

Sunningdale Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection of Sunningdale Nursing Home Limited took place on 3 & 6 May 2016.

Sunningdale Nursing Home is a large converted Victorian property, located close to the promenade in Southport, Merseyside. It is registered to provide accommodation for 32 people who need nursing care.

A registered manager was in post. 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.

During the inspection we found breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines, staff support, care planning and the home's governance arrangements.

Staff told us they felt appropriately trained and supported. We found however that staff were not always being provided with training they needed to undertake their job role safely and effectively.

Care plans did not always provide information to inform staff about people's support needs. This placed people at risk of receiving unsafe care.

Medicines were not managed safely. For example, people did not have a plan of care for their medicines and medicines prescribed had not always been given by the staff.

Quality assurance systems were in place but did not operate effectively enough to ensure people received a well-managed service.

People said they felt safe living at the home and were supported in a safe way by staff.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. An adult safeguarding policy and the Local Authority's safeguarding procedure was available for staff referral.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

People living at the home and staff told us that the majority of the time there were sufficient numbers of staff

on duty to care for them.

Risks to people's health and wellbeing had been assessed in accordance with people's needs.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff made referrals to healthcare professionals for advice and support at the appropriate time.

People's individual needs and preferences were respected by staff. People told us staff were kind, caring and respectful in their approach. We observed positive interaction between the staff and people they supported.

A varied social programme led by an activities organiser was available for people to participate in.

People told us they enjoyed the meals and were able to choose what they would like to eat. We found the dining experience chaotic on the first day of the inspection, however on the second day lunch was better organised and a more pleasant experience for everyone.

People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the care and support they needed. People told us they were invited to give feedback about the home through meetings and daily discussions with the staff.

The culture within the service was open and transparent. Staff and people said the home was 'well run' and the registered manager approachable.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

A complaints' procedure was available and people living at the home were aware of how to raise a concern in the home.

There was a maintenance programme and arrangements in place for checking the environment was safe. Risks associated with hazards such as slips, trips and trailing wires were recorded as part of the service's health and safety measures to keep people safe. We however identified some risks during the inspection. The registered manager undertook a health and safety audit of the home and took prompt action to address these areas.

The manager was aware of their responsibility to notify us Care Quality Commission (CQC) of any notifiable incidents in the home.

You can see what action we took at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with individual need.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed. Not all environmental hazards had been identified however the registered manager took prompt actions to address these.

During the inspection there were enough staff on duty to provide care and support to people living in the home.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not always received the training they needed to carry out their role effectively.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs.

Is the service caring?

Good ●

The service was caring.

People's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views taken into account when deciding how to spend their day.

People told us staff were kind, caring and respectful in their approach. We observed positive interaction between the staff and people they supported.

Is the service responsive?

The service was not always responsive.

Care plans did not always provide information to inform staff about people's support needs. This placed people at risk of receiving unsafe care.

Staff worked well with health and social care professionals to make sure people received the care and support they needed.

A varied programme of recreational activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Quality assurance systems were in place but did not operate effectively enough to ensure people received a well-managed service.

Staff told us there was an open and transparent culture in the home. Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

People living in the home told us they were able to share their views and were able to provide feedback about the service.

Staff and people living in the home told us the service was well run and the registered manager approachable.

Requires Improvement ●

Sunningdale Nursing Home Limited

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.

The inspection team consisted of an adult social care 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 our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the commissioners of the service to see if they had any updates about the home. They expressed no concerns about the service.

During the inspection we spent time with five people who were living at the home. We also sought feedback about the service and spoke with three external health care professionals. We spoke with a total of seven staff, including the registered manager, nursing and care staff, cook and activities organiser.

We looked at the care records for four people living at the home, four staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms and the lounge areas.

Is the service safe?

Our findings

We asked people what made them feel safe in the home. They told us, "There's staff looking after you" and "There's always people around to help and they're nice company". Relatives reported they felt the home was safe and the following comment was made, "The very fact everybody is always around. The bell is always available and there's always two carers." We asked people who lived at the home to tell us what they thought about the staffing levels. The majority of people thought the home was adequately staffed though we did receive several comments from people and their relatives with regard to having to wait for help on occasions for staff support. In respect of medicines a person told us, "They (staff) give them to me and I more or less get them on time." All the people we spoke with said they could ask for a painkiller and these were given promptly by the staff.

We looked at staffing numbers in the home and there appeared sufficient numbers of staff during the inspection to support people safely. On the first day of the inspection 29 people were accommodated and 28 on the second day. The off duty showed that in the mornings the home was staffed with six or seven care staff and two nurses. With staff sickness and holidays the registered manager advised that two nurses were not always on duty though they tried to cover this where possible. The staff we spoke with said there were sufficient staff on duty to meet the needs of the people living at the home.

We noted that staff regularly checked on people in the lounge/dining area and in their rooms to ensure their comfort and wellbeing. Over the lunch time period we did observe however that staff appeared somewhat rushed and this did affect the amount of time available to support people with their meal.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. An adult safeguarding policy and the local area safeguarding procedure was available in the home for staff to access. Not all staff were familiar with the role of external agencies when conducting a safeguarding investigation though they told us they would refer to the Local Authority's safeguarding policy for further guidance. During the inspection the procedure for reporting any concerns to the Local Authority was displayed in the nurses' office for easy referral. Safeguarding training was provided though one staff member said they had not attended this training as yet. A member of staff told us, "I would have no worries in speaking up and reporting something."

During this inspection, we looked to see if there were systems in place to ensure the proper and safe handling of medicines. We found medicines were not being managed safely.

A medication policy was in place though this did not record information to support and guide staff in administering medicines covertly. This is when medicine is hidden by disguising it in food or drink, the person is being led to believe that they are not receiving medication, when in fact they are. Staff were aware that the person required their medicines to be given covertly however this method of administration based on the person's identified need was not recorded on their medicine administration chart (MAR). There was a risk therefore that staff did not have the information needed to administer the medicines safely via this route.

Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was recorded most days though there were gaps where this check had not been carried out. This meant the medicines stored in this fridge may not have been safe to use.

Controlled drugs were stored appropriately and we saw records that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. A system was in place to ensure the controlled drugs were regularly checked, counted and recorded. We saw that staff had stored a particular medicine in the controlled drugs cupboard as an extra safety check. They found a discrepancy with the total amount recorded in the controlled drug register and following the inspection the registered manager confirmed that this was due to the amount received being recorded incorrectly. We found that not all quantities of other medicines received into the home had been recorded when received. Quantities of medicines received into the home must be checked to provide an accurate stock check and this had not been carried out safely.

We checked a selection of medication administration records (MAR) and found gaps where staff had not signed to say they had administered their medicines therefore it was not clear as to whether people had received their medicines. Medicines were not given safely as prescribed.

Each MAR contained the contact details for the person's GP and any known allergy. One person did not have a photograph for identification purpose.

We looked to see if creams were applied as prescribed. We found a cream chart had not been completed for a number of days and also stated the cream had been applied to a different area of the body which was not in accordance with the person's prescription. Instructions for application of the cream was three times a day though staff had not administered the cream in accordance with these instructions. Staff were not applying creams safely.

We saw that medicines to be given 'when required' (PRN). We saw the home had forms for nurses to complete when giving PRN medicines however there was no specific protocol for PRN medicines. For example, when to give a PRN medicine and for how long.

People at the home had their medicines administered by the staff. People did not have a plan of care which set out their care and support needs for their medicines. There was a risk therefore staff did not have the information they needed to support people safely with their medicines.

For a person on antibiotic therapy we were not shown any record of why these had been prescribed; when we discussed this medication with staff they were unsure and needed to contact the person's GP to confirm this. There was therefore a risk the person's condition and efficacy of the medication was not being monitored safely.

Waste medicines were logged in a disposal book. The disposal book had columns for recording two staff signatures when disposing of medicines as a safety check; only one staff signature was present in the disposal book.

This is a breach of Regulation 12 2(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Nutritional supplements were given as prescribed for people who had a poor intake.

Medicines were securely locked away when not in use and administered via a monitored dosage system.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at four staff files for newly appointed staff. We asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw one reference was missing in one staff file and the registered manager took action to address this obtain another reference as part of assuring safe recruitment measures. Checks had been made so that staff employed were 'fit' to work with vulnerable people.

We found during our inspection that people were assessed for any risks regarding their health care needs. These included areas of risk such as falls, moving and handling, nutrition and skin integrity. The risk assessments were reviewed and the information used to formulate a plan of care. A process was in place for recording and analysing incidents such as falls. We discussed with the registered manager ways of using this information to further identify trends or patterns as part of the service's quality assurance system.

Systems and processes were established for checking the safety of the water, fire systems, emergency lighting and equipment. Service level agreements were established for moving equipment, heating, lighting, electrical and gas checks. A personal emergency evacuation plan (often referred to as a PEEP) was in place for each of the people living at the home so that they could be evacuated safely and efficiently in the event of an emergency. These were located in nurses' office.

When looking round the home we found the majority of areas to be clean. We noted however that the bathroom on the top floor required cleaning and a cleaning product needed to be stored securely. We informed the registered manager and this was actioned. The cleaning schedule for this bathroom had not been completed since March 2016; other cleaning schedules were current.

Staff had access to gloves, aprons and liquidised soap to help assure good standards of control of infection in the home. Risks associated with hazards such as slips, trips and trailing wires were recorded as part of the service's health and safety measures to keep people safe.

When talking with people some reported that the conservatory where they were sitting was too warm. The air conditioning was 'put on' and this proved to be effective. We spoke with staff who told us the room did get hot and the blinds were also used to reduce the temperature of the room to ensure people's comfort and wellbeing. On the second day of the inspection people told us the temperature of the room was 'ok'.

Is the service effective?

Our findings

We asked people to tell us what they thought about the food. Their comments included, "It's very good", "It's alright, there's plenty of it. If we don't like one thing, we can have something else", "It's quite good, I've got a small appetite so I nearly always leave something, "I love the meals, the cook is very good", "We don't get fish very often, only on a Friday. We had kippers a few weeks ago which I really enjoyed but we haven't had them since" and "Plenty of variety and we get fresh fruit." Relatives told us the food was good and their family member received input from the dietician if they were not eating well.

People told us they could see their GP when they wanted and that staff had a good understanding of their care needs and support they needed and wished to receive.

We looked at staff training and support and found staff were not always appropriately supported to carry out their roles and responsibilities. The registered manager told us staff were being enrolled on the Care Certificate. This is 'an identified set of standards that health and social care workers adhere to in their daily working life'. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within twelve weeks of starting. It was difficult to assess who had completed their induction due to a lack of documented evidence. The registered manager agreed that this was an area that required improvement as there was no evidence to confirm whether staff had shadowed more experienced staff when they started or had been shown the fire procedures, for example. Two new staff confirmed this did form part of their initial induction.

Staff said they received supervision and an annual appraisal. The supervision form took the form of a staff competency check rather than a review of practice, personal support and training needs. The registered manager showed us a new document for recording staff supervision and an induction checklist which they said they were introducing.

A training programme was in place and courses assigned to staff on a monthly basis via staff meetings. Staff training included food hygiene, infection control, moving and handling, first aid, safeguarding, dementia and health and safety. Staff were given booklets to complete and once marked received a certificate of attendance. The registered manager had identified approximately seven staff who needed to complete their workbooks to evidence their training in areas such as, moving and handling, infection control and health and safety. They told us some of these workbooks had been started 18 months ago and were not able to confirm their completion. One staff member told us they had not received any moving and handling training since starting at the home and they were supporting people with the use of moving and handling equipment. They advised us their last moving and handling training was in 2014. Another member of staff told us they had not received any safeguarding training.

This is a breach of Regulation 18 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Formal training in NVQ (National Vocational Qualifications) in Care or an equivalent (QCF level 2/3). QCF

stands for Qualification and Certificate Framework which replaced NVQ's had also been obtained by approximately 74% of staff as part of their learning and development. Bespoke training was offered to support people with end of life care.

We had lunch with people in the dining area of the lounge. The cook served lunch from a heated trolley and the meal was served hot and was tasty. The majority of people had their meal on individual tables which was their choice. One person was using a lap tray for their meal and we questioned whether this was suitable surface on which to serve a meal. We noted there was no variance in portion despite being told some people liked smaller portions.

On the first day of the inspection we found lunch time was chaotic. People were being brought to the lounge when lunch was already been served and this meant for one staff member who was assisting someone with their lunch they had to keep getting up to allow the hoist through. At one point a member of staff left a person they were assisting with their lunch to help another staff member transfer a person from a hoist to a chair. As staff were in and out of the lounge there were not sufficient numbers to support people with their meals. There was loud music on and this was not turned down over lunch. Overall the dining experience was not pleasant and did not provide an opportunity for people to enjoy their meal together. We discussed this with the registered manager who provided assurance that normally lunch time was a social occasion for everyone.

On the second day of the inspection lunch time appeared a lot calmer, there were sufficient numbers of staff to assist people with their lunch and the music had been turned down. Staff checked to make sure people had enough to eat and had enjoyed their meal. The registered manager agreed however to look at the deployment of staff and allocation of work over the lunch time period to ensure this was better managed in the future. People we spoke with did not raise any comments about meal times being disorganised.

People were given a choice of meals, deserts and drinks with the main meal being served at lunch time and hot light snack with soup at tea time. Hot and cold drinks were available at different times of the day. Staff checked to make sure people had a drink with them though we saw one person was not offered a drink with their lunch. There was a menu on the dining room table and in people's rooms for them to choose what they would like to eat. Staff and people we spoke with told us if they did not like what was on the menu then an alternative would be prepared for them. People's dietary preferences and specialist diets were known by the staff and recorded in the kitchen.

Care records showed visits by health and social care professionals. These visits were requested when staff had concerns about a person's health or they required support with their healthcare needs. This included visits from GPs, dietician, member of a swallowing and language therapy team (SALT) and community mental health nurse. For one person whose weight had fluctuated input from the dietician had been suggested; however there was no record of this advice being sought. We brought this to the registered manager's attention and appropriate actions were taken.

We saw in other people's files people's weight was monitored and significant weight changes were referred to a dietician. A health care professional told us "Information for our assessments is always readily available and I have no concerns on how the residents are treated" and "Staff do listen to our advice and care plans and risk assessment are usually up to date."

Some people needed support from staff and before assisting them we heard staff telling them what they intended to do and seeking their consent before proceeding. For example, when using a hoist or helping a person to the bathroom.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Deprivation of Liberty Safeguards (DoLS) had been submitted to the local authority for people living at the home. The registered manager was aware that if authorised we need to be informed in accordance with our regulations. The registered manager was knowledgeable regarding the DoLS and had a good awareness of the principles of the MCA including the two stage mental capacity assessment.

Mental capacity assessment had been carried out for people who lacked capacity to consent to their care and we could see that families had been involved in any discussions and agreements regarding care. Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA Code of Practice. For example, we saw a well-documented and thought out decision around using medication covertly for one person in their best interest. A mental capacity assessment had been undertaken along with holding a best interest meeting involving relevant health professionals, staff and family member to decide whether administering medicine covertly was in the person's best interests. A plan of care was in place to support this practice which was subject to regular review

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) plans were in place for some people. These were in accordance with the MCA and had been coordinated by the person's GP.

Is the service caring?

Our findings

We asked people living at the care home if they thought staff were kind, caring and treated them with respect. People responded positively and their comments included, "As well as they can, they're really good", "Very good, the only thing I don't like is when two come to you and they talk over your head", "The girls are very kind and always polite to me" and "Yes they are all very nice." Relatives said, "The staff are friendly, caring and kind", "The staff treat (family member) well, they talk to (family member)" and "I'm so impressed, the level of care is outstanding. They're very loving, they have tried to make it (family member's) home." External health care professionals reported that the staff were 'very caring', 'helpful' and 'informative'. The following comments were made by external health care professionals, "The staff at the home are always pleasant and make you feel welcome," and "I have always observed staff acting in a caring manner towards residents."

People living at the home told us they were listened to and their views taken into account when deciding how to spend their day. People told us, "Yes, I would say they do they (listen). I haven't found anything adverse about living here" and "They seem to listen to everything I say." People fed back that staff were busy and at times there was limited time for a chat.

We saw that people were involved in the planning of their care and staff checked to make sure they were happy with the support they were receiving.

Apart from lunch time on the first day there was a calm atmosphere throughout the inspection. We saw positive interactions between the staff and the people they supported. Staff conversed with people while assisting them with care activities explaining to people what was happening prior to providing support. Their approach was kind and sensitive; gentle encouragement was provided with daily tasks and people encouraged with their independence. We saw that staff knew people well and knew how to care for them.

Staff told us that people's needs were discussed at daily handovers and these along with the care records provided them with the information they needed to look after people. Care staff were assigned the role of key worker which enabled them to help oversee the social aspects for a small number of people living in the home. When discussing the key worker role a relative told us the key worker had a rapport with their family member.

From the care records we looked at we could see that staff routinely communicated with people living at the home or their families in relation to care needs. People and their families were involved in the care needs assessment and plan of care.

Relatives told us they visited at any time though comments were raised about the lack of space to sit with people in the lounge/conservatory. The registered manager was aware that space was limited and has ordered stacking chairs for visitors in an endeavour make the communal areas less cramped.

For people who had no family or friends to represent them, local advocacy service details were available

and placed on display during the inspection for people to access.

Is the service responsive?

Our findings

People had mixed views regarding the time it took for staff to answer call bells. They appreciated that staff were busy at times. One person said, "They do come when I need help" and another person said, "They're always rushed. If I have to wait a long time, I ring down to the office."

People told us they could make choices around how they wished to spend their day and they enjoyed the social events organised in the home. People's comments included, "Somebody comes in on a Monday doing exercises and we have a yoga person", "When we have parties, that's quite good", "I sit here most days, I join in the activities, it's anything to pass the time, it gets a bit boring", "I've loads of visitors, I watch television, I read and write" and "There is always something going on."

People we spoke with made reference to how difficult it was to see the television screen with the light coming in from the conservatory windows and therefore staff tended to put the radio on. A person said, "We would like to watch a film but you can't see the screen properly." The registered manager told us they were going to make the television free standing rather than mounted on the wall to help improve the viewing.

In respect of social activities relatives said, "(family member) likes singing and dancing" and "They have people coming in for chair exercises, (family member) joins in."

People living at the home had individual care plans. These contained information and guidance for staff on people's health and social care needs, daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing. An external health care professional told us they were always contacted at the appropriate time and "Staff always up to date on the medical issues when I visit."

We saw people and their relatives (where legally empowered to do so) were involved with the assessment and planning of the care people needed.

We found some gaps in the information recorded. For one person who was on meal supplement drinks this was not recorded in their plan of care. There were also a number of gaps in the person's food records. Staff told us the person's food and fluid intake should have been recorded at meal times. There was a risk therefore that staff did not have the information they needed to support the person with their nutrition and to audit the reasons why there may be a weight change.

For another person the staff had used a formal assessment tool to test for problems associated with memory loss or other memory abilities to help diagnose dementia. Staff told us the assessment indicated the person had mental health needs. There was no plan of care to support the person in accordance with this health need.

This is a breach of Regulation 9 (1) (a) and 3(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For a person who was receiving wound care the staff were following the treatment plan which was detailed and subject to review.

At the time of our visit people received the support they needed in a timely manner.

An activities organiser was present on both days of the inspection and musical entertainment was provided in the afternoon which people enjoyed. People were able to take part in a wide range of social activities which including baking, arts and crafts, memory board, quizzes, bingo and dexterity exercise. Ladies were having their nails painted though there did not appear to be any specific entertainment for gentlemen. The activities organiser said they would look into this.

People living at the home that we spoke with were aware of how to make a complaint. We saw the service's complaints' procedure which was displayed so that people could easily access this information. The complaints' procedure did not include contact details for the Local Authority should a person wish to raise a concern about their care. The registered manager said they would update the document with the relevant details. A complaint logged had been investigated in accordance with the service's complaints' procedure and appropriate actions taken on receipt of the concern. A person living in the home raised a concern with us and we reported this to the registered manager who acted promptly in respect of this matter.

A process was in place to seek feedback about the service. This was in the form of surveys which were given to relatives. The registered manager informed us they were given out to relatives around February 2016-March 2016; the surveys were not dated. An analysis of the findings from the surveys dated April 2015 was available and the scoring system showed satisfaction for the service. For example, welcome received 95% and cleanliness 88%.

Is the service well-led?

Our findings

A registered manager was in post for the home and they were present on both days of the inspection. Feedback from staff, people who lived at the home and relatives was positive regarding the management of the home and the registered manager was approachable. We did however receive comments from people who lived at the home that they did not always see the registered manager. We discussed this with the registered manager who informed us they were at the home during the day (this was confirmed with by staff) though of late had been working more in the downstairs office. A relative told us they saw the manager every few days.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks had been completed however these had failed to identify the shortfalls we found during the inspection. For example, care planning, safe management of medicines and staff training.

The most recent medicine audit was dated February 2016 and there was no information recorded as to whether the action stated on the audit had been completed. The medication policy did not cover the administration of covert medication and had not been reviewed since 2010; therefore there was a risk the policy was out of date. We saw the registered manager was in the process of reviewing the service's policies and procedures.

We found a lack of auditing around maintenance and identifying risks associated with hazards in the home. For example, a bathroom window had two cracked panes of glass and these had not been identified through the service's maintenance programme and health and safety audits. Work was also needed to repair the laundry room window and chipped floor tiles.

This is a breach of Regulation 17(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we were informed that the bathroom window had been replaced and checks of window restrictors had been undertaken to ensure they were working effectively.

During the inspection we spoke with the registered manager about the concerns we identified and the need to review and develop better monitoring systems. The registered manager was responsive and was able to tell us some of the steps they were taking to improve the service. This included completion of a health and safety audit following the first day of the inspection.

As part of monitoring infection control, a recent external infection audit by a local community health team had been completed in June 2015 and the home achieved 94% in infection control standards.

An Environmental Health Officer visited the home in January 2016 and awarded the home five stars for food, (five stars being the best score) based on how hygienic and well-managed food preparation areas were on

the premises.

Various approaches were in place to seek feedback about the service. This included relative surveys and resident/relative meetings. The registered manager told us they had taken actions in response to some survey feedback though these actions were not recorded. The latest residents' meeting was held in April 2016 and topics discussed included the key worker role, social activities and the purchase of stacking chairs for use in the lounge.

Staff told us staff meetings took place and that they felt involved, motivated and supported in their job role. They said communication was good and that an open and transparent culture was promoted within the home. Staff said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice.

The manager was aware of their responsibility to notify us Care Quality Commission (CQC) of any notifiable incidents in the home. Our records confirmed this.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The registered provider had not ensured care was planned effectively.
Treatment of disease, disorder or injury	Regulation 9 1(a) 3(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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 registered person had not ensured the safe management of medicines.
Treatment of disease, disorder or injury	Regulation 12 2(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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 registered person did not have a robust system in place to regularly assess and monitor the quality of the service
Treatment of disease, disorder or injury	Regulation 17(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not made suitable arrangements to ensure staff were appropriately supported in their roles and responsibilities.

Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.