CC Whitelodge Limited

White Lodge Care Home

Inspection report

67 Havant Road
Emsworth
Hampshire
PO10 7LD

Tel: 01243375869

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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 17 January 2017 and was unannounced. This is the first inspection of the home under its current registered provider.

White Lodge Care Home is situated in Emsworth near Portsmouth. The home sits within its own grounds and provides accommodation and support for up to 25 older people. Nursing care is not permitted. Accommodation is sited over two floors.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since August 2014. 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.

People told us they were safe living at the home and staff had a good understanding of safeguarding issues and how to recognise and report them. There was regular maintenance of the premises and fire risk and other safety checks were undertaken. A gas safety certificate was not available on the day of the inspection but a new certificate was forwarded to us later. People had emergency evacuation plans in place. Accidents and incidents were monitored and any individual issues or concerns addressed.

Most staff had been subject to a suitable recruitment procedure and checks, to ensure staff had the right skills. Not all staff on induction at the home had received two references or a final Disclosure and Barring Service (DBS) check. We have made a recommendation about this. People told us there were enough staff at the home to meet their needs. We found some issues with the recording and management of medicines at the home. The home was clean and tidy. We found some issues with infection control around the use of commodes at the home and the storage of cleaning equipment.

Staff told us they had access to a range of training and updating. Individual records confirmed completed staff training, although there was no overall record to monitor this. Staff told us, and records confirmed they received annual appraisals. Records showed some supervisions had taken place, but the registered manager told us some staff still required supervision sessions.

People's health and wellbeing was monitored and there was regular access to general practitioners, dentists, district nurses and other specialist health staff. We witnessed staff responding immediately and appropriately to health concerns.

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. The registered manager confirmed appropriate applications had been made where people may need to be assessed for a DoLS application. People were asked their consent

on a day to day basis. We noted records, where relatives had Lasting Power of Attorney and where best interests decisions needed to be made, were not always detailed.

People were happy with the quality and range of meals and drinks provided at the home. Special diets, individual dietary requirements and likes and dislikes were catered for.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. Staff demonstrated a good understanding of people's individual needs, preferences and personalities. People said they were always treated with respect and dignity.

Care plans contained good person centred detail related appropriately to the individual needs of the people living at the home. Care plans often lacked detail to assist staff in supporting people. Reviews of care were not always comprehensive or carried out in a timely manner. A range of activities were offered for people to participate in. We witnessed a session by entertainers taking place at the home. People told us they had not made any recent formal complaints and would speak to the registered manager if they had any concerns. The registered manager had dealt appropriately with any complaints received.

Some checks were undertaken on people's care and the environment of the home. However, these checks were often tick box in style and did not note any deficits or action required. The checks had failed to identify issues found at this inspection. Staff felt well supported by management, who they said were approachable and responsive. The provider had sought people's views through the use of questionnaires which, whilst overwhelmingly positive were, limited in detail. Documents, including food and fluid charts, care records and medicine records were not always well maintained or up to date.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the Safe care and treatment, Need for consent 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?

Requires Improvement

The service was not always safe.

Some medicines records were not complete and the management of medicines was not always safe. People living at the home said they felt safe. Staff had undertaken training on safeguarding issues and said they would report any concerns.

Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Safety checks on equipment and the home were complete and up to date. Accidents and incidents were recorded and monitored.

Recruitment processes were in place to ensure appropriately experienced staff worked at the home. Some staff on induction had not had full checks completed. The home was clean and tidy. There were some issues around infection control with regard to the use of commodes.

Is the service effective?

Requires Improvement

The service was not always effective.

Records confirmed a range of training had been provided, although there was no overarching monitoring system in place. Annual appraisals had taken place. Some supervisions were in need of updating.

People were offered choices. DoLS applications had been made appropriately. Staff did not always understand the concept of best interests decisions and the provisions of the Mental Capacity Act (2005). Formal consent requirements were not always clearly recorded.

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.

Is the service caring?

Good

The service was caring.

Relationships between people and staff were friendly and reassuring.

People told us they were happy with the care they received and felt they were well supported by staff. There was some evidence people had been involved in determining the care they received.

We observed staff supporting people with dignity and respect in a range of care situations. People were supported to maintain their independence. Where appropriate, people had detailed how they would like to be cared for at the end of their lives.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Assessments of people's needs had been undertaken and care plans reflected these individual needs. Care plans were not always detailed to help staff support people. Reviews of care plans had not been undertaken in a timely manner and were not always detailed.

There were a range of activities for people to participate in. People told us they could make choices about how they spent their days or the care they received.

The provider had a complaints policy in place and people were aware of how to raise any complaints or concerns. Recent formal complaints had been dealt with appropriately.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

A range of checks and audits were undertaken on people's care and the environment. However, these checks were often limited and had failed to identify the issues we noted at this inspection. Questionnaires had been used to gather people's views, although these were tick box in nature.

Staff were positive about the leadership of the registered manager. They said they were happy working at the home and that there was a good staff team.

Records were not always up to date and did not always contain sufficient detail.

White Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 17 January 2017 and was unannounced. This meant the provider was not aware we were intending to inspect the home.

The inspection was undertaken by one inspector.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with four people who used the service and a visitor who was attending the home on the day of the inspection, to obtain their views on the care and support provided. Additionally, we spoke with the registered manager, deputy manager, head of care, a domestic worker and a care worker.

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; three care records for people who used the service, 10 medicine administration records (MARs), five records of staff employed at the home, complaints records, accidents and incident records and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

We found issues with regard to infection control at the home. During the inspection we noted some people living at the home used commodes in their rooms during the night. We saw the home had no dedicated sluice area for emptying and cleaning the commodes. We asked the registered manager how this matter was dealt with. She told us commodes were initially emptied and cleaned in the bathroom / toilet area nearest to people's bedrooms. She said commodes were then taken to the laundry area and cleaned in the sink in this room. We asked what the commodes were being cleaned with and the registered manager told us a cleaning product available in local supermarkets was being used, rather than a specialist cleaning solution. This meant there was an infection control risk because there was a risk of contamination from the commodes in both the bathroom areas of the home and the laundry area. The registered manager told us she had identified this was a potential infection control issue and in plans to expand the service a dedicated sluice room was being included in the design.

We looked in the home's laundry area. We found it was small, but clean and tidy. We noted this area was also used for the cleaning and storing of mops and buckets used for cleaning both general areas of the home and bathroom and toilet areas. The domestic staff member told us water from the mop buckets was initially poured down a toilet, but the buckets and mop heads were stored and cleaned in the laundry. This presented a further infection control risk and potentially contaminated mops and buckets were stored in the laundry area which also housed clean clothing. The registered manager told us this issue would also be addressed as part of the development plans.

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

The registered manager told us she would contact the local NHS infection control team for guidance and advice.

The remainder of the home was clean and tidy with people's rooms and communal areas well maintained. We spoke with the home's domestic worker who told us they were the only member of staff employed in this area and care staff undertook some cleaning duties when they were off. They said they managed to keep the home tidy but it could be difficult at times.

We looked at how medicines were managed at the home. We examined people's medicines administration records (MARs). We found some minor gaps in the recording of administration. We noted some people who were prescribed a regular medicine often refused it. One person refused a medicine to help them with their bowels for 22 days. Another person had refused a similar item for most of the monthly cycle and a third person had refused a pain relief tablet for the whole of the monthly cycle. We could see no clear action had been taken to review the use of these medicines, to ensure there were no adverse effects to people's health.

We saw there were no sample signatures in the front of the MAR records so we could not identify which member of staff had administered medicines on which days. A hand written entry had been included in one

person's MAR but not been signed to identify who had written it and whether it had been checked as correct and some duplicate entries or discontinued medicines had not been crossed out to ensure staff were aware they were not to be given. Several of the MARs were loose, meaning they could be easily lost. We could not immediately find care plans for "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. Care plans for these medicines are important to ensure people receive the right dose of medicine at the right time. The registered manager told us they had placed them in a separate folder as the main medicine file was becoming too full. We saw some of these plans had not been reviewed for over two years. The registered manager told us this would be done immediately.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.
Records showed, and staff told us they had received training with regard the safe handling of medicines.

We looked to see the home was safe and that there were regular checks on safety equipment and items such as fire extinguishers and fire alarms. We saw the local fire service had visited the home in August 2016 and found the home compliant with fire regulations. We also saw there were regular checks on safety equipment both internally and by outside contractors. We could not find a record of a fire drill beyond the date of March 2016. The registered manager told us there had been a drill since then, but the details had not been recorded. Staff we spoke with understood the action they should take in the event of a fire at the home. People living at the home had personal evacuation plans in place to identify how they should be assisted in the event of a fire or other emergency.

We saw the home had safety certificates for the fixed electrical system, portable appliance testing and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER), which ensure equipment such as hoists and lifts are safe to use. We could not find a copy of the home's gas safety certificate. The registered manager told us she was sure this had been carried out, but the provider had not received the certificate. The registered manager wrote to us after the inspection saying they had been unable to locate the certificate and so a new gas test had been undertaken and sent us a copy of the new certificate which showed the gas system was safe.

We looked at the system used by the provider to ensure staff recruited to work in the home were suitably experienced to support the people living there. Staff records contained evidence of an application form, some evidence of an interview process and copies of documents taken to confirm the identity of the individual. In three records, we saw evidence of references being taken up and a Disclosure and Barring Service (DBS) check being made. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. We noted in two of the records there was no evidence of a DBS having been returned and only one reference. We spoke with the registered manager about this. She told us the staff had only recently been recruited and were only at the home on induction. She said they were shadowing permanent members of staff at all time and not delivering direct care or working on their own and the situation had been assessed with regard to risk.

We recommend full assurance checks and risk assessments are undertaken by the provider before staff commence working at the home.

At the time of the inspection there were 18 people living at the home. The registered manager told us there were four staff working a morning shift, three starting at 7.30am and one starting at 9.00am. In the afternoon there were three staff on duty. We noted that between the hours of 2.00pm and 4.00pm there were only two care staff on duty. The registered manager told us this was often a quiet time at the home. She said she was also available during the day and so could be called on to assist with care if needed. She said she and the

deputy manager took turns to be at the home during the weekend to provide support and a direct management presence. She said the home did not have a formal dependency tool to help determine appropriate staffing levels, but she did this informally from her own experience of working in care. People we spoke with told us they felt there was enough staff to support their needs. One person told us, "I think there are enough staff. If I press the call bell they come fairly quickly." A relative told us, "I think there are enough staff, usually. Just occasions when it seems busy, but it doesn't cause any problems." We saw staff were always available around the home and call bells were answered in a reasonable response time.

Accidents and incidents at the home were recorded and there was evidence in people's care files that appropriate action had been taken following each incident. There was limited evidence falls were monitored in a wider context, to identify trends or any recurring concerns. The manager told us she did this informally and the home worked closely with the local falls team. She said the home was about to commence a pilot programme with the team aimed at reducing falls. There was evidence in people's files the falls team had been involved in assessing people's needs.

People at the home told us they felt safe living there. One person told us, "Oh yes, I do feel safe; very safe." Staff told us, and records confirmed they had undertaken training with regard to safeguarding vulnerable adults. The registered manager maintained a file for recording any safeguarding issues at the home. We saw where any concerns had been raised these had been notified to the local safeguarding team and a full investigation had been carried out.

Requires Improvement

Is the service effective?

Our findings

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.

The manager told us there were six people with either a granted DoLS or an application in progress. We saw evidence of this was contained within people's care records. Some people had been assessed as not always having the capacity to make decisions for themselves. However, it was not always clear if best interests decisions, as required under the MCA, had been followed. For example, one person's medicine care plan indicated they could be given their medicines covertly in yoghurt or jam, if they refused them. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. However, we could find no evidence a specific best interests decision had been made around this. In another person's file we noted a relative had Lasting Power of Attorney (LPA) for financial and business affairs. LPA is a legal process granted through the Office of the Public Guardian that permits designated individuals to make decisions on people's behalf, if they do not have the capacity to do so. However, we found this relative had signed a consent form for the person to be supported with bedrails, which the LPA for finance does not provide them with the authority to do. We also saw some people had sensor pads in place in their room, to alert staff if they were getting up during the night. Whilst these measures were appropriate to safeguard people's wellbeing, we could find no evidence of a consent form being signed or a best interests decision being undertaken.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11. Need for consent.

Staff told us they had received regular training throughout the previous year. One staff member and the registered manager told us they had previously undertaken specialist dementia training through the use of a dedicated training scheme that allowed care staff to experience first-hand the issues faced by people living with dementia. Staff said it had been both interesting and uncomfortable. They told us it had brought home to them the difficulties faced by people living with dementia.

Training records were not well maintained. The registered manager told us there was no overarching training matrix to record completed training and highlight training which was due. She said that whilst she had been away from the home on long term leave, things seemed to have fallen behind. Staff individual training records were also not always up to date. The registered manager had a large number of training certificates, but these had not been filed in staff records. From these certificates we could see staff had

completed training in 2016 covering; diet and nutrition, basic emergency aid, health and safety and moving and handling people.

Staff told us they had received an annual appraisal within the previous 12 months and records confirmed this. Some staff told us they had received supervision whilst others could not recall when their last supervision had taken place. The manager told us she was aware she needed to catch up with supervisions and this was planned for the next few months.

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

People were supported to access a range of health and social care appointment to maintain their physical and psychological wellbeing. There was evidence in people's care records they had been visited by general practitioners and district nurses, or had been supported to attend out-patient appointments. One person told us, "They will get the doctor for me if I ask." We witnessed the registered manager speaking with a district nurse, who had called at the home, and then on the advice of the nurse contacted a person's general practitioner to ask for a review of their medication.

People told us they were happy with the food provided at the home. Comments from people included, "The food is alright. I quite like plain food; I couldn't have posh food. It's wholesome, that's right. Quiet adequate"; "The food is nice. The menu is to my taste – I always eat it all. It's enough for me" and "They know I'm diabetic. The problem is I like cream cakes, but they help with that." A relative told us, "The food is alright. (Relative) seems pretty happy with the food. Tea could be a bit later, they have it around 4.30, which I think is too early." People's care records contained care plans related to their nutritional requirements and an assessment of any risks associated with their food and fluid intake. People's weights were monitored regularly. Some people had food and fluid charts to monitor their daily intake. We found these were not always well completed. There was no indication of the amount of fluids people had consumed, with entries such as, "coffee beaker"; juice beaker" and "two pots of tea." We spoke to the registered manager about this who agreed the records needed to be clearer and more appropriately detailed.

The home had a warm and friendly atmosphere, with a number of lounges for people to relax in. Access to upper floors was supported through the provision of a passenger lift. We noted a number of people at the home were living with dementia. People with dementia often recognise visual signs rather than written notices. We saw there were no visual signs on toilets and bathrooms to assist people. The registered manager told us she would look to address this as soon as possible.

Good

Is the service caring?

Our findings

People told us they were well cared for at the home and staff were attentive to their needs. Comments from people included, "I think it is very nice"; "The girls are okay; they look after me alright"; "You can't really not like it here; it's relaxed. I feel at home" and "I like it here; they are all very nice." A relative told us, "I think it has been a good move. All the staff seem very attentive and caring as well. There is a positive atmosphere."

People looked well cared for, were in clean clothes, had their hair combed and gentlemen had been shaved. We spent time observing how people and staff interacted and found there were good relationships with warm and pleasant exchanges throughout the day. Staff took time to speak with people and listen to any requests they had. We observed domestic staff, whilst they were cleaning a person's room, spent time chatting about the person's family and enquired how they were feeling that day. We witnessed a care worker apologising to a person because their favourite cardigan was not available for them to wear, because it was in the wash. The care worker asked the person what would be a suitable alternative and fetched it for them. During this conversation the person made a disparaging remark about themselves and the care worker replied, "Well, I think you are marvellous."

The registered manager told us there was no one living at the home who had requested support with issues of equality and diversity; such as matters around race, gender, religion or ethnicity. People told us they were not particularly religious but felt able to celebrate their beliefs in their own way.

People told us they felt involved in their care. Not everyone we spoke with could fully recall the details prior to their coming to live at the home, but one person told us someone had sat down with them and asked their preferences and likes and dislikes before they first came to the home. Care plan assessment documentation had an indication as to whether people wanted to be involved in reviews and how often they wanted to be consulted. Most people had indicated, "when changes occur." We saw there had been a 'residents'' meeting at the home in November 2016 and a copy of the minutes from this meeting were displayed on one of the home's notice boards. We saw people had commented positively about the staff and their approach, had said they were very pleased the home allowed pets to visit, as this was important to them, and were asked for their views on the menu at the home. We also saw people were encouraged to invite friends and family to the Christmas party.

People told us their privacy and dignity were respected. They told us staff knocked on their bedroom doors before entering and we saw this as the case, even when people had the bedroom doors open. People were supported discretely to visit the toilet and room doors were always closed when personal care was being delivered. One person told us about staff entering their room, "They knock. They knock every time."

People's independence was supported and promoted. They told us they could do as they wished around the home and there was no set routine. The registered manager told us about one person who had come to the home on a short term placement. She said there had been a discussion with outside professionals and the decision had been taken to support the person back into supported living or sheltered housing. As part of this process, the home was supporting the person to manage their own medicines. At this stage the

medicines were still being presented by the staff but the person was "popping them out" and taking them. The manager said they had also spoken to the local pharmacy about changing the dosette system for this person to try and mirror the type they would use if in their own home.

Although the home was not registered to provide nursing care, the registered manager told us they may support people who were moving towards the end of their lives. We saw people had a specific care plan for their end of life care, which contained details of their wishes and preferred support.

Requires Improvement

Is the service responsive?

Our findings

People told us staff were responsive to their needs. Comments from people included, "You just have to speak to the staff if you need anything. They are very obliging" and "The girls are lovely. Anything I want they will get it for me. They are very helpful."

People living at the home had care plans in place to determine how staff should support them. There was evidence in people's care plans an assessment had taken place prior to people coming to live at the home. This assessment included looking at people's medical history, personal care needs and any risks linked to care, such as an increased risk of falls. There was also some details of the individual as a person, with information about their past life, jobs, and family. Files also contained a document titled, "Who or what is important to me." This set out important information about people's preferences and important contacts.

Following on from the assessment, specific care plans had been developed. Areas of care support included; wellbeing, emotional support, medication, communications and nutrition. Risk assessments were linked to these care plans, including those linked to nutrition and fluids, the risk of falls and risk associated with skin damage.

We saw some care plans were not always as detailed as they might be. For example, one person who was at high risk of skin damage, had a care plan which required them to be repositioned and to be cared for on a special mattress. The person was prescribed a barrier cream to protect their skin, but this was not included in their care plan. In another care plan we noted a person was prone to have hallucinations due to a long standing mental health issue. The care plan advised staff to support the person during these episodes, but did not offer clear advice about how they should offer support or how they should respond to the person when they were experiencing these distressing hallucinations. A third care plan highlighted a person's health needs due to a specific long term condition. The plan advised staff to alert the manager to any changes in the person's condition, but did not describe what symptoms staff should be observant for.

We saw care plans were not always appropriately reviewed or in a timely manner. One person's wellbeing care plan had last been reviewed in September 2016. The review noted simply, "No changes to wellbeing care plan." There was no review of how the person had been in the intervening period. Another care plan had not been reviewed since August 2016 and simply noted there was a plan to use covert medicine administration if it was needed. There was no indication if the person had experienced any issues with taking their medicines or whether the use of covert medicines remained appropriate. Other care plans we looked at had also not been reviewed in recent months and contained limited records of the reviews.

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

We spoke with the registered manager about their plans. She said that since her return from leave she had become aware there was an issue with various records at the home. She said it was one of the matters she and the deputy manager were looking to address and they hoped to review and update all care plans in the

coming months. She talked about the recent appointment of a new head of care to provide a link between managers and staff on the floor and to ensure records were up to date and appropriate.

People told us there were activities at the home that they could choose to join in with. One person told us, "They have events and do various things. I can't remember them all, but we do get together." Staff explained there were regular entertainers who visited the home and a full year's programme of entertainer visits was on display in the home's dining room. On the afternoon of the inspection, there was a musical group visiting the home to entertain people. The group were dressed in vintage costume and wigs and sang a variety of old style songs. We spent some time observing the event and saw people were singing along or tapping their feet in time to the music. The entertainers tried to involve people as much as possible in the activity. We asked people if they had enjoyed the event and they all agreed they had.

People told us they were able to make choices. One person told us, "I get up and go to bed when I want; well I have at least. You can do what you wish." Another person said, "You can do what you want when you want." On the morning of the inspection we observed a care worker came out of a person's room and told another member of staff the person did not to get up yet as they were not feeling well. The second care worker stated that this was "fine" and said they should keep an eye on the person. We noted the person stayed in bed for the morning. During the day we saw people were offered a choice of drinks and snacks. People chose to spend time in their own room or sat in the lounge area. A number of people liked to sit near the front door of the home, where there was a group of easy chairs. They enjoyed talking with people who were passing and chatting between themselves.

The provider had a complaints policy in place and a copy of the policy was placed in the home's handbook, a copy of which was available in every room. The manager said she was not aware of any formal complaints within the previous 12 months and there had been no complaints since she had returned from leave in November 2016. People we spoke with told us they would raise any concerns with staff, if they had any. They said they had no concerns about the care they received. Comments included, "No, no, no, I've no complaints, nothing like that" and "I've not got any complaints; I don't think anything could improve it." A relative told us that any issues they had raised, such a clothing going missing, had been looked at or addressed.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since August 2014. 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. We were supported by the registered manager throughout the inspection.

The registered manager explained that until June 2016 there had been two joint registered managers for the home. She explained she had been on extended leave for a period and during her absence the other registered manager had left the service and a temporary manager had been brought in. She told us she was aware that on her return the home had been a bit "wobbly" and there was work to be done to bring it back up to standard. She said she had agreed with the provider they should not allow any additional admissions to the home until the situation had improved.

We noted a range of records relating to the running of the home were not up to date or complete. During the inspection we found issues with medicines records, care records, consent documentation, food and fluid charts and staff recruitment records.

The registered manager showed us a range of checks and audits carried out on the home. There was a daily health and safety audit that looked at whether there were any odours around the home, whether fire doors were secure, people's rooms were clean and whether MARs were correctly signed. We saw these records were tick box in nature and there was no record of any issues being noted or actions taken.

Infection control and health and safety audits had been undertaken in December 2016. However, monthly quality audits and catering audits had not been completed since September 2016. The registered manager told us the provider visited the home between two and three times per week and said they had daily telephone contact. We asked the registered manager if the provider carried out any formal audits and oversight of the home. She told us they normally did but there had not been any formal reviews by the provider since she had returned from leave. This meant checks on the safety and delivery of care at the home were not up to date and not robust.

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

A 'resident satisfaction survey' had been undertaken in July and August 2016. The responses were overwhelmingly positive about the home and the staff. People had indicated they felt respected by staff, that staff valued their privacy and dignity, that they enjoyed the food, thought the home was clean and tidy and could have a bath or a shower when they wanted. The registered manager said regular surveys would be a feature of the changes to be implemented at the home.

Staff told us they were happy working at the home and enjoyed supporting people. One care worker told us, "They are all characters and I like caring for them. I go home and I know I have done something positive to improve their lives." Staff said it was positive for the home to have the registered manager back and felt she was making appropriate changes and improvements. One staff member told us, "(Registered manager) is good. Any problems and you can go to her and she will sort them out." Another staff member told us the home had a good staff team. They said, "I like working here, it is a good staff team. It can be hard work at times, but it is fun; very good."

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 11 HSCA RA Regulations 2014 Need for consent Systems were not in place to ensure that appropriate consent was sought from people with legal authority to provide it. Regulation 11(1)(2)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to ensure the proper and safe management of medicines and ensure there were effective processes for preventing, detecting and controlling the spread of infections. Regulation 12 (1)(2)(g)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality of the service, or mitigate risk. Accurate, complete and contemporaneous records were not always maintained. Regulation 17 (1)(2)(a)(b)(c)(d).