in bed. We found that regular meetings were held where staff and the acting manager audited falls over the previous three months and looked for any patterns or trends. We saw that any issues were passed onto the relevant professionals. In the main risk assessments were followed, with one exception being the lack of turning of people.

We found that people had a personal evacuation plan should they require to be removed from the home to safety in an emergency. Staff were knowledgeable on the correct procedures to take and were able to discuss these with us. People told us that staff responded within a reasonable time to them ringing their call bell and they felt they would come in an emergency.

People told us that they received their medicines as they expected to and one person said, "I get my medicines when I should". A relative told us, "My relative's medicines are all given okay". A staff member told us, "I feel trained and comfortable to give medicines". We viewed a medicine round and saw that medicines were administered appropriately. People were told what the medicines were for, were not rushed and their consent was sought before they were given. The medicine trolley was locked in-between medicines being administered. Medicines were disposed of appropriately. Where people took medicines, 'as and when' there was a protocol in place to direct staff how to administer appropriately.

Requires Improvement

Is the service effective?

Our findings

There were mixed views about the food provided, with one person saying, "The meals need revamping, there is no full breakfast and no variation. A second person told us, "The food is atrocious and I have told the chef of my feelings. I have asked for a fried egg sandwich before and they told me they only have bread delivered twice per week and there was no bread available". These views, however were not shared by everyone and one person told us, "I can't wait for my breakfast I look forward to it, it's nice". Another person said, "The food is quite good relatives can have a meal too". Relatives gave us their thoughts on the meals provided and one said, "The food is healthy and there is a different choice each day of the week that I see when visiting". We spoke with the chef who told us, "I do know the residents [people] well. I regularly go round the home and chat with the residents and get feedback regarding the menus. I receive dietary notification forms from management which enables me to prepare the food". The food that we saw being given to people was of a good standard and staff felt that people were receiving adequate nutrition. We saw that where people required specific diets this was recorded in their care plans and staff were knowledgeable on people's dietary needs. Where required weight monitoring had been carried out and where concerns arose health care professionals were contacted. Where low calorie diets were required these were provided. We saw differences between units as to how people were supported at lunchtime. On one unit there was an adequate number of staff to assist everyone in the dining room and this was done at the person's pace and with good levels of communication. On another unit people had to wait for assistance, whilst staff were assisting other people and whilst they were waiting their food was going cold.

One person told us, "They [staff] usually bring a drink and biscuits or sandwiches round at about eight o'clock I am drinking coffee at the moment but I had to go and ask for it, sometimes they don't bring hot drinks round in the morning or the afternoon". We saw one instance where a family member had specifically requested that their relative be given the only cold drink that they liked, as others would be left untouched. The relative told us that staff had been given this information during the preceding 12 months, but had not acted on it, it despite it being within the care plan. We observed that the person was not given their preferred drink. We informed that acting manager of this and on our return visit the requested drink was in place. Throughout the day we saw that drinks were brought to people and that tea, coffee and cold drinks were available. As it was a warm day one member of staff made some ice for people's drinks, which was well received. We noted drinks dispensers in the lounges with two different choices of squash.

We found that there were some concerns amongst staff regarding how information was passed between them and how they were updated on people's needs and wellbeing. In some cases meetings and handovers were taking place, but not in all. A staff member told us, "Although there are flash meetings [quick information sharing meetings] with managers, handovers are not so well attended and sometimes we don't get any information on people". We spoke with the acting manager about this and were told that there was some intelligence in place to say that some staff were not staying for handovers, but it would be made clear to them that there was the expectation that this was part of their role and non-attendance may have an impact on communication and care of people.

People told us that they thought that staff were well trained with one person saying, "If the carers have the

correct training, which most of them seem to have, they do a good job and they do treat me with respect, they also seem to use the equipment appropriately" A relative told us, "I have always thought staff were well trained. They know how to react to things and always phone me straight away if anything happens". A staff member told us, "The training is okay, we do all the mandatory training and this is updated as required. A lot is online, but some such as moving and handling is done in a group setting". We saw staff completing online training on the day of the inspection and saw that a training matrix was in place. Whilst people, relatives and staff were complimentary about permanent staff members, numerous people we spoke with had concerns about agency staff and their knowledge on people using the service and their needs. The acting manager acknowledged this and said that staff recruitment would hopefully lead to less reliance on agency staff members.

Staff told us that they had received an adequate induction with one staff member saying, "I had a mentor and shadowed them. My induction was very good, I loved it". A second staff member said, "My induction was for two weeks, the training was okay and was online and face to face". Staff told us that they had completed The Care Certificate. The Care Certificate consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. Staff told us that they received regular supervision and that appraisals were carried out annually and were a way to revisit the years high and low points and to plan for the coming year.

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 found that where it was thought that people may lack mental capacity appropriate assessments were in place. DoLS applications had been submitted appropriately to the supervisory body and were awaiting further assessment. Staff told us that people were cared for in the least restrictive way, wherever possible. Where a relative had Power of Attorney in order to make decisions on the person's behalf we saw that they had been involved in any decisions. Staff we spoke with had an understanding of MCA and DoLS and were able to talk to us about why people may have their liberty restricted. We saw that where orders had been put in place not to resuscitate people in the event of severe ill health these were completed appropriately and complied with.
People told us that staff asked their consent prior to carrying out care, with one person saying, "The staff ask me before they help me if it's okay". A relative told us, "They [staff] always ask for consent in my presence and I think so when I am not here too". A staff member told us, "I ask consent and I pick up on body language as to what people want". An example we saw of staff asking people's consent was when a person's pulse was taken, the staff explained the reason for doing so and asked the person making sure they fully understood the procedure.

People told us that their on-going health needs were supported and one person told us, "I do get regular visits from the GP and when I need them I get to see the chiropodist and dentist, they come to the home. I also go to the opticians". A relative told us, "They [staff] have managed to sort out [person's names] dentures and he has been seen by the optician recently". We saw letters for medical appointments such as diabetic eye screening, chiropodist, dentist and opticians and posters were displayed telling people what days foot-care professionals visited the home.

Requires Improvement

Is the service caring?

Our findings

Some people told us that there was nothing to do all day and we saw a high number of people in their bedrooms during the daytime and many were lacking stimulation and were left isolated. One person told us "It is a long day with nobody speaking to you". We saw that the person remained in the same room throughout the day and we did not observe any interaction between them and staff members. The person told us that they were put to bed very early and records confirmed this. Following the inspection the acting manager contacted us to state that she believed that the person had requested to go to bed early, however we saw a number of records showing that people had been taken to their bedroom at an early hour, but none showed if this was at the person's request. Another person told us that they had chosen to retire to their room early and said, "I don't go into the lounges, I find them too depressing, I stay in my room and I am very bored, they [other people] all go to sleep in the lounges, they are all put into chairs and that's it, nothing else to do all day". A staff member told us, "Lots of people are in bed really early because of staffing levels, it is staggered and some have to go early". This meant that staff were not always caring and delivering person centred care.

A number of relatives told us that people's clothes often went missing when sent to the laundry. One person told us, "My laundry is done every day and occasionally they go missing but I go and find them". A second person said, "Sometimes the washing goes missing even though it is all labelled". One relative told us that they had repurchased one item and had to remind staff not to lose it. The acting manager was informed of this and told us that they were not aware of any incidents, but they would now remain vigilant and take steps to minimise the risk by speaking with staff members.

The majority of people we spoke with told us that they got along well with staff members and that they were kind and caring. One person told us, "The staff are very good they are kind and if I had any problems I think they would listen". A second person told us, "The carers are all really good and the service they provide is good. They are very helpful and will do little jobs for me, like plugging things in or getting me things". Holding an opposing opinion one person told us, "The carers are rude sometimes, it all depends on what they have been doing the night before and if they have had enough sleep". Another person said, "There is pretty good staffing, but different staff occasionally aren't so good. One or two just sit there and fill books in, they don't interact with people but most are good. Comments from relatives were positive and included, "Staff are friendly, I like the fact they are not put off by [person's name] mood swings and don't hold it against them. The standard of care is perfect", and, "I think staff are kind and caring. We haven't had any problems with the carers, they all seem friendly". Also, "I like the carers and I like the home". We saw some positive examples of interaction between people and staff including a staff member telling a person how much they liked the way their hair was done and another reassuring a person that they were there for them when they became emotional. We found that levels of interaction between staff and people differed depending on the unit being observed.

People told us that the carers knew them well and one said, "I think that the carers know me well, they know what I like". A relative told us, "I think the carers know my relative pretty well, they are always understanding and patient with [person's name]. A second relative shared, "I do believe carers know all the residents and

their requirements and they also know the relatives and visitors well too". A staff member told us of how they spoke with relatives about people's history and discussed old photographs with them, so that they could learn more about the person. We also saw a list of people's upcoming birthdays on the noticeboard and people told of how they received a party and a cake for their birthday and that wedding anniversaries were also celebrated.

Some people told us that where possible they were able to make their own decisions. One person said, "I choose my own clothes and how I want my hair done at the hairdressers". Another person told us, "I choose when I get up and I always wear a certain item of clothing which the staff know and assist me with". Where people could not verbalise they were shown objects such as cartons of juice and were encouraged to make a choice. We saw a staff member chatting happily to a person and asking them what they wanted to wear and what colours they would choose.

People told us that they were encouraged to be independent where possible. One person told us, "I am supported to be as independent as possible, I get my own drink and pick up the paper from the table". A relative told us, "I think that they get [person's name] to do bits for themselves". A second relative told us, "My relative was always partial to washing up and dusting so I have seen the carers supporting them to do that if they want". A staff member told us, "We get people to do what is easy for them, it makes them feel useful".

People told us that their dignity and privacy was respected. One person said, "Oh they [staff] would never change me in front of everybody in the lounge". A relative told us, "Staff consider dignity and respect people are taken to their room if need a change of clothes or they don't make a big deal of taking people to the toilet". A staff member told us, "We think about privacy and dignity and how people should be treated and we make sure they are clean". We saw that one person had long, dirty fingernails and we raised this with the acting manager. On our return the following week we saw that the person's nails had been cut and cleaned.

We found that relatives were made welcome, with one person saying, "My relatives are made very welcome". A relative told us, "The carers here are marvellous, they always put themselves out for you and make you very welcome. I come and go as I please, I don't need to notify them of when I plan to visit. I have been offered a meal if I have been here at lunchtime, they always look very healthy and appetising". A staff member told us, "I like to talk to relatives and get to know them"
We found that professional advocates visited the home and that posters were displayed advertising this. The acting manager told us that if staff felt that a person may require advocacy they would be referred to one. Advocates assist people to understand their rights and to express their views regarding decisions made about them.

Requires Improvement

Is the service responsive?

Our findings

We saw a distinct difference between activities taking place on the upper and lower floor. People on the upper floor told us, "There isn't much to do, so I do word-searches or read magazines". A second person said, "There are zero activities. The activities guy said he was going to come and take me out to the garden centre one day, but he never has". A relative told us," There is nothing for people do. There is a singer, however with so many people living in the home, most people only get to experience the entertainment once a month". A number of staff members told us that they felt that people living in the home required more stimulation, in particular on the upper floor with staff sharing comments such as, "People need more activities they have nothing to do" and, "People do get bored". We saw some issues where people had a few fallings out, but this appeared to arise mainly when they were sitting in close proximity to each other and had nothing to do for long periods of time. We saw virtually no activity taking place on the upper floor over two days of inspection and found that the activity co-ordinators spent the majority of their time on the lower floor. We spoke with the acting manager at length about the lack of activities available to people and she told us that staff would be attending a course run by an external agency in the near future to assist them to provide some meaningful activities.

One relative told us that they had asked specifically if their loved one could be taken down to see the singer, as they were very bored and wanted to go and liked the particular singer appearing that day. We saw that the person was not taken downstairs to experience the entertainment and was left in bed during the afternoon. We immediately pointed this out to the acting manager and saw that in a short period of time the person was dressed and taken downstairs where they enjoyed the performance.

In the downstairs lounges we saw that there was more interaction between people and staff and we saw staff members helping people to write in books, reading newspapers and individual activities were going on. A relative told us, "[Person's name] does as much as they can. They like the garden and staff take them out there. They were sat in the garden the other day telling the staff what to do, [person's name] loved it". A staff member told us, "We do take people out into the garden, but it has been too wet and cold recently. We sing and have spelling tests with people and we have nail painting activities and talk about the war. We do get to sit with people during the afternoons and chat and get to know their life history". We saw that as it was a warm day people were sat in the garden enjoying the good weather and staff were giving people drinks and assisting them to eat part frozen orange juice. The people we saw in the garden were only from the lower floor and at this time many people upstairs were asleep in the lounges.

We saw that the care plan for one person stated that they liked watching television, playing bingo and enjoying live entertainment. We asked the person what they enjoyed doing without alluding to what was noted in the care plan and they told us, "I don't watch the TV ever, it is better to just sit here, as there is nothing any good on". When we asked if the person enjoyed bingo they told us that they had never liked it and didn't participate in the games that they said were arranged periodically. We looked at numerous people's interests in their care plans and they all stated almost identical interests of watching TV, bingo and live entertainment. This was raised with the acting manager who said that this would be looked into.

People we spoke with told us that they had been part of developing their care plan. One person said, "I was involved, they [staff] spoke to me about what I needed". A relative told us, "My brother was involved with our relatives care plan and the paperwork for the do not resuscitate order, as he is the next of kin, but it was all done with him involved". We saw that care plans included information on people's needs including, mobility and manual handling, personal care, medical and equipment needs, social needs, cultural and religious requirements. Likes and dislikes and a history of the person was provided. Pre-admission information was given. We saw that people's preferences were recorded and one person told us that the care given reflected the care plan in that they had requested specific carers and that request had been met.

We saw that surveys had been carried out in June 2016 and of those given to people living in the home there were three respondents and they gave a 100% rating of good in their responses. Of surveys sent to relatives there were 28 respondents and the majority of these felt the service provided was outstanding or good. We saw that information was fed back to people in the form of easily understandable charts. There was also a computerised satisfaction survey available to people and visitors in the reception area.

There was a difference in opinion amongst people in regard to complaints, with one person telling us, "I have made two complaints and I think they [senior managers] have listened", however another person told us, "I have raised complaints with the management, [Acting manager and deputy managers' names], but I feel it goes in one ear and out the other. I have written to the head office too, but as of yet have had no reply". We saw that a complaints log was in place and this recorded the complaint, how it had been responded to, if a letter had been sent to the complainant and the outcome. We saw that complaints were dealt with appropriately, however some were still awaiting a response from the head office. The acting manager told us that complaints were given priority, however if someone complained to the head office, this could lead to different timescales for responses, but she would endeavour to ensure that there was some continuity for responses across the home.

Requires Improvement

Is the service well-led?

Our findings

People told us of their experience of living in the home and again there were differing views. Some people told us, "I have been here over three years and am contented here" and, "I am settled and happy to stay here". Whilst others told us, "I have been here two years and I would say I have just about settled in, I don't like it here, I tolerate it as it is where I have to live" and, "The best thing about this home is that it is always clean and tidy, everything else about this home could be better". Relatives shared their views with one saying, "Staff are doing really well with our relative" and, "It's a good standard of care". Staff members told us, "I enjoy working here, but I feel that I am not treated fairly, we have too much to do". A second staff member said, "I love working here but the staff levels are disgusting, causes unease amongst staff". A third staff member shared, "I have worked here for a number of years. I like it here, I enjoy what I do. I find it rewarding and there is usually something different every day".

The service has been without a registered manager since March 2017 when the previous post holder deregistered and many people we spoke with felt that this impacted upon the standard of care within the home. There is currently an acting manager in place, who is supported by a deputy manager. We saw that the provider offered regular support to the acting manager and visited the home regularly. We spoke with a senior manager sent into the home by the provider and they were knowledgeable on issues related to the care of people and the environment within the home. We saw that the acting manager provided a regular update to the provider.

People told us that they had seen the acting manager around the home, but most were unfamiliar with her. Some staff members told us that they did not feel that the acting manager was approachable however others felt that she would listen if they went to her with a problem. This inconsistency of opinion ran throughout the home.
There was a system in place to monitor the quality of the service, however this was not always consistent. A number of audits were completed each month by the acting manager and senior managers covering areas such as falls, safeguarding issues and medicines. However some other issues around skin viability and clothing going missing had not been flagged up by the audits taking place, leaving the acting manager unaware of some concerns. We spoke with the acting manager about this inconsistency and were told that it was hoped that all audits would be up to an acceptable standard by the time that the recruitment of the new registered manager was in place.

We found that during our observation of a lunchtime experience the radio was tuned into a station more associated with youth and topical issues related to young people and the music and content was not suited to the situation. We saw that people's facial gestures suggested that the music was overwhelming for them. We spoke with the acting manager who told us that she had previously spoken with staff about setting the radio to their own preference, but that they must still be doing so and she would speak with them again. Also in a lounge on the upper floor the television and radio were on simultaneously to a high level, which could be a sensory overload for people sat in the room. This had gone un-noticed by staff members, but we raised it with the acting manager who said they would highlight the concern with them.

We found that the atmosphere in the home was busy and generally positive. A lot of people were sleeping during the day, but when they were awake they were happy to speak with us and there was a good level of chat and discussion amongst people. One person told us, "The atmosphere here is reasonable, I think the staff are a bit down and disappointed I think it's because of the management changes". A relative told us, "There is a bit of bickering between the carers [staff] but I am not going into detail, it is very few and far between and doesn't happen as often as when the old manager was here". A staff member told us, "There have been some changes and it has unsettled the carers, there has been some upheaval, but we all get along and work in a team. The long days tend to make carers a bit snappy with each other". Our observations were of staff working well together.

Staff told us that they attended regular staff meetings and that they were given an opportunity to air their views or put forward suggestions at such meetings. Knowledge of 'resident/relative' meetings appeared to be very unorganised with some people telling us that they had attended and others saying that they were not aware of their existence. We saw that posters were displayed on noticeboards stating the date of the meeting, but the impact of such information must be questioned if people did not realise that meetings were taking place. The acting manager told us that she would speak with staff as to the best way to highlight to people that meetings had been arranged.

Staff told us that they would whistle-blow if they witnessed any practice that they felt was unacceptable. One member of the care staff told us, "I would whistle-blow if I needed to. I am not here to make friends, if I see something then I will say something". A whistle-blower is a person who raises a concern about wrong-doing they witness in a care setting.

Previous ratings were displayed in the home and on the website. We received notifications of accidents and incidents as required by law.