

Sunny Okukpolor Humphreys Kenilworth Care Home

Inspection report

Duncan Place, Loftus, Saltburn By The Sea, TS13 4PR Date of inspection visit: 27 April 2015 & 01 May 2015
Tel: 01287 640203 Date of publication: 21/12/2015

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



Overall summary

This was an unannounced inspection which was carried out over two days on 27 April 2015 and 1 May 2015.

We previously inspected Kenilworth Care Home in May 2014. At that inspection we found the service was meeting all of the essential standards that we assessed.

Kenilworth Care Home provides accommodation for up to 20 people who need help and support with their personal care. The home is a two storey Victorian house with a purpose built single storey extension. There is a stair lift to assist people to get to the upper floors. At the time of our inspection there were 18 people living at the home.

The home had a registered manager in place. 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 registered manager had worked at Kenilworth Care home for many years prior to becoming registered manager.

People living at service spoke positively about the care and support which they received from staff. They told us they felt safe. All staff at the home had not undertaken training in Safeguarding adults. They had some understanding about the types of abuse but were not always clear about the principles and processes of safeguarding.

Summary of findings

People were cared for by sufficient numbers of experienced staff. Robust recruitment procedures were in place and appropriate checks had been undertaken before staff began work.

Through our observations of staff providing care and support to people, we could see that staff knew people well. Staff were easily able to engage people in conversation. They were respectful to people when they provided care and they ensured people's privacy and dignity were maintained.

We saw that medicines were administered correctly. There were protocols in place for managing medicines and for when required medicines (PRN). We did find medication records for PRN medications were not always person-centred.

Some staff had been trained in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Not all staff including the management team we spoke with were knowledgeable about the procedures which they needed to follow should an application needed to be made. This meant that people may not be safeguarded when they needed to be and their human rights respected.

During our inspection we saw that people had contact with their relatives and friends both in the home and out in the community.

Care plans were personalised and contained the information they needed. Care and support was delivered to people in line with their care needs. Care records detailed the information needed to tailor care to people's specific needs. People were not involved in the development and review of their care plans.

People had regular access to health professionals and were supported to have regular health checks. When people were required to go to hospital they were supported by their relatives or staff.

People had access to regular food and hydration in sufficient quantities. People had choice over meals and these could be changed if people wanted something different.

Everyone we spoke to were aware of how to make a complaint. Staff were knowledgeable about the action they needed to take following a complaint. Everyone we spoke to felt able to speak to the registered manager and did not raise any complaints or concerns about the service.

People we spoke with told us the registered manager was regularly on duty and made a point of coming to see them each day. Everyone we spoke with at the service told us the registered manager was accessible and they felt able to discuss any issues or concerns which they had with them.

Staff had not received regular training to help them to perform their roles and to increase their knowledge. Staff had not received an appraisal over the last year and supervisions were not up to date. This meant that staff were not supported to carry out their role and regular monitoring was not place.

Health and safety checks and certificates were not up to date. We found some certificates had expired. There were gaps in some records so we could not be sure if some checks had been carried out and personal emergency evacuation information was out of date.

The service was very clean and tidy. People we spoke to told us this was always the case. Staff had access to personal protection equipment (PPE) such as gloves and aprons. Staff we with confirmed they always had enough PPE.

Procedures were not in place to monitor the quality of the service. Regular audits were not carried out. The registered manager did not seek out the views of people at the service or staff.

We found breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to checks of the building and equipment needed to support people, training, supervision and appraisal and methods used to monitor the quality of the service. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was not consistently safe.

Not all maintenance of the premises and equipment was up to date.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff were recruited safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

Training and supervision was not up to date and staff had not received an appraisal.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff did not have a good understanding of the Mental Capacity Act 2005 or Deprivation of Liberties Safeguards.

People's healthcare needs were assessed and people had good access to professionals who visited the service regularly.

Requires improvement



Is the service caring?

The service was caring

People told us they were well cared for. Through our observations and from speaking with staff we could see they knew people well.

People were not involved in making decisions about their care and independence.

People were treated with respect and their independence, privacy and dignity were promoted.

Good



Is the service responsive?

The service was not consistently responsive.

People's needs were assessment and care plans were produces identifying how to support people with their needs.

There was a lack of activities at the home.

There was a good complaints procedure in place. The manager took appropriate action when needed.

Requires improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led.

People and relatives told us the registered manager was approachable and they had regular contact.

Meetings with people, their relatives and staff did not take place. There were no surveys or newsletters.

Accidents and incidents were monitored. Audits were not carried out regularly.

Requires improvement



Kenilworth Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 27 April 2015 and 01 May 2015. Our first visit was unannounced, this meant the staff and registered provider did not know we would be visiting. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning officer from the local authority commissioning team about the service.

The provider was not asked to complete a 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 our inspection we spoke with ten people who use the service, four relatives and eight members of staff. We observed care and support in communal areas of the home and spoke with people in private who lived at the service. We reviewed a range of records, including four care records, care planning documentation, medication records, staff files, including staff recruitment, supervision and training records, records related to the management of the home and a variety of policies and procedures developed and implemented by the provider.

On the first day of our visit to the home we focused on speaking with people who lived at the home and their visitors, speaking with staff and observing how people were cared for. We also examined staff records and some records required for the day to day running of the home. The inspector returned to the home for a second day to look at some areas in more detail and to examine records related to the running of the service as well as speaking with more staff.

Is the service safe?

Our findings

We spoke with the registered manager and looked at records to check the safety of the building and equipment used within the home. Appropriate certificates were in place for fire extinguishers, electrics, stair lift, wheelchairs and portable appliance testing (PAT). We saw that the gas safety certificate had expired the week before our inspection and the last legionella record was dated April 2010; we asked the registered manager to take action to address this. Maintenance records did not show if needed repairs had been carried out. Chair scales had not been calibrated for two years and there were no records of hot and cold temperature records. This meant that we did not know if the chair scales were accurate and if water temperatures were safe for people to use. Emergency call bell checks had not been carried out. The home had implemented daily health and safety checks which looked at things such as the kitchen area and cleaning materials. We found that these checks were not always carried out. Monthly checks of fire exits were up to date.

Records confirmed weekly fire drills were carried out; however these had not been conducted for the last month. Records did not show the number of people who participated, the time taken to respond to the fire drill and any actions which had arisen from the fire drill. We could not see if the weekly fire drills were effective. Records were in place for daily fire checks but we could only see records to confirm that this had been carried once during the last year. Personal Emergency Evacuation Plans (PEEP) for people living at the home were not up to date. A PEEP provides staff and emergency workers with the information they need to evacuate people who cannot safely get themselves out of a building unaided during an emergency. All staff we spoke with told us they felt confident in dealing with emergency situations.

There was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15 premises and equipment. Not all equipment needed for people or for the running of the home were regularly serviced. Health and safety checks and information needed for emergencies was not up to date.

Everyone we spoke with told us they felt safe. One person we spoke with told us, "Staff come in at night to make sure I am alright." One staff member told us, "I like to make sure that people are safe, clean, well fed and feel loved. If I

thought anyone was badly treated I would speak to the manager immediately." The registered manager discussed the action they took to keep people safe and said there was always a member of the senior team on-call.

A safeguarding policy was in place and staff were able to give some examples about things which could constitute abuse. Knowledge around the procedures for raising a safeguarding alert was limited; we spoke with the registered manager and asked them to address this. We could see that appropriate action had been taken to investigate recent safeguarding's. Appropriate arrangements were in place to protect people from financial abuse. Nine people we spoke with told us that their families helped them with their financial arrangements and were happy with this. One person told us that the home managed their money and they had no concerns around this.

Each person who used the service had a dependency tool to determine their needs and this was used to manage staffing levels. We looked at four weeks of duty rotas (two weeks prior to our inspection and two weeks following our inspection) and found that staffing levels were in line with people's needs. The registered manager told us that staffing levels would be increased if people's needs changed. All staff we spoke with told us that there were always enough staff on duty; One staff member told us, "There are enough staff on duty." People we spoke with told us: "There seems to be enough staff in the day time, I don't know about night time as I don't need them" And "There are enough staff, there are two good ones at night." Other people also told us "There is not enough staff, I have to wait for help. There were only two staff on last night" And "I sometimes wait" and "If I need something I get it" And "I sometimes wait but not for long." We saw that the home had a good procedure for dealing with sickness and cover was provided by the staff team in the home.

Effective recruitment procedures were in place to ensure the safety of people being cared for. A recruitment policy was in place and all staff had a Disclosure and Barring Check prior to their employment to ensure that they were safe to work with vulnerable adults. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Is the service safe?

One staff member told us, “I couldn’t start here until I had a police check.” We could see that people had the necessary skills and experience needed to work at the home. Seven of the staff we spoke with during our inspection had worked at the home for over five years. We looked at the recruitment records of six members of staff. We saw that checks on their identity, references from their previous employers and an application form were in place. Information relating to the interview process was minimal and not in place for all staff.

Good procedures were in place for managing people’s medicines safely. Appropriate arrangements were in place for ordering, obtaining and checking medicines upon receipt into the home. We looked at the medical administration records (MARs) for six people and found they were up to date. We looked at three records for when required (PRN) medication which is medication which is not routinely given, but is available for people when they need it. We found gaps in the recording of information. Where people were prescribed medication for pain, we could not be sure what type of pain this was for and there was no information about when a review should take place. Topical cream records were in place for people. Sufficient quantities of medicines were in place for people and were stored safely. Room and fridge temperatures for medication to ensure they were safely kept were in place and were recorded daily. Only people who had undertaken training in medicines management were allowed to handle medication. We spoke with the senior carer on duty and could see that they were confident in the procedures which they needed to follow to order, check, administer and dispose of medication safely.

Prior to our inspection there had been no whistleblowing concerns. All staff we spoke with were aware of the policy and told us that they had no hesitation in whistleblowing if they needed to. Staff we spoke with during our inspection did not have any concerns about the home.

Checks of the building were carried out by staff to ensure the safety and security of the building. People we spoke with told us that they did not have a key to their bedroom door or drawer because they did not want one. We saw that the front door was locked, though people living at the home could leave whenever they wanted. We saw that all visitors to the home were required to sign in and produce identification; this helped to ensure people’s safety. We saw that staff did not wear identification badges so we were not sure of people’s names and roles at the start of our inspection. We discussed this with the registered manager and they told us they would ensure all staff had identification badges.

Risk assessments showed that staff had considered the safety of people whilst helping to maintain their independence. In the case of risk assessments for falls, we could see that staff had looked at people’s abilities with walking, potential risks and support or walking aids that may have been needed to reduce any risks. Accident and incident records were recorded by staff and were fully completed however no analysis of these records was available. This analysis would have identified any patterns or trends and could inform the action which may have needed to be taken.

Each area of the home was clean and well-maintained. Up to date records were in place to show that daily, weekly and monthly infection control tasks had been completed. During our visit we could see that all staff had access to hand washing facilities and any personal protective equipment which they needed, such as gloves and aprons. The deputy manager and a domestic member of staff were both infection control champions for the home.

Is the service effective?

Our findings

The supervision policy stated that supervision should take place every eight weeks; however this had not been reviewed since October 2010. Less than 2 supervisions had taken place for staff. Both staff and the registered manager confirmed that supervision and appraisals had not taken place during the last year. This meant that we could not see how staff were supported in carrying out their role at the home. An appraisal is a formal discussion between a staff member and their supervisor about the staff members performance and objectives for the coming year as part of their development.

We found gaps in staff training. Of the 26 staff at the home 13 staff were trained in first aid, 16 members of staff had manual handling training, 15 members of staff had undertaken training in the Control of substances hazardous to health (COSHH) and 16 people had attended Mental Capacity Act training. No staff had up to date training in fire, safeguarding, infection control or health and safety. There was a lack of knowledge with the senior members of the team about which training was considered mandatory and the frequency of training. They thought safeguarding adults training was not mandatory and they had not therefore undertaken this training. The registered manager told us, “We do not have a dementia lead, all staff are trained,” however training records showed that there were no members of staff with up to date training. We also spoke with the registered manager about dealing with medical emergencies. They were very clear that CPR would be carried out if staff were directed to do so by the emergency services. The registered manager told us that all staff were first aid trained, but training records did not support this. One staff member told us, “I would feel confident in dealing with a medical emergency because I have had first aid training.” Although training in managing behaviours that challenge wasn’t up to date staff told us they felt confident in managing them. Staff told us that people living at the service rarely displayed behaviours that challenge.

There was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 Staffing. Staff training, supervision and appraisals were not up to date.

We looked at whether the service was applying the Mental Capacity Act (MCA) 2005 appropriately. These safeguards protect the rights of adults using services who lack capacity

to make decisions by ensuring that if there were restrictions on their freedom and liberty these were assessed by professionals who are trained to assess whether the restriction is needed. We saw blank MCA assessments in people’s care records. There was a lack of understanding about when a MCA assessment should be completed. We found differences in the knowledge of staff about MCA and DoL’s. One staff member who had received training told us, “We always assume people have capacity. We have to check that people can communicate and understand what is happening.” The registered manager confirmed that no one was subject to Deprivation of Liberties (DoL’s).

We recommend the registered manager takes action to ensure all staff are confident about when a person may need a mental capacity assessment or have a deprivation of liberties restriction put in place and the procedures they need to follow to do this.

A robust induction procedure was in place which included a checklist which all staff had completed and included things such as reading policies, shadowing staff and getting to know people who lived at the home. One staff member we spoke with told us, “I spent a couple of weeks shadowing people in the team as part of my induction.”

A restraint policy was in place. The registered manager told us that the home did not carry out restraint on people. At the time of our inspection there were no people in the home who displayed behaviours which could challenge.

In the care records we looked at, we saw that one person had a ‘Do Not Attempt Cardio Pulmonary Resuscitation’ (DNACPR). We saw that this record had been completed appropriately and was done so in consultation with the person. This meant that care staff could comply with the wishes of the person when needed. Staff we spoke with had a good understanding of DNACPR.

Care records detailed the involvement people had with health professionals such as a district nurse, dietician and general practitioner when they needed it. One person told us, “The chiropodist and an optician come to see me.” We saw that consent was sought from three people who recently had an influenza vaccination. We could see that district nurses were involved with people and care plans clearly documented the action which staff needed to take to continue with the treatment plans they had put in place for people. Everyone we spoke with told us a Doctor would

Is the service effective?

be called if necessary, one person told us, “I get a flu jab and my own Doctor comes to see me.” Another person told us, “When I was poorly they (staff) called an ambulance very quickly.”

There were food and drinks freely available for people in the home. A four week menu was in place and available in written and pictorial format for people who did not understand written word. During our observation of lunch we could see that people were given hot food and in the quantities which they wanted. We saw staff attending to people’s needs. One person we spoke with told us, “There are enough staff at meal times, I get everything on demand.” We spoke with the cook and they told us about the action they took to get to know people and be able to accommodate their needs. They told us, “When people move in I discuss their likes, dislikes and dietary needs; I incorporate this into menu planning.” People we spoke with were complimentary about the food provided. They told us, “It is good and there is plenty” And “It is very very good with lots of fresh veg. We have a choice of three and there is a cooked tea, perhaps beans on toast or something” And “It is lovely food, it is hot and plenty. I can get something else if required.” The cook was very aware that people’s needs change, they told us, “Every day I ask people what they would like for lunch and tea. Food is freshly made each day. I will change the menu if I need to.”

Care plans showed what support people needed with their eating and drinking. We saw dietician involvement in two care plans and could see that staff were following their

advice. The cook kept records of what people had to eat and drink, they told us: “I record what people eat each day in case they become ill or need monitoring because of their health needs. We also have a temperature monitoring book for foods. This is important for health and safety”

People were weighed weekly. People we spoke with and records confirmed this. One staff member told us, “We weigh people weekly and record this in people’s care records. We prompt people to eat when needed. We also liaise with our cook to look at increasing high calorie foods such as milky puddings and milkshakes.” We spoke with the cook and they confirmed this to be the case, “Carers tell me if people are at risk of malnutrition or losing weight and I look at how I can increase their calorific intake. We can increase their snacks throughout the day or can add powdered milk or cream cheese to dishes.”

The registered manager told us that people did not have a hospital passport. They told us that when people were admitted to hospital they provided a copy of the MAR. A hospital passport is designed to inform hospital staff about a person’s health and communication needs. It means that care specific to the individual can be given.

There are 14 bedrooms on the ground floor of the home, two bedrooms on the first floor and four bedrooms on the second floor which can be accessed using a stair lift. The manager told us that people on the first and second floors are more able and consent is sought for placing people in these rooms.

Is the service caring?

Our findings

We could see that staff knew people who lived at the home well based on how they spoke to people, the attention to detail when supporting people with their needs and the topics of conversations. People we spoke with were complimentary about staff, they told us, “The staff are very caring and chat sometimes” And “They (staff) come in and we have a chat and a bit of fun” And “I am looked after much better than when I was living in my own home and had carers coming in.” Staff were kind to people and did not rush people when providing support. We could see that care was dignified and there was attention to detail. This detail meant that staff new people well.

Throughout the day staff were very positive of everyone they cared for and nothing was too much trouble. People told us, “I am very happy, the staff do their best,” “Oh I am very happy, they (staff) are very good, there are no problems” And “You couldn’t get any better girls, they are all nice. I get on with them all.” There was a relaxed atmosphere at the home, people were able to take their time and nobody was too busy. People had choice about when care was given and how they wanted to spend their time, one person told us, “The staff always ask what I would like to do.”

One staff member told us, “I like to see people smile and be happy. It’s such a great achievement. It is important for people to be looked after well and are well fed.” We saw staff spoke to everyone as they moved around the home. We found they were jolly and cheerful at all times.

Care was provided in a dignified and caring way. People were given the time they needed and reassurance was given when needed. Consent was sought before care was given. One person told us, “They (staff) always knock before coming in.” Another person said, “I can shut my door if I want.” When people had specific questions, staff took the time to answer them. The registered manager told us, “We do not have a dignity champion at the home because we do not need one. All staff promote dignity, it’s part of the ethos of the home.” All people and their relative we spoke with confirmed they were treated with dignity and respect.

Staff encouraged people to be independent with their own care but provided support when needed. We could see from our observations and from people’s care records that some people were capable of going outside on their own. We found that people were not actively encouraged to do so; when we spoke to staff about this, they told us that people had not requested to do this.

We saw a leaflet about advocacy was displayed on the notice board in the reception area of the home which people were able to access. This meant people living at the home could access confidential support when they needed it. Advocacy is a process which allows people access to independent support with their views, rights and access to information.

Is the service responsive?

Our findings

Capacity assessments and people's consent in relation to planning, managing and reviewing their care was not recorded consistently

Care plans were detailed about people's needs but they did not show how people were involved in the development and review of these. Everyone we spoke to told us they had not been involved in their care plans, one person told us, "No I have not been involved. I do what I am told. If I don't like it, I tell them." We could see that care plans were reviewed but this was not consistent. People had the risk assessments they needed but they were not always fully completed, reviewed regularly or signed by the person they were for. We found that the risks identified in the risk assessments such as someone being at risk of falls was not reflected in their care plan. We also found that key worker notes were not always up to date.

Care plans had the personalised information needed to care for people and be able to meet their specific needs; they helped to promote people's independence. MAR charts did not always provide the reason for pain relief. We could see that medication was needed for pain but we did not know what type of pain this was for.

Staff had a good understanding of people's needs and could easily comment on the detail in people's care plans. We found that the information contained in people's daily records was very limited and was not personalised; we also found gaps in the records where no entries had been made.

Staff knowledge about person-centred care was good and staff were able to provide detailed information about how they put this into practice. One staff member told us, "Caring for someone which suits their preferred needs and asking for their permission. Giving care when people want it." People we spoke with told us that they could get up and go to bed when they wanted and could go out if they wished.

We found that activities in the home were limited. There was no activities schedule in place and there were no

activities records. This meant we could not see if people were involved in activities. We saw evidence to show that an entertainer visited the home once per month and a motivation company attended once every two months and a bingo session ran every two months. During our inspection on both days we saw people playing dominoes. During our observation of one of these sessions, one person said, "There is not much to do here," and another person said, "We are only playing dominos because there is nothing else to do." We could see that people had access to computers and the internet; staff and people we spoke with told us that they enjoyed listening to songs on YouTube.

We recommend that the registered manager looks at the provision of activities provided at the home.

We did see that some people had their own hobbies and interests. One person we spoke with was knitting, they told us, "I do a lot of knitting, I make teddy bears. I also like singing, reading the newspaper and watching television." Another person told us, "I like knitting and my music. I get books in the post and newspapers delivered." People also told us about their visits into the local community with their relatives.

There were no records in place which showed how people and their relatives were informed of upcoming events and changes happening at the home. We spoke with the registered manager and were told that information was given verbally to people.

There was a clear policy and procedure in place for complaints. The complaints procedure was displayed within the communal areas of the home. All staff we spoke with were clear about the action they needed to take to deal with a complaint. There were no records of any complaints during the last year; the registered manager told us that no complaints had been made. All of the people we spoke with during the inspection told us that they did not have any complaints to make.

Is the service well-led?

Our findings

We saw that no staff, service user or relative meetings had taken place. We were told that a survey for people living at the home was carried out in 2014 but no data was available, only a blank survey. No one we spoke to during our inspection was aware of any meetings or surveys. One relative told us, "I haven't a clue about meetings; it doesn't mean anything to me." This meant that we did not know how people could communicate their views.

A mattress audit was carried out every month but the effectiveness of this audit was unclear. A section of the audit related to the checking of all mattresses within the home; however the audit did not show this. This meant that we could not be sure if all mattresses had been checked. One audit of hoists had been carried out during the last year. This audit stated that all staff had undertaken manual handling training. The training matrix confirmed this not to be the case. One audit for body fluid spillages had been carried out. Since the first day of our visit, audits in slips, trips and falls, medicines and nutrition had also been carried out. There were no audits for things such as care plans, food and nutrition, falls, health and safety, training or quality assurance.

The statement of purpose for the home was dated April 2013. We found that parts of this information were out of date. We did not see a business plan during our inspection. We did see a development plan dated April 2015 which informed that new windows and chairs would be provided and that training was to be a priority.

Records showed the provider had visited the home seven times during the last year. Notes from these visits showed that the provider visited for half a day and spent time speaking to people who lived in the home. Records were limited and it was difficult to see how the provider ensured the quality of the service. There were no action plans as a result of any of the provider visits. We could not be sure what action the provider took to ensure the quality of the service.

There was a breach of Health and Social care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 good governance. Good systems were not in place to assess, monitor and improve the quality of the service.

The service had a registered manager in place. They had been in post as registered manager for many years. During our inspection it was clear that the registered manager, staff and people at the home knew each other well. People who lived at the home told us that the registered manager was always around and came to see them each day that they were on duty. Everyone we spoke to told us the registered manager was approachable. One person told us, "Yes she is approachable and she would listen to me." Another person told us, "Everyone is approachable, The manager said to me 'it's what you want that matter,' I liked that." Staff told us, "The manager is lovely," and "The manager is supportive."

The registered manager told us it was "important to have a visible presence at the home and to lead by example." They thought it was "important to be available to people." Staff spoke positively about the leadership of the home, one staff member told us, "I find it great, everything runs smoothly." All staff we spoke with felt able to discuss any concerns they had with the registered manager. Staff were very clear about the procedures which they needed to take if they needed to raise concerns or to whistle blow.

We discussed the values of the home and we could see how they were incorporated into the home each day. All staff spoke clearly about the values of the home and the importance of them to the people they helped to support, one staff member told us, "The values of the home are to ensure our residents are happy and that they feel looked after. We are here to give people help but also to maintain their independence." Staff told us that team work and morale at the home were very good.

We could see staff took pride in their role and the part which they played in delivering a good service. The registered manager told us that they kept up to date with developments in care by reading Carers UK magazine, attending providers meetings and keeping up to date with information from National Care Homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

There was a breach of regulation 15 (1) (e) (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not ensure all the maintenance of equipment and the premises was up to date.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was a breach of regulation 17 (1) (2) (a) and (e) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was not regularly monitoring the service or seeking feedback to improve the quality of the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not ensure training, supervision and appraisals were up to date for staff.