

Brookside Residential Care Limited

Brookside Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 and 31 January 2018 and was unannounced.

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

Brookside Residential Home accommodates up to 25 people in one adapted building. At the time of this inspection there were 23 people using the service.

At the last inspection the service was rated as requires improvement. At this inspection the service was rated requires improvement again. This is the third consecutive time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

There was a registered manager in post at the time of the inspection. 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.

People's risks were not always suitably managed in order to keep them safe.

People told us they received their medicines as prescribed however we found some issues which showed that medicines were not always managed safely.

People's care plans were not always up to date with current information, important personal information and professional advice.

Systems and processes in place to monitor the quality and safety of the service needed some improvement, as the issues we identified during the inspection had not been identified through these processes.

People received support to be pain free and comfortable at the end of their lives however their wishes in relation to end of life care were not always recorded.

Staff knew how to protect people from avoidable harm and abuse. Staffing levels were sufficient to meet people's needs and staff had their suitability to work in a care setting checked before they began working with people. Premises were kept clean and tidy and people were protected from the risk of infection.

People's needs and choices were assessed prior to them moving into the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible; the policies and systems in the service support this practice. People were supported by trained staff however some staff needed more support to check they had understood the training they received. Staff received regular supervision and felt supported in their roles.

The environment was suitably adapted to meet people's needs. There was a good choice of food, which people enjoyed and they received support to meet their nutrition and hydration needs. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

Staff were kind, caring and compassionate with people. People were supported to express their views and encouraged and supported to make their own choices. People were treated with dignity and respect and their independence was respected and promoted.

People knew how to complain and concerns were acted upon.

The registered manager was also the provider and was freely available to people, relatives and staff. People, their relatives and staff were involved in the development of the service and they were given opportunities to provide feedback that was acted upon.

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 consistently safe.

People's risks were not always suitably assessed and planned for to keep them safe and medicines were not always managed safely.

People felt safe and staff knew how to protect people from avoidable harm and abuse. There were enough, safely recruited staff to meet people's needs and people were protected from the spread of infection.

Is the service effective?

Good ●

The service was effective.

People were supported to consent to their care in line with current legislation and guidance.

People received effective support from staff who had received training and people enjoyed the food choices on offer.

People had access to healthcare professionals and staff worked collaboratively to provide effective care.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff who took an interest in their wellbeing.

People were provided with choices about their care and their privacy and dignity was upheld.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans were not always accurate and up to date and did not always contain important personal information such as life history and preferences.

People has access to activities they enjoyed and could choose to spend their time how they liked.

People felt able to raise any concerns if they needed to and there was a suitable complaints policy in place.

Is the service well-led?

The service was not consistently well-led.

Systems and processes were not operated effectively to ensure the safety and quality of the service was monitored and improved when required.

People, relatives and staff told us the registered manager was approachable and visible within the service.

There was a positive atmosphere and staff enjoyed working at the home.

Requires Improvement 

Brookside Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 January 2018 and was unannounced. The inspection team consisted of one 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.

We used the information we held about the service to formulate our inspection plan. This included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered feedback received from a person whose relative was cared for at the service, the local authority commissioners and the local authority safeguarding adult's team about the services provided at Brookside Residential Home.

We spoke with six people who used the service and four relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with seven members of staff including the registered manager, deputy manager, a cook and the activities coordinator. We spoke with three visiting healthcare professionals to gain their views about the care and services provided to people. We observed how care staff interacted with people in communal areas and looked at three people's care records.

We also looked at records relating to the management of the service. These included five staff files, training records and quality assurance records.

Is the service safe?

Our findings

At our last inspection we found that the service was safe. At this inspection we found that improvements were needed to ensure that people received a consistently safe service.

People's risks were not always suitably assessed and managed to keep them safe. For example, we found that one person was assessed as being at high risk of malnutrition. They had a care plan in place which guided staff about how to manage this risk and included the need for staff to record the person's food and fluid intake on a chart so that it could be monitored as they had lost weight. There was no system in place for these food and fluid charts to be checked regularly so there was a risk that prompt action would not be taken, such as referrals to other professionals, as nobody was responsible for checking whether the person was receiving adequate levels of food and drink. We saw that the person had been prescribed a nutritional supplement drink but this was not recorded in their care plan which meant there was a risk they may not receive them as prescribed.

Another person was assessed as being at high risk of developing pressure sores. We saw that they had a care plan in place which included the use of a foam cushion and alternating mattress to reduce the risk of their skin deteriorating. Their care plan said that a repositioning schedule that is suited to their current needs should be introduced but it did not state how often the person should be repositioned to reduce the risk of pressure damage to their skin. When we spoke with staff they were aware of the person's risks and told us they would support the person to change position every two to four hours as this had been directed by a district nurse. However, the turn chart in place did not contain information about how often the person should be turned and there were no checks in place from senior or management staff to ensure that staff were carrying out this task, despite the person having pressure damage to their skin. The person also required prescribed creams to help manage the risks to their skin. There was no record of a prescribed barrier cream being applied. The deputy manager told us that the cream was applied at every personal care intervention, however there was no documentary evidence to support that the person was having their cream applied as prescribed. This meant that the person's risk was not consistently managed to ensure their skin was healthy and intact.

People told us they received their medicines as prescribed and we found that people who were able to verbally communicate were regularly offered their medicines that were prescribed 'as required', such as pain relief medicines. However there were no protocols in place to guide staff on how to administer these 'as required' medicines to people who were unable to request them. For example, one person was prescribed 'as required' pain relief but we saw they were unable to verbally communicate when they were in pain. There was no guidance for staff about how the person communicated pain, or signs to look for which may indicate they required pain relief medicine so there was a risk they may not receive the medicine they required to relieve their pain.

We also saw some practices which showed that medicines were not always managed safely. We observed that one person was given their tablets and the staff member walked away to sign the Medicines Administration Record (MAR) before ensuring the person had swallowed their tablets. The person then dropped their tablets on the floor which meant there was a risk that they may not have taken all of their

medicines, despite it being recorded that they had.

Care staff applied prescribed creams to people's skin. However we found that topical MARs and body maps were not always in place for each type of cream that people were prescribed so we could not be sure that people were receiving their creams as prescribed. Medicines that needed cold storage were kept in a fridge and a daily record showing temperature monitoring of the fridge was completed by the registered manager and kept in the diary. However, records showed that the fridge temperature monitoring had ceased when the registered manager went on holiday so we could not be sure that medicines were always being stored at the correct temperature. This meant the efficacy of the medicine may not always be guaranteed which could put people's health and wellbeing at risk.

We could not always verify if people had received the right amount of medicine as stock levels were not always being recorded on the MAR or anywhere else. Boxes of medicines kept in the medicines trolley were being 'topped up' with excess stock. For example, a MAR showed that 23 patches had been administered to a person from a box of 28, so we expected to see five patches left. However, there were 13 patches left in the box because an additional box had been opened and 'topped up' the existing box, but there was no record of this. This meant we could not be sure if the person had the correct amount of prescribed medicine. The issues described showed that medicines were not always safely managed.

We spoke with the registered manager about these issues and they told us they would take action address them. Following the inspection they told us they were implementing protocols for each individual person that was prescribed 'when required' medicines and that these would be regularly reviewed. They told us they would also ensure that each prescribed cream had a corresponding cream chart and body map and that medicines stock issues would be reviewed and addressed. This meant the service was taking action to make improvements when issues had been identified.

People told us they felt safe and we saw that people were smiling and happy when interacting with and receiving support from staff. Relatives told us they were happy with the care delivered at Brookside Residential Home and felt confident their family members were safe. One relative said, "[My relative] is safe and well cared for." Staff were knowledgeable about safeguarding adult's procedures and knew the different types of abuse which may occur, how to recognise signs of abuse and how to report their concerns. The registered manager understood their responsibilities for safeguarding people from abuse and we saw there was a suitable policy in place that had recently been updated. This meant there were suitable systems and processes in place to safeguard people from abuse.

People told us and we saw that staff were available to support people when they needed it. People had portable alarm buttons to alert staff when they needed support and we saw that people were able to use them as required. We observed that people's needs were responded to swiftly and that call bells were answered promptly. Staff told us they felt there was enough of them to meet people's needs. A staff member said, "Yes there is always enough staff." The registered manager told us and we saw that people's dependency was regularly assessed and staffing was reviewed when required. They told us they regularly spoke with staff about how they were managing and that when the home's dependency levels increased they introduced an additional shift to help support people at the busiest times in the home. This showed that staffing levels were kept under review and amended when required to ensure people had the timely support they needed to keep them safe and meet their needs.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service

(DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People and their relatives told us that the service was clean and tidy. One person described their bedroom as, "lovely and clean." We observed that all areas of the home and equipment looked clean and the deputy manager told us that domestic staff were employed. Staff understood the importance of infection control, and we observed them using protective clothing during the inspection. The registered manager told us and we saw an infection control audit had recently been completed. This meant people were protected from the risk of infection and cross contamination.

We found the provider had systems and processes in place to assess the safety of the environment and equipment used to keep people safe. The provider employed a maintenance person who completed regular safety checks of communal and personal spaces and carried out repairs as required. Necessary safety certificates were in place and up to date including gas and electricity which showed that environmental risks were assessed and managed.

Is the service effective?

Our findings

At our last inspection, we found that The Mental Capacity Act 2005 (MCA) had not been followed consistently. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

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. We observed that people were asked for their consent before being supported. When people lacked mental capacity about certain aspects of their care, we saw that a decision specific test of their capacity was now carried out, in line with the MCA. We saw that decisions were made in people's best interests when required and these were accurately recorded and shared with staff to ensure that people's rights were protected.

People can only be deprived of their liberty so that they can 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 (DoLS). We found that people had been referred for a DoLS authorisation when this was required. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person's DoLS authorisation had a condition attached. The registered manager was fully aware of the condition and explained what action had been taken to meet this condition. We found that staff were not always aware when people had a DoLS authorisation in place and staff did not fully understand the requirements of the MCA. Although the service was working in line with the current legislation and guidance to ensure that people's rights were protected, care staff needed more support to understand the MCA and what this meant for people who used the service. Following the inspection, the registered manager sent us an action plan which showed how they were working to support staff to improve their knowledge and understanding in this area to improve outcomes for people who used the service.

Staff were supported to develop the skills and knowledge to provide effective care. Staff told us they were provided with a thorough induction which included online training and spending time shadowing experienced members of staff before they provided care independently. We observed that staff were competent in their roles and they told us they felt confident delivering care following the training and support they had received. They told us they were provided with the opportunity to develop their skills by completing further qualifications in health and social care. Staff felt well supported in their roles and had access to regular supervision and guidance from the registered manager and deputy manager. One staff member said, "I have supervision often. We talk about how I'm getting on and if there are any problems. I feel well supported." Another told us, "We have supervision six weekly. We can request any additional training we want to do. I requested some information on Parkinson's disease then someone came in and did a talk for us." We saw that a staff supervision schedule was in place to ensure staff had access to the

guidance and help they needed. This showed that staff were encouraged to develop their knowledge and skills in order to provide effective care. This meant people were supported by suitably skilled, supported and trained staff.

We saw and people confirmed that their needs and choices were assessed to ensure their needs could be met by the service. A thorough pre-admission assessment was completed prior to a person moving to the home and this included consideration of people's communication requirements and whether they needed any specialist equipment. For example, we saw that one person needed a magnifying glass to help them to read we saw them using this to read a daily newspaper. When additional support and guidance was needed about how to support people, we saw that support and guidance was obtained, for example speech and language therapists were involved in developing plans of care for specialist consistency diets. This showed that people's needs were effectively assessed and guidance was sought when required.

People told us they enjoyed the food at mealtimes. One person said, "The food is quite good. There is a good choice." People told us and we saw they were provided with choices about what they ate and drank. At breakfast time we heard a staff member say, "Are you having a bacon sandwich or do you want your cereal?" At lunch time we observed that people could choose to eat in the dining room, lounge or their own bedroom. People were served a lunch they had chosen and people's comments included, "I enjoyed it, I had salad and cheese" and "I enjoyed my omelette, it was lovely and fluffy." People told us and relatives confirmed that they were offered plenty to eat and drink throughout the day. Staff could describe people's nutritional needs and how they were supported. For example, one person was assessed as requiring a pureed meal due to their risk of choking and we saw this was provided for them. Staff told us that two people used plate guards which helped them to eat their meals independently. This showed that people were supported to eat and drink, in order to maintain a balanced diet.

Staff told us that they attended a handover session at the beginning of each shift. This ensured that they were able to provide a safe and consistent level of care to people. One staff member said, "We have handover which helps us to know about changes to anyone's needs." Another said, "I think we communicate very well as a staff team and with the residents so we can provide good care." We saw that handovers were effective in sharing up to date information about people's changing care needs. For example, daily records showed that a district nurse had advised that one person needed to be encouraged to drink more and this was communicated to all staff via handover. Staff we spoke with were aware of this instruction. They had good knowledge of people's needs and preferences and had up to date information about advice from professionals which meant that handovers were effective in ensuring necessary information was shared within the staff team.

We saw and people confirmed that they were able to see health professionals when they needed to. Some people told us they needed to attend appointments at the hospital and this was coordinated by staff on their behalf. We saw that a number of professionals visited the service on the day of the inspection including district nurses, a doctor and a physiotherapist. They confirmed that staff would contact them when required and follow any advice given. A visiting nurse told us, "We visit twice a day and people here are well looked after. We have no concerns. Staff contact us when needed and follow our advice, they're very good." A doctor said, "[Staff] call us out frequently and appropriately. For example they called me out today as they noticed a chest infection very quickly. They know people so well that they act quickly when they need to." A visiting physiotherapist told us, "[Staff] definitely follow my advice and guidance. For example, one person was not able to mobilise when they got here. I gave advice and exercises to do and now they are able to walk to the toilet so staff have done what I advised, I'm very pleased with the progress. I'm really happy with how they support people." The records we viewed showed that people had accessed health professionals such as; dieticians, speech and language therapists, district nurses and opticians. This meant that people were

supported to access health professionals to maintain their health and wellbeing and advice sought was followed by staff.

We saw that the environment had been adapted to help meet people's physical needs. There was a bathroom with assisted shower and shower chair and a bath with a bath hoist to help people get in and out of the bath. People were able to personalise their own bedrooms and choose the decoration of their bedrooms when they moved in. Some people's bedrooms were upstairs and we saw there was an evacuation chair in place should people need to be evacuated quickly in the event of a fire or emergency. There was a conservatory at the back of the lounge with very pleasant views. Although it was not in use during the inspection due to it being cold at the time of year, people and staff told us they enjoyed sitting in the conservatory in warmer months and enjoying the views. This meant that people's needs were met by the adaptation and design of the premises.

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection the service continued to be caring.

People told us they were happy with the care they received and the way staff treated them. Comments included, "the staff are wonderful", "the care is fantastic. The [staff] are very good and very obliging" and "the home is very nice. I get on very well with the [staff], we have a laugh." Relatives told us that people were treated with kindness and respect. A visiting doctor said, "It's very nice here, I have no concerns about the care people get. They [staff] know people so well, there's a personal touch. It's the right size to be able to be personal." We observed that staff treated people with kindness and compassion. For example, we saw staff asking people if they were comfortable and engaging in chat about things people were interested in. We saw one staff member was assisting a person with their hair and make-up and noticed their skin was cold. They asked, "Are you warm enough?" then assisted the person to get a cardigan. This showed that people were treated with kindness by staff who took an interest in their wellbeing.

People told us that they were given choices about their care and how they spent their time. We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard or understood the question. People responded well to the way staff interacted with them and staff had a good understanding of how best to communicate with people. A staff member said, "People make their own decisions here." Another staff member said, "People have choices. It's like one big happy family here, we work together." The cook told us, "There are two menu choices per day but this is only used as a guide, people can have alternatives. New menus are being developed and people are involved in that." We saw that the activities coordinator had done a piece of work which involved sitting with each person to understand their choices and preferences, this was then recorded for each person so that staff knew how best to encourage people to make their own choices. This showed that people were supported to express their views and be involved in choices about their care.

People's privacy and dignity was maintained. We observed staff ensuring that doors were closed before supporting people to use the toilet and knocking on people's bedroom doors before entering. Staff told us how they respected people's dignity and privacy. A staff member said, "I always make sure that doors are closed and people are covered up as much as possible when I'm providing personal care. I make sure they're comfortable." People were able to access their bedrooms whenever they chose to and could have privacy by themselves or with their visitors. People and relatives confirmed that visitors were welcomed at any time. People looked well presented in clean and matching clothes which upheld their dignity. People's independence was also promoted. One person told us they regularly went out with their relative for lunch or shopping and another person said they used to walk into town when their mobility was better, so people were encouraged and supported to maintain their independence.

Is the service responsive?

Our findings

At our last inspection, we found that the service was responsive. At this inspection, we found that improvements were required to ensure people received a consistently responsive service.

At the time of our inspection, some people were receiving end of life care at the home. We saw that they had access to relevant professionals and medicines to help keep them comfortable and pain-free. However we found that their care plans had not always been updated to reflect the care they wanted or needed to receive at the end of their life. There was no specific end of life care plan in place and some of the information in their current care plan was out of date or not relevant. For example, a district nurse had advised that one person need not be weighed as it was too disruptive for them and not necessary at the end of their life. Their care plan had not been updated with this advice so there was a risk that all staff may not be aware of the advice given by professionals to ensure the person remained comfortable. We found that details of people's wishes in relation to their end of life were not always recorded or were very brief. This meant there was a risk that people may not receive the care they would wish for, when they needed it. We fed this back to the registered manager and following the inspection they provided us with an action plan which detailed that all people will be provided with the opportunity to discuss their end of life wishes and have these documented in their care plans.

People told us they received care that was responsive to their needs because staff knew people well and people were involved in their care planning as much as possible. However, improvements were needed to ensure that personalised information such as life history information, preferences, likes and dislikes, diverse needs such as people's sexual orientation was available to staff to enable them to provide a fully personalised service. We found that the activities coordinator had completed a piece of work to gather some personalised information, however it was kept in a separate folder to people's care plan which meant that all staff did not have readily available access to the information. We fed this back to the registered manager and they informed us following the inspection that this valuable information had been incorporated into people's care plans so that it was available to all staff.

People told us they had access to activities within the home and had the freedom to spend their time how they chose. One person told us they would often choose to "lie in in the morning" and the staff would provide them with a late breakfast. Other people enjoyed reading and were provided with daily newspapers and a small library of books to support them to continue to enjoy their hobby. This showed the service was responsive to people's individual needs and preferences. A group of people had been involved in helping the activities coordinator to plan activities according to people's interests and recently a group of seven had enjoyed a trip out to the theatre. Another group of people enjoyed arts and crafts and met regularly whilst other people gathered together to listen to their favourite music. The activities coordinator kept a record of activities people had been involved with and they told us they were developing their role, with the support of the registered manager, so that they could increase people's access to activities they enjoyed and they planned to introduce a regular newsletter that people could be involved with. This meant that people had access to activities that interested them and the service had plans to further increase this.

People and relatives knew how to raise concerns and complaints and felt able to do this when required. A relative told us the registered manager was very responsive to any concerns or suggestions raised to them. They told us that when their relative first moved to the home, they were not keen on the bedroom they were allocated. A relative mentioned this and the registered manager quickly arranged for them to move to a more suitable room. They said that the home was, "always very attentive and very accommodating." Information on how to make a complaint was available to people and displayed clearly within the home. The registered manager told us that no complaints had recently been received but we saw that they had a suitable complaints policy in place to deal with any complaints. This included detail of other agencies that people could raise concerns to if they remained unhappy. The registered manager said they would look into developing a more 'easy read' version of the complaints policy to ensure it was accessible to everyone who used the service including those who may be living with dementia.

Is the service well-led?

Our findings

At our last inspection we found that improvements were needed to ensure the service was consistently well-led. At this inspection we found that improvements were still needed and a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

There was a registered manager in post who was also the provider of the service. They had been at the home for several years and knew people who used the service well. However, they had not ensured that required improvements were made and sustained in order to achieve a good rating following the last inspection. This is the third consecutive time the service has been rated as requires improvement.

Systems were not operated effectively to assess, monitor and improve the quality of the services provided. For example, a medicines audit was in place and the registered manager told us it was completed, "roughly monthly to six weekly." However, we saw periods of over nine weeks where no checks of medicines administration had been completed as there was no structured system in place to ensure audits were carried out when they should be. A medicines audit was last completed on 8 January 2018 but it did not identify the issues we found during inspection so the audit had not been effective in identifying issues and driving improvement. Additionally, the audit tool used by the provider did not include a check of topical creams so there was no checking system in place to ensure topical creams were managed in line with the prescription. The registered manager told us an infection control audit should be completed monthly but we found that none were completed between 13 September 2017 and 23 January 2018. An issue identified during the 23 January 2018 audit was that staff training needed to be updated. However, there was no action plan in place so we could not see that the identified issue had been addressed. This meant that systems were not effective in monitoring and improving the quality and safety of services provided.

Some people's care plans did not contain accurate and up to date information about their care needs, including people who were received end of life care. For example, we found that one person had a catheter fitted five days prior to the inspection and there was no care plan in place to guide staff on their role in supporting the person with catheter care. Another person was prescribed nutritional supplements but this was not recorded in their care plan. Some people had specific professional advice in relation to their care and although this was recorded in daily notes and shared with staff during handover, their care plans had not been updated with the additional professional advice which meant that accurate and complete records were not always maintained. There were no audits of care plans in place so the registered manager was unaware of the issues with care plans that we identified during the inspection and therefore did not have plans in place to make improvements.

Some people required specific monitoring in relation to their risks. For example, repositioning charts to manage risks to their skin and food and fluid charts to manage malnutrition risks. We found that some fluid monitoring charts did not contain target fluid intake amounts or total amounts received each day which made it difficult to identify when there was an issue which may need further investigation or professional advice. There was no system in place for checking these charts to ensure people had received the required amount of food and fluid or the required support to change position. Staff told us they thought that the

deputy manager and registered manager regularly checked the charts. However, the managers told us they were not routinely reviewed but could be referred back to if needed. This meant the provider could not be sure that people's risks were managed because systems in place to monitor and mitigate risks were not operated effectively.

There was no system in place to ensure that fridge temperatures, where medicines were kept, were checked when the registered manager was not present in the home. It is important that fridge temperatures are checked. This is because if medicines are not stored correctly it can affect how effective the medicine can be at treating people.

The above evidence shows that systems and processes had not been operated effectively to ensure that people received consistently safe and good quality care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent us an action plan which detailed some areas of concern that were raised during the inspection and the plans put into place to address these concerns. However, this did not cover all the areas of concern raised during the inspection.

People, relatives and staff told us that the registered manager and deputy manager were approachable and supportive. One person said, "[Registered Manager] is very approachable and obliging." People and relatives consistently told us they knew who the manager was and that they often saw them around the service. We observed the registered manager and deputy manager chatting to people who used the service about things they likes and they clearly knew people well. A staff member said, "The management are approachable and I have confidence in them. I love working here; it's one of the best care homes I've worked in." This showed that the registered manager promoted an open and positive culture within the home.

People and relatives were partly engaged and involved in the development of the service and there were plans in place to increase this. The activities coordinator took a lead role in engaging people and relatives, with the support of the registered manager. People were able to share feedback on the quality of the service provided during one to one time with the activities coordinator and small organised group sessions. Surveys were also issued to people in January 2018 and the feedback from these was in the process of being collated and acted upon. We saw that some feedback had already been acted upon. For example, one person had requested more fresh vegetables at meal times and the activities coordinator told us that as well as sharing this feedback with the cook, they had plans for people to grow some vegetables in the garden which they could then cook and eat. There were plans to introduce a newsletter to increase people and relatives involvement and engagement with the service. Staff were actively involved in the development of the service and we saw that regular staff meetings took place where opportunities to share any concerns and feedback were available. Staff told us they felt supported in their roles and comfortable to approach the management with any issues.

We found the registered manager and staff team worked collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, district nurses, physiotherapists and dietician. The registered manager told us they had good relationships with the district nurses who visited regularly and the district nurse we spoke said also felt a good working relationship was in place. This showed that the management were actively working with partnership agencies and other professionals to improve outcomes for people.

It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgments. We saw that the rating of the last inspection was on display.

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 17 HSCA RA Regulations 2014 Good governance Systems were not operated effectively to assess, monitor and improve the quality of the services provided.