HC-One Limited

Tower Bridge Care Centre

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Inadequate
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Inadequate

Overall summary

Tower Bridge Care Centre is registered to provide nursing and personal care to up to 128 people. The service is delivered across four floors. The service provides residential and nursing care to people, some of whom have dementia.

We undertook an unannounced inspection of the service on 16 and 17 June 2015. At the time of our inspection 90 people were using the service. At our previous inspection on 25 November 2014 the service was meeting the regulations inspected.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left the service on 21 May 2015. From 22 May 2015 an interim management team was in place consisting of two relief managers.

At this inspection we found a range of concerns. Medicines were not well managed at the service. The ordering system was inadequate and the service did not always have sufficient stocks of medicines. People did not receive their medicines in line with their prescription.

The service had reviewed their staffing levels. The numbers of staff had increased in order to maintain staffing levels which were safe for the numbers of people. However, whilst recruitment was taking place this was

Summary of findings

achieved through a reliance on agency staff. During our inspection there were a number of agency staff and newly employed staff on duty, some of whom had limited knowledge of people's needs.

People had their needs assessed and identified but they were not consistently met. Care plans and management plans were in place to minimise risks to people's safety and welfare. However, the care records for some individuals were not updated and did not reflect their current needs. We also saw that care was not always delivered in line with people's care plans and advice from specialists, particularly in relation to pressure ulcer care, nutrition and hydration was not always followed. There were delays in providing people with food and drink, and some staff were not aware of people's dietary requirements.

Staff had not received the training and support they required to undertake their duties and support people appropriately. We saw that many staff were not up to date with their training, including delivering person-centred care to people with dementia, and there was a lack of supervision for staff. Staff felt they were not able to approach the previous manager if they had any concerns or questions, however, this had changed since the interim management team were in place.

Systems were in place to collate information about the service and people's needs which could have been used to monitor the quality of care provided. However, these systems were not being used effectively at the time of our inspection. The service did not consistently learn from previous incidents and we saw that improvement actions identified through audits were not always completed.

There were some activities taking place on the day of our inspection, however, this was limited. We saw there was little interaction with people other than when people were being assisted with care tasks. Staff were polite and friendly when speaking to people. However, some staff were not familiar with people's communication needs.

People were supported in line with the requirements of the Mental Capacity Act 2005 and 'best interests' meetings were held when people did not have the capacity to make their own decisions. Staff offered people choice and involved relatives in discussions when appropriate.

Relatives were encouraged to visit the service and we saw many friends and family visiting on the day of our inspection. The interim management team had started to engage with relatives and had tried to obtain their views about the service. There was a complaints process in place and the interim management team were in the process of investigating the complaints that had not been dealt with previously.

The management and leadership at the service needed strengthening. The interim management team were in the process of supporting staff to take more responsibility for the care they provided and contribute to the changes required to improve the quality of care.

We identified breaches of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to: person-centred care, safe care and treatment, meeting nutritional and hydration needs, good governance and staffing. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. Appropriate stocks of medicines were not maintained, and people were not provided with their medicines as prescribed. Medicines were not stored appropriately and there was a lack of information for staff about administering people with 'when required' medicines.

Staffing levels had been increased to ensure people's safety. However, there was reliance on agency staff and not all staff were aware of people's individual needs.

Assessments were undertaken to identify risks to people's safety and welfare. Management plans were in place to minimise risks. Staff were aware of safeguarding procedures and reported concerns to their manager.

Is the service effective?

Inadequate

The service was not effective. People were not supported to have food and drink in a timely manner. Staff were not aware of one person's dietary requirement, and staff did not monitor people's fluid intake appropriately.

Staff did not have the training and support to undertake their duties and support people using the service. Staff required further supervision.

People were supported in line with the Mental Capacity Act 2005. We saw that one person that had a Deprivation of Liberty Safeguard in place was supported appropriately.

People were supported to access healthcare services when needed to have their health needs met.

Is the service caring?

Requires improvement

Some aspects of the service were not caring. Staff were friendly and polite when speaking with people. However, staff were not always aware of people's communication needs and preferred communication methods.

People, and their relatives, were involved in decisions about their care.

People were supported with their end of life choices and the service obtained support from the palliative care team when needed. However, some of the information about people's end of life care needs was not included in their care records.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive. People's needs were assessed and plans were in place to support people with them. However, we saw that care was not always provided in line with their care plans and advice from specialist healthcare professionals.

Summary of findings

There were some activities taking place at the service. We observed that much of the interaction between staff and people using the service was focussed on when people were being assisted with care tasks.

People were supported to make complaints about the service, and the interim management team were investigating the complaints that were not previously dealt with. The management team met with complainants to ensure that complaints were resolved to their satisfaction.

Is the service well-led?

Inadequate

The service was not well-led. There were systems in place to monitor the quality of care provided, however these were not being used effectively at the time of our inspection. Actions were not taken in a timely manner to address areas identified during audits as requiring improvement.

The leadership and management of the service needed strengthening. The interim management team had plans in place to develop the staff team and ensure staff worked together.

Staff told us they felt supported by the interim management team and felt able to approach them if they had any concerns or questions.

Tower Bridge Care Centre

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 16 and 17 June 2015 and was unannounced.

The inspection team consisted of two inspectors, a pharmacy inspector, a specialist professional advisor who specialised in end of life care, 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.

Prior to the inspection we spoke to the safeguarding and commissioning teams from the local authority. We also reviewed the information we held about the service, including statutory notifications received, and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 15 people that used the service and 10 relatives. We reviewed 16 people's care records. We spoke with 17 staff including members of the management team, nurses and care assistants. We also spoke with the GP who was visiting on the first day of our inspection. We reviewed medicine management processes. We reviewed staffing records including attendance at training, completion of supervision and appraisal records. We reviewed management records including audits, incident records, safeguarding records and complaints.

We undertook general observations and used the short observational framework for inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Inadequate

Is the service safe?

Our findings

There was unsafe medicines management and people did not receive the medicines they required to help manage their health needs. Medicines were not stored appropriately, adequate stocks were not maintained and medicines were not administered as prescribed. Ordering processes were not sufficient and processes were not in place to ensure appropriate stocks of medicines were delivered to the service. We found that since the new cycle of medicines started on 27 May 2015 12 medicines were out of stock for a period of time, which meant people did not receive the medicines they required to manage their health. We found that three people were not administered their medicines as prescribed. We saw that one person received half their prescribed dose for one of their medicines, another person received three times their prescribed dose and one person received six doses of a medicine that had previously been stopped by the GP. This meant one person received more sedating medicine than required, one person did not receive sufficient medicine to help manage their mental illness and one person received medicine they did not require which could have had a negative impact on their health. We found that for six medicines the amount recorded as administered on people's medicine administration records did not tally with the stocks of medicines kept at the service. We found there were higher levels of medicines at the service than expected which meant people had not received their medicines as prescribed.

We found that some people required medicine to be administered 'when required'. However, there were no protocols available informing staff as to when people required these medicines administrating. One person was prescribed a pain relieving patch. This was to be administered weekly. The person had not been given this for one week. The person was also prescribed morphine to be given 'when required' to top up the pain relief. The morphine had not been administered. There was no pain assessment undertaken and the person was unable to communicate verbally whether they were in pain. This person had not received any pain relief for a two week period.

We saw two insulin pens were opened on the day of our inspection. These pens were not labelled with the person's name or the date of opening. Therefore we could not be assured as to whether the pens were in date and used within four weeks of opening. One person told us they were diabetic but they were unsure of their insulin dose or when they were meant to get it. We also saw that fridge and room temperatures were not consistently taken on two of the floors, meaning we could not be assured that medicines were kept at a safe temperature. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safe staffing levels, however, some of the staff were newly employed or agency staff and did not know the needs of people using the service. This impacted on the delivery of individualised care. The interim management team had reviewed the staffing levels at the service, and new staffing levels had been introduced based on the number and dependency needs of the people using the service. This ensured there were sufficient numbers of staff available. We observed call bells being answered promptly and staff were available to support people. However, due to staff being newly employed or agency staff they did not always know the people they were caring for. One person's relative told us, "Recently there has been a complete new staff team so I don't know them or them me, but they are all very pleasant." Another person's relative told us in regards to staffing, "It's better but not sure if they'll stay." A third relative said in regards to staff, "They're all new. I don't know who's who."

Staff told us having more staff on shift had enabled them to be able to respond to people's wishes and be able to spend time with people. However, they also said that there was still pressure on the permanent staff because the agency staff did not know the people they were caring for.

Staff were knowledgeable about recognising signs of abuse. Staff informed us if they were concerned about the safety of a person they would report this to their manager. We saw from the statutory notifications received that staff had raised previous concerns about possible abuse to their manager, and the service worked with the local authority to ensure concerns raised were investigated. Staff were aware of whistleblowing procedures and they told us they felt comfortable following them if felt necessary.

We saw that body maps were in place for most people, however, their function was not clear. Some staff used the body maps to record that dressings were changed, some were used to identify and monitor any changes in people's skin integrity, and some staff were using body maps to

Inadequate

Is the service safe?

record and monitor bruising. Due to this confusion we saw that some marks and bruises were not recorded, and there was a risk that some people had injuries that were not adequately monitored and investigated.

Risks to people's safety and welfare were identified. Staff undertook assessments of people's needs and the risks to people's safety and welfare. They were reviewed monthly or more frequently as required to ensure they reflected people's current needs. These assessments included reviewing whether a person was at risk of developing a pressure ulcer, or at risk of falling. Pressure relieving equipment was in place to reduce the risk of people developing a pressure ulcer. For people that were unable to do so independently, staff supported them to reposition every two hours to redistribute their weight and relieve pressure from parts of their body. We saw for some people that were at risk of falling, crash mats and bed rails were in place where appropriate. Mobility aids were available for people that required it, including walking sticks and frames, to ensure they had the support they required to mobilise independently around the service. One person required closer observation and further support to ensure their safety as they were at high risk of falling. Additional staff were on duty to provide this person with one to one support.

Some of the people using the service displayed behaviour that challenged the service. Further advice and support had been obtained from a specialist team to enable staff to support people appropriately. Staff were aware of who was likely to display aggressive behaviour and what the triggers were to the behaviour. We saw staff were quick to defuse situations and support people to calm down. There was information in people's care records about how to support them to reduce their anxiety and frustration levels.

Inadequate

Is the service effective?

Our findings

One person told us, "The food is good." However, we found that some people were not supported to have sufficient to eat and drink. We saw that people were not protected against dehydration. Some people at the service were assessed as requiring their fluid intake to be monitored, due to being at risk of dehydration or other health conditions. For the majority of the fluid charts we saw there was no target amount of fluids identified for the person, and the fluid they had consumed was not totalled. This meant staff were not able to closely monitor the amount of fluid the person was having and ensure it was in line with their needs. We saw that one person did have a target fluid intake recorded, however for the week prior to our inspection the person had only come close to meeting this target on one occasion. This meant the person was regularly not having the amount of fluids they required and we could see no action being taken to address this.

We saw that people were not protected against eating foods which did not meet their healthcare needs. One person was assessed as requiring a low potassium diet. Not all staff were aware of this and the kitchen had not been informed to provide a specific diet for this person. There was a risk, due to not all staff being aware of the person's specific needs and a lack of staff training, that the person would not have their dietary requirements met.

We saw that people were not protected against malnutrition and dehydration. There were delays in providing people with food and drink. We saw that one person had gone over 17 hours without a drink, and another person had to wait over two hours after waking to be provided with a drink. We saw that for one person because they were asleep when breakfast was served they were not provided with breakfast, including when they were taken out for the day with relatives. This person's relative told us they were concerned that the person was hungry as they always ate the food the family bought in for them and ate all meals provided outside of the service. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not receive the support and training they required to ensure they had the knowledge and skills to carry out their roles and provide high quality care to meet people's needs. Processes were in place to monitor staff's compliance with their mandatory training. However, we found that 31% of staff had not received training on delivering person-centred care to people with dementia, 62% of staff had not receiving training on promoting healthy skin, 60% required training on maintaining people's dignity and 54% required safeguarding training. Staff told us they had not had any specific training about supporting people nearing towards the end of their life or those requiring palliative care. We also heard that staff were required to complete training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff did not receive the support they required to undertake their duties. Supervision had been provided up until February 2015, however, we saw these meetings were used to discuss the service's expectations of staff. There was no opportunity for staff to raise any concerns or ask for support to undertake their duties and meet people's needs. We saw supervision had been used to discuss competency and performance concerns, however, there was no evidence of the actions identified to address the concerns being carried out. For example, one staff member had been identified as requiring further training and this had not yet been delivered. Another staff member was due to have another supervision session to discuss their performance but there was no record of this being carried out. Appraisals of care staff had not been undertaken in the last year. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff were aware of their requirements under the MCA and supported people to make decisions about their care. Staff understood that people's capacity to make a decision may vary depending on their illness and different diagnoses. We saw that for people that did not have the capacity to make certain decisions about their care these were done for them at 'best interests' meetings in line with the MCA. One person was unable to make an informed decision about their medicines. At a 'best interests' meeting it was decided that to maintain their health staff were to provide this person with their medicines covertly.

We saw that for most people applications had been made for them to be assessed as to whether it was appropriate for a (DoLS) to be in place. However, the interim management team was unsure as to how many had been

Inadequate

Is the service effective?

approved and at what stage of the assessment process some of the applications were. One person was known to have a DoLS in place and staff supported them appropriately to maintain their safety.

We saw that people were referred to other professionals as required to have their health care needs met. Staff asked the GP to review people if they were concerned that their health had deteriorated. People were supported to see a dentist and optician as required. One person's relative told us they were concerned that the person had lost their dentures and an appointment had been booked with the dentist to address this.

The service supported people to have support from other healthcare professional when needed. The service had regular contact from a tissue viability nurse and dietician. We saw people were referred to specialist services as required, for example one person had regular appointments for diabetic eye screening and another person received support from a physiotherapist. Previously the service had not been having regular input from a chiropodist but the interim management team had addressed this, and a chiropodist was booked to come to the service.

Requires improvement

Is the service caring?

Our findings

One person told us, “We like it here.” Another person said, “In the main this place is very good and comfortable.” People described the staff as “endlessly patient”, “marvellous” and “an angel”. One person’s relative said, “I have never heard anyone [the staff] raise their voice and that is really good.” One person’s relative told they had “always found staff kind, without exception.”

We observed staff speaking with people politely and in a friendly manner. People appeared to enjoy the interactions they had with staff. We saw people and staff sharing a joke and laughing with each other. People told us they enjoyed spending time with staff and liked that the staff took them out on occasion.

People’s communication needs were not consistently met. One person told us the staff did not call them by their preferred name. We informed the interim manager about this and they told us they would ensure all staff were aware. One person’s relative was concerned that staff did not understand the person’s communication needs. We saw that there was conflicting information in the person’s records about their communication needs, and some of the information did not accurately reflect the person’s method of communication. One person’s first language was not English. Some basic phrases were included in the person’s records in their language, but we did not hear staff using these on the day of the inspection.

Staff respected people’s privacy. Staff ensured people’s doors were shut when personal care was being delivered.

People told us they were able to maintain contact with their families and friends. One person told us, “The family come and visit.” We saw many people having visitors over the two days we were inspecting. Visitors were made to feel welcome and were able to spend time with people in the privacy of people’s rooms or socialising with other residents in the communal areas.

Staff supported people to maintain friendships and socialise at the service. One person told us, “I like living here and seeing the other people.” They told us they had become friends with another person using the service. Another person said the best thing about the service was being able to make new friends.

People were supported to practice their faith. Church services and communion were held at the service weekly. One person told us they were supported by staff to go to their church for services and to watch concerts and celebrations.

People were involved in decisions about their care. If the person was unable to make that decision, we saw that relatives were consulted. Staff told us they were aware of the importance of offering people choice and ensure their decision was respected. We saw that the people were offered choices at mealtimes and throughout the day, and staff provided support and care in line with the person’s wishes.

The service was working with colleagues from a local hospice to ensure people’s wishes and preferences were included in end of life care. We saw that for those that wished to have it, a ‘Do not attempt cardio pulmonary resuscitation’ form was in place. For people that were unable to make this decision, this was made by the GP in discussion with other healthcare professionals and relatives as appropriate.

We saw that two people had been referred to the specialist palliative care team for further support. However, there was no information in one person’s care records as to whether they had been seen by the team, or for the another person the outcome of the referral. A staff member informed us that for one person input from the palliative care team was not required at this time but that was not recorded in their care records. We saw that care records did not always contain information about deterioration in people’s health, and there was a risk that this information would not be available to the staff team.

Requires improvement

Is the service responsive?

Our findings

One person's relative told us, "[The person] is quite happy. The staff here look after them well. We could ask for nothing better." Another person's relative said, "I feel the care is as good as it can be, they look after him well."

In the majority of records we saw that people's individual needs had been assessed and that plans were in place to meet their needs. However, we saw that not everybody received care in line with their care plans and in line with advice from other healthcare professionals. One person had two pressure ulcers. A tissue viability nurse (TVN) had been to review the ulcers and provide specialist advice to staff about how to support the person to ensure the ulcers healed. However, we saw that the advice given by the TVN had not been followed. From the person's repositioning charts we saw they were regularly lying on their back which was not in line with advice from the TVN. Also dressings were not changed as frequently as advised by the TVN. We could not be assured that the appropriate care was provided to ensure the ulcers healed in a timely manner and prevented further pain and discomfort to the person.

One person had fallen. They received the appropriate care immediately after the fall to ensure they were given any treatment required. However, their care records were not updated with information about the fall or how the person was to be supported to minimise the risk of another fall.

One person had a catheter and we saw that a care plan was in place regarding catheter care. However, this had not been updated in response to the GP's review about the person's care and in particular in regards to the 'flushing' of their catheter. The frequency of the person's catheter flushing had been changed to an 'as required' basis. However, there was no information to staff as to what 'as required' meant and when the flush would be necessary to ensure the person's health and welfare.

Some people required their blood pressure and blood glucose levels to be monitored. We saw that for some people this was not undertaken as frequently as stipulated in their care records. This meant there was a risk that these people would not receive the care they required in a timely manner to address any abnormal readings. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two staff members told us they felt communication within the team needing improving, to ensure staff were kept up to date with people's changing needs. Staff felt the communication systems, including a book and handover meetings needed to improve to ensure sufficient information was captured and shared.

Staff supported people on occasion to access the local community. One person told us that staff accompanied them to go shopping, and other people said they had been able to go to the local shops and amenities. We observed some activities and interactions being provided at the time of our inspection. One person's relative told us the staff helped the person to read the newspaper and they enjoyed this activity. There was a concert on one of the floors on our first day of inspection, however, upon asking why people from one floor were not attending the staff member told us they were not aware the activity was taking place. Some people that may have enjoyed that activity then missed out. One staff member told us there were plenty of resources at the service, but that staff did not always use them to engage people. We observed there was little interaction between staff and people that was not focussed on the task being carried out, for example we saw staff speaking to people when offering meals or supporting them with their mobility aids, but we did not observe them spending time undertaking activities or engaging people in discussions.

People's relatives were aware of how to make a complaint. 13 complaints had been received during 2015. The interim management team was investigating each complaint, and held meetings with the complainants to address the concerns raised. The interim management team was quick to apologise when poor care had been delivered and informed complainants what action was taken to minimise reoccurrence. The complaints centred around the previous lack of staff at the service and the impact this was having on the quality of care delivery. The interim management team was addressing new concerns when they were raised before they escalated to a formal complaint, to provide a more responsive service and ensure concerns about the quality of care were addressed promptly.

The provider had a system to record and review all complaints. This enabled the manager and the provider to track all complaints received and ensure they were responded to appropriately, and in a timely manner.

Requires improvement

Is the service responsive?

The service held a meeting prior to our inspection to meet with relatives of people using the service. Unfortunately, only one relative attended. The management team wrote to the relatives of each person to update them on the changes to the service including the changes to the management team and the increase in staffing levels. The letter also invited relatives to raise any further concerns they had with the management team so that they could be addressed.

Inadequate

Is the service well-led?

Our findings

Systems were in place to collate information about people's needs and dependency levels. This included reviewing information about infections, pressure sores, weight loss, and falls. The system enabled the management team to review any trends or themes in people's needs, and to identify whether appropriate follow up treatment and care was provided to meet people's needs. However, the interim management team had not reviewed and used this information. The management team had started to meet weekly to discuss changes in people's needs, and there was a plan in place to turn this meeting into a regular clinical risk meeting to ensure people got the support they needed and received a high quality service. However, this was not in place at the time of our inspection.

A meeting was held monthly to review all falls that had occurred at the service and those people identified as being at high risk of falls. This meeting was designed to ensure the people received the appropriate support to maintain their safety. However, we saw that no actions were agreed from the last meeting and one person continued to have regular falls.

There was a process in place to record and report incidents. All incident reports were reviewed by a member of the management team to ensure appropriate management plans were in place to support the person and ensure their care records were updated. However the service did not always learn from previous incidents. We identified that one person had previously had a fall and their care records were not updated to reflect this nor was the management plan to minimise reoccurrence. A safeguarding concern had been investigated in relation to pressure ulcer management. Nevertheless we found there were still concerns around pressure ulcer management on the day of our inspection.

Audits were undertaken to review the quality of care provided. This included auditing care records, medicines management, infection control processes and health and safety systems. However, we saw that the medicines audit did not identify all the concerns that we saw on the day of the inspection and the care records audits were not carried out on all records which meant they did not identify the concerns we saw on the day of our inspection.

The operations director undertook their own checks on the quality of the service. We saw the findings from their visit in April 2015. Their checks identified some concerns with the quality of care provided, however, appropriate action was not taken to address the concerns raised. For example they had raised concerns about how body maps were being completed and that fluid charts were not been accurately completed. We identified this as an area requiring improvement at the time of our inspection. At the time of our inspection no recent checks had been undertaken to review the quality of care delivered at night.

Whilst there were systems in place to review the quality of the service these were not sufficient to ensure high quality care was provided and that risks to people's safety and welfare were mitigated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management and leadership of the service was being developed at the time of our inspection. The registered manager left the service in May 2015. Since then an interim management team was in place to address the concerns raised and improve the quality of care provided. On the day of our inspection recruitment for a new permanent manager was underway. There had been further changes in the management team at the service. One of the deputy managers had left the service and a new clinical lead had been recruited.

The local authority was concerned that there was a lack of leadership at the service and disorganisation within the team. Unit leads were in place on two of the floors, however, the other two floors still required further leadership. The interim management team acknowledged that the staff on the floors needed to take further responsibility and accountability for the care they provided, and ensure the appropriate information was reported to enable the managers to monitor the quality of care provided. There were plans in place to provide further coaching and role modelling to staff through practical supervision to improve the quality of care provided, however this was not in place at the time of our inspection.

Staff told us since the interim management team had been in place and the staffing levels had increased, staff were happy and morale was increasing. Staff told us they felt supported by the interim management team. One staff member said that things were getting better and everyone wanted to do the best for the people using the service. Staff

Inadequate

Is the service well-led?

said they now felt able to approach the staff team if they had any concerns or questions. They felt the management team supported them to provide better quality care. They felt listened to. One staff member said, “Managers are around and if you need them you can go to them.”

However, it was acknowledged by the interim managers that teamwork needed strengthening. There were plans in place to further consult with staff and ensure all staff were informed about the changes required to improve quality. However, at the time of our inspection no staff meetings had been held since January 2015.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not ensure that appropriate care and treatment was provided to service users to meet their individual needs. Regulation 9 (1) (a) (b) (3) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not ensure systems or processes were established to assess, monitor and improve the quality and safety of the service, or to assess, monitor and mitigate the risks relating to the health, safety and welfare or service users. Regulation 17 (1) (2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not ensure persons employed received appropriate support, training, supervision or appraisal to enable them to carry out their duties. Regulation 18 (1) (2) (a).

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was provided in a safe way for service users, as they did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g).

The enforcement action we took:
A warning notice was issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The registered person did not ensure the nutritional and hydration needs of service users were met, as they did not ensure adequate nutritious food and hydration was provided to sustain good health. Regulation 14 (1) (4) (a).

The enforcement action we took:
A warning notice was issued