

Church View (Nursing Home) Limited

Church View (Nursing Home)

Inspection report

Princess Street
Accrington
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22 June 2018

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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?

Inadequate ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Church View (Nursing Home) on 19 and 22 June 2018.

The service is registered to provide accommodation, personal care and nursing care for up to 40 people. Accommodation is provided over two units, Lavender Lane and Poppy Way. Lavender Lane is specifically for people living with dementia. At the time of our inspection 28 people were living at the home.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection.

At the last inspection on 4 and 5 October 2017, we found a breach of the regulations relating to the provider's failure to assess and appropriately manage people's risks. People who had experienced significant weight loss had not been referred to a dietitian or their GP for review and their care plans and risk assessments had not been updated appropriately. At this inspection we found that improvements had been made. However, we found three breaches of the regulations, relating to a failure to provide people with safe care and treatment, a failure to monitor and improve the service and a failure to notify CQC of events that had taken place.

We are considering what action to take in relation to these breaches. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

At the time of the inspection, the service was not being managed by a registered manager. The home was being managed by the general manager, who had oversight of this home and another home in Accrington owned by the provider. The registered manager had stepped down from her role on 8 June 2018. Before the inspection, numerous complaints, whistle blowings and safeguarding concerns had been raised about deteriorating care standards and a lack of effective management at the home. Many of these concerns and complaints had been substantiated or upheld. We found that the provider had failed to take action to address these concerns in a timely way.

Before the inspection the provider had made a decision to voluntarily suspend new admissions to the home, to ensure that concerns were addressed and standards of care improved before new people came to live at the home. Following the inspection, the service was placed under the local authority's Quality Performance and Improvement Planning (QPIP) process, due to a failure to provide people with safe, effective care.

Most people who lived at the home and their relatives felt there were enough staff available to meet their needs. People told us they did not wait long for support. However, a number of concerns had been raised about delays in staff providing people with appropriate support.

Before our inspection, we had received numerous complaints, whistle blowings (Staff reporting poor practice) and safeguarding concerns relating to abuse and neglect, many of which related to the care provided on the Lavender Lane unit, where people had more complex needs. Following investigation by the local safeguarding authority, many of the concerns and complaints had been substantiated and recommendations had been made about the improvements needed at the home. At the time of our inspection, a number of safeguarding investigations were in the process of being completed by the local authority and outcomes had not yet been received.

Most people told us the staff who supported them were kind and caring and respected their right to privacy and dignity. However, before the inspection we had received concerns about poor staff attitude and behaviour towards people living at the home.

People told us that they received care that reflected their individual needs and preferences and we saw evidence of this during our inspection. Staff knew the people they supported well. However, a number of concerns had been raised about staff failing to meet people's needs in a timely way.

We found some evidence of safe medicines processes and practices. However, some improvements were needed.

Staff received regular supervision. However, the supervision notes we reviewed were brief and lacked detail about what had been discussed during supervision sessions.

We saw that complaints had been managed in line with the complaints policy. However, we found that improvements made in response to complaints were not always sustained.

We found that people received support with eating and drinking. They were supported with their healthcare needs and were referred to community healthcare professionals. However, concerns had been raised that this was not always done in a timely way.

A variety of audits of quality and safety had been completed by the general manager. However, the audits completed had not been effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

This the fourth time the service has been rated Requires Improvement.

People told us staff encouraged them to be as independent as they could be and we saw evidence of this during the inspection.

Records showed that staff had been recruited safely and the staff we spoke with were aware of how to report any safeguarding concerns.

Staff received an effective induction and appropriate training. People who lived at the service and their relatives felt that staff were competent and had the knowledge and skills to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People were supported to take part in a variety of activities and events. They told us they were happy with the activities that were available at the home.

Staff communicated effectively with people. We observed them supporting people sensitively and patiently. People's communication needs were identified and appropriate support was provided.

The service sought feedback from people living at the home about the support they received through questionnaires and regular residents meetings. We saw evidence that positive feedback was received and action was taken when concerns were raised or suggestions made.

People living at the home, relatives and staff told us they found the staff and the general manager approachable and helpful.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

We found that people had not always been provided with safe care. Many safeguarding concerns, whistle blowings and complaints had been raised about the service and had been substantiated by the local safeguarding authority.

There were some safe policies and practices in place for the administration of medicines. However, some improvements were needed.

Most people who lived at the service and their relatives were happy with staffing levels. Staff felt that staffing levels were appropriate to meet people's needs.

Standards of hygiene at the home were good. We found evidence of effective infection control processes and practices.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The people we spoke with felt that staff had the knowledge and skills to meet their needs. However, a number of safeguarding concerns and complaints about staff failing to meet people's needs had been substantiated.

Staff received an appropriate induction and most staff training was up to date. Staff received regular supervision, however, some of the supervision records we reviewed were very brief.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Applications had been submitted to the local authority where people needed to be deprived of their liberty to keep them safe.

We saw evidence that people received support with their healthcare, nutrition and hydration needs and were referred to community healthcare professionals. However, concerns were raised that this was not always done in a timely way.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

The people we spoke with told us they liked the staff who supported them and told us staff were caring. We observed staff treating people with respect during the inspection. However, before the inspection, a number of concerns and complaints had been raised about staff attitude and behaviour at the home. Many of the concerns had been substantiated.

The people we spoke with and their relatives told us staff respected their right to privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be as independent as possible.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People told us they received care that reflected their needs and preferences. However, a number of concerns and complaints about delays in staff providing people with support had been substantiated.

People were encouraged and supported to take part in a variety of activities and events at the home. They told us they were happy with the activities available.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There was no registered manager in post at the time of the inspection. A number of concerns had been raised about poor standards of care and a lack of leadership and oversight at the service. Appropriate action had not been taken by the provider to address these concerns in a timely way.

Audits had been completed in respect of many aspects of the service. The audits completed had not been effective in ensuring that appropriate levels of care and safety were being maintained

Inadequate ●

at the home.

Regular staff meetings took place and staff felt able to raise any concerns with the general manager.

Church View (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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 19 and 22 June 2018 and the first day was unannounced. The inspection was carried out by two adult social care inspectors, a medicines inspector 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 the information we held about the service, including previous inspection reports, complaints, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted five community healthcare professionals who were involved with the service for their comments, including community nurses, a social worker and a community psychiatric nurse. We also contacted Lancashire County Council contracts team, Healthwatch Lancashire and one person's legal representative for feedback about the service.

During the inspection we spoke with six people who lived on one of the units, Poppy Way, and two visiting relatives. We were not able to gain feedback from people living on the Lavender Lane unit due to their complex needs. We also spoke with four care staff, the activities co-ordinator, the general manager and a visiting healthcare professional. We reviewed the care records of four people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Is the service safe?

Our findings

We looked at whether people received safe care and treatment. We had received numerous complaints, whistle blowings (staff reporting poor practice) and safeguarding concerns relating to abuse and neglect. These included staff sleeping on duty, staff taking breaks together, people not receiving appropriate support with personal hygiene and their continence needs, delays in staff supporting people, a lack of staff in communal areas, staff being rough, poor management of a person's risk of falling and a person leaving the home unsupervised. Following investigation by the local safeguarding authority, many of the safeguarding concerns had been substantiated and recommendations had been made about the improvements needed at the home. At the time of our inspection, a number of safeguarding investigations were in the process of being completed by the local authority and outcomes had not yet been received.

The provider had failed to provide people with safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we found evidence that safeguarding concerns, whistle blowings and complaints had been investigated and action had been taken by the registered manager or general manager where shortfalls had been identified. However, we found that the action taken in response to concerns had not always resulted in sustained improvements. One staff member we spoke with told us that standards of care had deteriorated at the home previously but had improved in recent weeks, since the general manager had taken over management of the home. The general manager showed us some recent records of night time hourly checks by staff and personal care monitoring records that she had implemented. These records had been in place during our last inspection. However, the general manager told us they had not been completed as they should have been in recent months, before she had taken over management of the home.

At the last inspection in October 2017, we found a breach of the regulations relating to the management of people's risks. Appropriate action had not always been taken when people had experienced significant weight loss and their care plans and risk assessments had not always been updated to reflect changes in their needs and risks.

At this inspection we found that improvements had been made. We found evidence that where there were concerns about people's nutrition or hydration needs, monitoring was in place and appropriate referrals had been made to the local dietitian service. We found that information in people's care plans and risk assessments about their risks had been updated appropriately.

The staff we spoke with understood how to protect adults at risk. A safeguarding policy was available and records showed that most staff had completed safeguarding training. The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

The people we spoke with told us they felt safe at the home. Comments included, "I do feel safe here as

there are lots of security doors and chains on the windows. I feel safe with the other staff and the other residents don't bother me, we just have a chat", "I feel safe. Everything here makes me feel safe" and "Yes I do feel safe. I feel quite comfortable". Relatives told us, "[Relative] is well looked after. They keep her safe when they are helping her with personal care" and "Oh yes [Relative] is safe. I have no reason to think otherwise. She is not left to fall out of bed".

We looked at staffing arrangements at the home. We received mixed views from people living at the home and their relatives about whether staffing levels were appropriate to meet their needs. Comments included, "Yes, there are enough staff. I have a cord if I need anything. If I pull the cord they come as quick as they can, it doesn't take them long" and "Sometimes I think there is enough staff and sometimes I don't think there is". However, everyone we spoke with who lived at the home told us that staff came quickly when they needed them. The staff we spoke with felt that staffing levels were sufficient to meet people's needs. During the inspection we found that staff were visible throughout the home and they responded to call bells in a timely way when people needed support. We found that there was a staff member in the Lavender Lane lounge at all times and staff monitored the Poppy Way lounge regularly to check that people were safe. One community professional who visited the home regularly did not have concerns about staffing levels and told us there was usually a member of staff available when they needed them.

We reviewed the staffing rotas for three weeks including the week of our inspection. We found that the staffing levels set by the service had been met on all occasions. The general manager told us that staff covered each other's leave when they could and agency staff were used when this was not possible. We noted that agency nurses were used regularly, particularly at night. The general manager told us they used regular agency nurses, who knew the home and had become familiar with people's needs. She told us the service was in the process of recruiting nurses to support people during the day and at night.

We looked at whether people's medicines were being managed safely. The home's medicine policy had been reviewed recently and referred to current national guidelines on handling medicines in care homes. Everyone's medicines had been reviewed over the past few months to help ensure medicines were safe and effective. The medicines inspector watched the nurse giving people their medicines and saw that this was done in a safe and kind way. We looked at the medication administration records (MARs) for 14 of the 28 people living at the home. All had been completed to show that people had taken (or refused) their medicines. We noted that staff were not completing one person's chart for recording the area of skin where their prescribed patch was applied. If the new patch is stuck in the same place as the previous patch this can make the skin sore.

People's allergies were recorded in their care plans but not on their current MAR. The nurse explained that this was due to the home's pharmacy changing recently and said she would act to rectify this at once. Some people were prescribed one or more medicines to be taken only 'when required'. Most people had a written protocol which explained why the medicine had been prescribed. This meant the medicine could be used safely and effectively to treat the person's symptoms. However, a few protocols were missing and one needed updating. Some people were prescribed a powder to thicken their drinks because they had difficulty swallowing. Information was available about the consistency to which each person's drink should be made. Medicines were stored securely and at the right temperatures. However, minimum and maximum temperatures of the medicines refrigerator were not recorded to ensure that medicines were kept at the right temperature throughout the day and night. We checked the home's stocks and records for controlled drugs (medicines subject to tighter legal controls because of the risk of misuse) and found that stock balances were correct. However, staff had not carried out a stock check for two months. Regular stock checks minimise the risk of mistakes or misuse.

The general manager took action to address the above actions during the inspection. She advised that audits of controlled drugs would be completed weekly in future.

We found that records were managed appropriately at the home. Staff members' personal information was stored securely in the general manager's office and people's care files were kept in a closed cabinet in the nurses office. The general manager advised that the cabinet was not kept locked as care staff needed access to the information throughout the day. The general manager told us that any sensitive information was kept securely in her office.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and two references had been obtained for each member of staff. These checks helped to ensure that the staff employed were suitable to provide care and support to people living at the home. We found that there were gaps in one staff member's employment history. We discussed this with the general manager who told us she would ensure that all future applications included a full employment history.

We looked at how risks to people's health and wellbeing were managed. Risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. The risk assessments we reviewed included information for staff about the nature of people's risks and how staff should support people to manage them. They had been updated regularly. Information about any changes in people's risks or needs was communicated between staff during shift changes. Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This helped to ensure that staff were able to support people effectively. Accidents were analysed by the general manager quarterly to identify any trends or patterns and to ensure that appropriate action had been taken

We looked at the arrangements for keeping the service clean and protecting people from the risks associated with poor infection control. Daily and weekly cleaning schedules were in place. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. We found the standard of hygiene at the service to be good. The service had been given a Food Hygiene Rating Score of 5 (Very good) on 21 February 2018. People living at the home told us it was kept clean. Comments included, "It's a very clean place. They change my bed regularly" and "It is clean here. My room is clean and my bedding is changed every week".

Before the inspection, we had received concerns that people had not been provided with appropriate support with their personal hygiene and continence needs. The people we spoke with told us staff supported them regularly with their personal hygiene. Comments included, "They help me have a shower, I have one every day. I have clean clothes and I change them every day" and "They help me to have a shower to make sure I am clean. I have a shower every day unless they are short staffed. They change my clothes and pyjamas every night". One relative commented, "They help her [Relative] to have a shower once a week and in between she has a body wash. She can change her clothes every day. They wash them in the laundry". We observed that people looked clean and comfortable during the inspection and when people needed support with their personal care, this was provided in a timely way.

Records showed that equipment at the home, including hoists, bath chairs and the call bell system, was inspected regularly to ensure it was safe for people to use. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Fire safety and legionella checks had also

been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. We noticed that some actions from the last Legionella risk assessment had not been completed. We discussed this with the general manager who took action to address this following our inspection.

Is the service effective?

Our findings

The people we spoke with who lived at the home told us they were happy with the care they received and they felt staff had the knowledge and skills to meet their needs. Comments included, "They are well trained. Someone comes to train them", "There are loads of good staff here. I am satisfied with them, they are very good" and "They are lovely. They couldn't be any better". Relatives were also happy with the support provided. One relative told us, "They seem to know what they are doing and they get on with it". Another commented, "My [Relative] is well looked after". One person's representative commented, "Everyone at the home [Carers, management and maintenance] are fantastic. They are all very friendly and helpful and will go above and beyond to help the residents and make them feel at home".

Before the inspection, we had received a number of complaints, whistle blowings and safeguarding concerns regarding people's care needs not being met. These related to people not receiving appropriate support with their personal hygiene and continence needs and delays in staff supporting people. Many of these concerns had been investigated by the local safeguarding authority and had been substantiated. One community healthcare professional who we contacted for feedback told us there was a lack of basic equipment available at the home for recording basic observations. They told us there was also a lack of first aid kits and dressings available. This made it difficult for staff to monitor people's health and wellbeing.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. A safeguarding concern had recently been raised about the pre-admission assessment completed for one person. The general manager showed me the investigation she had completed, which had concluded that the pre-admission assessment was basic and incomplete. This meant that the service could not be sure it was able to meet the person's needs. We did not review the assessment during our inspection as the person was no longer living at the home. We noted a number of actions had been implemented to avoid a similar situation arising in the future.

The care plans and risk assessments we reviewed included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was in place and appropriate referrals had been made to community healthcare professionals. The staff we spoke with were aware of people's dietary requirements and a list of these were kept in the kitchen for staff to refer to.

Most people we spoke with were happy with the meals and support provided. Comments included, "The food here is very good. You have choice and if you don't like what is on, you can have something else", "It [The food] is excellent" and "It is alright. Sometimes it is not so clever and sometimes it is great. Usually you get a choice of what you eat but if you don't like it, you can have something else". We observed part of the lunchtime period on one of the units during our inspection. We found that the atmosphere was relaxed, people were offered choices and where they needed support, this was provided sensitively by staff. We saw that people were able to have their meals in their rooms or the lounge if they preferred to and saw that staff provided support when needed. One relative told us, "[Relative] always has her meal in her room, she

doesn't like mixing. If I wasn't there they would help her with her food. She gets a choice of meals every day and they know what she likes and she doesn't like". However, one relative told us she was unsure if her relative received appropriate support to access her drinks when she was not visiting her. We observed this person being given a drink by staff and noted that they did not offer the necessary support.

Each person's care file contained information about their medical history, allergies and any prescribed medicines. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, podiatrists and speech and language therapists. People told us they received medical attention when they needed it. Comments included, "If I need to see a doctor or nurse, they get one straight away. The nurse finds out what is wrong with you and then they call the doctor" and "If you need a doctor, they will get one the same day". One relative commented, "They keep on top of pressure sores and they call a doctor if [Relative] needs one. They call me or my sister if she is not well".

We contacted three community healthcare professionals who visited the service regularly. One professional told us that over recent months, the registered manager had struggled and leadership at the home had not been effective. They told us there had been delays in people receiving appropriate medical attention and sometimes a failure to follow advice the provided by their service. We saw evidence that the general manager had investigated some of these concerns and actions had been implemented to address the shortcomings identified.

We noted that the service used a digital 'telemedicine' service provided by Airedale NHS Foundation Trust. The service enables communication between the Trust's clinical staff and staff at the home via a secure video link and helps to avoid 999 calls and people being admitted to hospital. However, one community healthcare professional who visited the service regularly told us the service did not access the service often and could make much better use of it to monitor people's healthcare needs. The general manager told us the service used 'The 'Red Bag Relay' scheme, when people were attending hospital. The scheme involves ensuring that necessary information such as a person's medicines administration record, and personal items such as a change of clothes, go with a person when they attend hospital. This helps to ensure that important information is shared when people move between services.

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 make 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards.

We checked whether the service was working within the principles of the MCA. Where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications for authorisation had been submitted to the local authority. Records showed that most staff had completed MCA training. We observed staff asking for people's consent before providing care, for example when supporting people with their meal, helping them move around the home or administering their medicines. People told us staff sought their consent before supporting them. One person commented, "They ask me first before they give me care and they knock on the door before they come in". Another told us, "They ask me if it is okay for them to shower me".

Records showed that staff completed an induction when they joined the service and their training was updated regularly. Staff were happy with the training provided and told us it was of a good quality. We reviewed staff training records and found that most training was up to date. We saw that further training had been arranged. The general manager told us there had been issues with some staff not completing training when they should but action was being taken to address this.

Staff told us they received regular supervision. We reviewed some staff supervision records and noted that they were brief and lacked detail about what was discussed during the supervision sessions. This meant that we could not be sure staff were receiving appropriate support. We discussed this with the general manager who told us that she would ensure that future supervisions sessions were meaningful and supervision records were completed more fully. She provided evidence of this after our inspection.

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff and there were hoists available. Where people were at risk of falls, assistive technology such as sensor mats, were in place to help manage people's risks and keep them safe. We noted that the home environment had been improved since our last inspection, including new flooring in the entrance area which was easier to keep clean.

Is the service caring?

Our findings

Before our inspection, we had received a number of complaints, whistle blowings and safeguarding concerns regarding the attitude and behaviour of some staff members. Some concerns related to staff speaking to people disrespectfully. We saw evidence that the general manager had addressed this issue with staff during recent staff meetings, and staff supervision sessions were being held with individual staff to address concerns about their performance. One concern related to a staff member being rough when supporting a person. This involved the staff member assisting a person to dress when the person should have been supported by two staff, which resulted in some discomfort. The staff member was initially suspended and was subsequently subject to disciplinary action. Additional supervision was also provided. Some concerns we received related to staff taking breaks together, leaving people without appropriate support. During our inspection we found that the general manager had addressed this issue by introducing a new process for staff breaks, which meant they had to be approved by the nurse in charge. Many of these concerns had been investigated by the local safeguarding authority and had been substantiated.

Most of the people we spoke with told us they liked the staff who supported them and that staff were kind and caring. Comments included, "I like the staff because they are very helpful. They are trained and know what to do", "The staff are smashing. They are really good" and "I think they are lovely, I do. They make you a cake when it's your birthday". Relatives commented, "They come in and sit and have a conversation with her [Relative]. They treat her like a good friend, they have jokes with her", "She [Relative] gets on well with the staff" and "She [Relative] likes the staff". However, one person told us, "Sometimes they [Staff] are curt and I tell them off". Another commented, "I like some of the staff. Two or three are lovely but some aren't so clever".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. Staff felt they had enough time to meet people's individual needs in a caring way. One staff member told us, "All I can do is care for them as I would my own family".

People told us staff encouraged them to be independent. Comments included, "I am very independent. I make my own bed and shave myself", "The staff help me to shave" and "I am independent. I like putting make up on and I keep my teeth nice". One relative commented, "[Relative] is supported to do things for herself like walking. She had a walk this morning to the lounge". During the inspection we observed staff encouraging people to be as independent as possible.

People told us staff respected their right to privacy and dignity. Comments included, "They are very kind and respectful. They always knock on the door before they come in" and "When they shower you, they make sure it is private. They bolt the door. Nobody sees anything". We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them respectfully and using their preferred name.

People's right to confidentiality was protected. One relative commented, "Staff keep things confidential".

The importance of confidentiality was included in the induction and staff handbook. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors. One staff member told us, "We make sure documents are locked away and any conversations are not in public places".

The service user guide issued to people when they came to live at the service provided a variety of information, including the services available, health and safety and how to make a complaint. We saw a copy in large print and the general manager told us it could be made available in braille if necessary.

The service produced quarterly newsletters, which included information about activities, events and festival celebrations such as St Patrick's Day and Mother's Day. Photos of previous activities and trips out were also included. People's birthdays were also celebrated and one newsletter we reviewed included a guide to staff uniforms.

Most people told us their care needs had been discussed with them. One person told us, "They say 'What do you want?'. They ask you how you want to be looked after". Another told us, "I sign it (Care plan) when they come in with it. They ask questions as to how you feel about the staff". One relative commented, "We attend meetings and they ask me to go through things every now and then to make sure everything is okay". We noted that where they were able to, people had signed their care plans to demonstrate their involvement. Communication between staff and people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs.

People told us there were no restrictions on visiting. Comments included, "I have sisters and a brother who visit me and they can come anytime they want" and "I have family visitors and they can come anytime". One relative commented, "I can visit anytime. Nights, early morning, anytime". This helped people to maintain relationships that were important to them.

Information about local advocacy services was available. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The general manager told us that three people living at the home were being supported by an advocate at the time of our inspection.

Is the service responsive?

Our findings

People told us they received care that reflected their individual needs and preferences. Comments included, "They know what I like and dislike. They are used to me now", "Yes, I think they know me. They know what to do with my diabetes" and "They treat us as individuals. They ask you what you want". One relative commented, "They provide specific care for my [Relative]". During the inspection we found that staff knew people well and were aware of their needs.

We looked at how the service managed concerns and complaints. A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was also included in the service user guide. None of the people living at the home or relatives we spoke with had made a complaint. However, they knew how to make a complaint if they needed to. Records showed that one complaint had been received by the service in 2018 and five in 2017. These related to staff attitude, people not receiving appropriate support with personal care and the meals provided at the home. We found evidence that complaints had been managed in line with the policy and an apology had been offered when the service was found to be at fault. However, we found evidence of a lack of sustained improvements. For example, three of the complaints related to the lack of support with personal care provided to one person living at the home.

People told us staff offered them choices. One person commented, "You have choices. You can have what you want to eat, you can go to bed and get up when you want, you just tell the staff. You just go to bed and the staff come in to see if you are ok and if you need anything". Another told us, "I usually get my clothes out for the day and put them by my bed. I can get up and go to bed when I want". Staff told us they offered people as much choice as possible. One staff member commented, "It's about what that individual likes and wants and going along with what the person wants".

People were happy with the activities and entertainment available at the home. Comments included, "They have bingo, we have a chat, we do arts and crafts, I like that and I love painting and colouring and making things", "I like music and they have singers here and social things" and "I sometimes join in unless I am tired. We have sing songs, crafts things, we go on trips. We went to Blackpool. We have different things at times like Easter and Christmas". One relative told us, "They have all sorts of activities, like bingo, singers and themes at different times of the year". We saw that daily activities were on display on the board in the entrance area and the activities co-ordinator told us that she spoke with people every morning to tell them what was planned and to find out what they would like to do. During the inspection we observed people playing dominoes in one of the lounges. The activities co-ordinator also provided some one to one support to people, painting their nails or providing hand massage. We noted that some people were also supported to go out. One person commented, "I am not well enough to go outside alone. They take me out in a wheelchair and take me to the shops and for a pint at the local pub". Another told us, "If you ask and you want to go out, they will take you to the shops".

We reviewed two people's care files. We found they included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and

contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed. One person told us, "They review my progress".

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and documented and people were receiving appropriate support. We noted that one person had communication cards in place and two people regularly attended Accrington and District Blind Society. The general manager told us she was not aware of the Standard. She told us she would implement the Standard following our inspection.

We looked at how technology was used to support people living at the service and staff. We found that where people were at risk of falling, sensor mats were in place to monitor their movements and reduce risks. Pressure relieving equipment was also used to support people at risk of skin damage. The service used a digital 'telemedicine' service, which enabled them to access remote consultations with clinical staff via a secure video link and can help to avoid 999 calls and people being admitted to hospital.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. However, anticipatory medicines were in place for one person. The general manager told us that the service had supported many people at the end of their life. There was a comprehensive end of life policy in place and a number of staff had completed training in end of life care. One staff member told us, "We care for people at the end of their life. We work between us so that the person is not left alone".

Is the service well-led?

Our findings

Records showed that a variety of audits had been completed regularly by the general manager. These included audits of accidents, safeguarding incidents, medicines, infection control and the home environment. We found the audits completed had not been effective in ensuring that appropriate levels of quality and safety were being maintained at the service.

In the six months or so before the inspection, concerns had been raised about deteriorating care standards and a lack of effective management at the home. Many of these concerns and complaints had been substantiated or upheld. Concerns had been raised for some time by the local authority and a number of health and social care professionals who visited the home, about poor standards of care and the absence of effective leadership at the service. We found that there had been a lack of provider monitoring and oversight of the home and a failure to identify when standards were slipping or to take action to address this at an early stage.

The provider had failed to assess, monitor and improve the safety and quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our records showed that the service had submitted some statutory notifications to CQC about people living at the service. However, we noted that the general manager had sent notifications regarding some but not all safeguarding concerns, in line with the current regulations. We discussed this with the general manager who advised that she was not aware she needed to notify us when the concerns were raised by the local authority, as she understood they informed us. She assured us that she would send us all relevant notifications in the future.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. We have written to the service provider separately about this issue.

We looked at how the service was being managed. At the time of the inspection, the service was not being managed by a registered manager. We had been advised on 8 June 2018, that the registered manager had stepped down from her position and the general manager had taken over management of the home until alternative arrangements could be put in place.

During the inspection the general manager acknowledged that there had been issues with effective leadership at the home for some time. Records showed that some concerns had resulted in disciplinary action being taken against staff. For example, staff who had been found sleeping on duty had been disciplined and received first and final written warnings for gross misconduct. We questioned the robustness of this disciplinary process in managing these concerns and ensuring that people were protected from neglect or abuse. The general manager told us she shared our concerns.

During the inspection we found evidence that the general manager had taken recent action to address these issues. She showed us meeting notes from staff meetings that had been held to inform staff of the concerns

expressed about care standards at the home and detailing the action that would be taken to make improvements. This included demands of an improvement in the conduct and attitude of some staff. Numerous night time visits were completed by the general manager and further visits were planned, to ensure that people were receiving appropriate support and staff were providing care as they should. Revised processes for staff breaks were introduced and senior care assistants were introduced on each shift to ensure staff were doing what they should. We found that records of staff supporting people with personal care, nutrition and hydration and monitoring people during the night had recently been implemented and were being checked daily by the general manager to ensure people were receiving appropriate support. The general manager told us the staff found sleeping on duty would not be working together on future shifts and further staff supervision sessions were being completed to address concerns and staff performance.

The general manager told us the service was recruiting a deputy manager for nights to further ensure that people received safe, effective care and staff were supporting people as they should. Following our inspection, the registered manager who had been in post during the last inspection, returned to manage the home. The general manager felt that this would help to improve care standards at the home, as there had been no significant concerns regarding leadership or governance during that inspection. The provider also made a decision to voluntarily suspend new admissions to the home, to ensure that concerns were addressed and standards of care improved before new people came to live at the home.

During our inspection, the people we spoke with told us they were happy with the way the service was being managed. Comments included, "It is well managed. It is a good home", "The managers are good" and "It is organised, it's very good". One relative commented, "It's pretty organised and calm". People felt that staff and the general manager were approachable. Comments included, "I know the manager is [General manager's name]. I like her and the nurses and carers" and "They are very friendly. The manager and deputy manager are very friendly".

Staff told us they were happy working at the home and felt well supported by the general manager. Comments included, "The [General] manager is approachable. She lets you know what's going on. She's really good. There's good team work here" and "The management are very supportive". One member of staff we spoke with told us that the management of the service had been poor in previous months but had improved in the previous two weeks, since the general manager had taken over responsibility for managing the home. She told us that some of the nursing staff had tended to stay on Poppy Way, rather than spending time on Lavender Lane where people had more complex needs and required more support from staff. She told us that some staff had not been supporting people as they should have been. For example, some people had not received regular support with personal care. She told us she had raised concerns with the registered manager but her concerns had not been taken seriously and she had felt unsupported. She told us that in the two weeks prior to the inspection, since the general manager had taken over, the support people were receiving had improved and staff were supporting people appropriately. She told us she felt supported in her role and felt that she will be listened to if she raised concerns.

Staff told us that staff meetings took place regularly and this was confirmed in the records we reviewed. We looked at some recent meeting notes and found that these mainly focussed on the concerns that had been raised around poor standards of care at the home and poor leadership. We saw evidence that staff roles and responsibilities had been addressed and clear expectations of future conduct discussed.

We looked at how the service sought feedback from people about the service. People told us that residents meetings took place regularly. Comments included, "We have residents meetings where we can talk about things. [Staff member] does it and then goes to the manager to tell her how we feel", "I go to the residents meetings every three weeks and they talk about things like your laundry and how you are getting on in here"

and "They encourage us to say if we're not happy". One relative commented, "They have regular residents and relatives meetings". We reviewed the notes of the meeting held in June March 2018, when nine people attended. We noted that issues discussed included meals and menus, laundry, cleaning, activities, maintenance and people's satisfaction with their care. We saw evidence that people's views were sought and action was taken when people expressed concerns, for example about missing laundry or their room requiring re-decoration. We noted that everyone at the meeting has expressed satisfaction with their care and felt that the staff at the home were good.

The general manager told us satisfaction questionnaires were issued to people yearly to gain their views about the support they received. We reviewed the results of the most recent questionnaires, issued to people in February 2018 when 12 people had responded. We noted that people had expressed a high level of satisfaction with most areas of the service, including meals, the quality of care, activities, cleanliness, décor, the friendliness of the staff, response to complaints and the overall impression of the home. One person had commented, "Everything is very good in the home. They are improving on all the decorating. It's very nice". We saw evidence that where a low score had been received, the issue had been addressed and improvements made. For example, one person had scored activities as low and had been offered one to one time with the activities co-ordinator.

We reviewed the results of a satisfaction questionnaire issued to staff in February 2018 when 12 responses were received. We noted that most staff had expressed a high level of satisfaction with most issues, including the management team, supervision, standards of care at the home and responses to concerns about people living at the home. We noted that there was nowhere for staff to make comments on the questionnaire. We discussed this with the general manager who told us she would ensure there was a space for comments in future questionnaires.

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, dietitians, speech and language therapists, hospital staff and social workers. This helped to ensure that people had support from appropriate services.

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
Diagnostic and screening procedures	The provider had failed to provide people with safe care and treatment.
Treatment of disease, disorder or injury	

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
Diagnostic and screening procedures	The provider had failed to assess, monitor and improve the quality and safety of the service.
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued the provider with a warning notice and requested them to be compliant by 10 September 2018.