Embrace (South West) Limited

Dunollie Nursing 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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Dunollie Nursing Home is a residential and nursing home in Scarborough. The service is registered to provide accommodation and care for up to 50 older people who may have nursing needs or be living with dementia. Accommodation is provided in an extended three storey building and a smaller detached property on the same site.

At the time of our inspection, there were 45 people using the service; 34 people had nursing needs and 11 people were receiving residential care.

At the last inspection in February 2016, we identified breaches of regulation around safe care and treatment and around the governance of the service. This unannounced inspection took place on 25 May 2017. During the inspection, the provider demonstrated that some improvements had been made and they were compliant with the regulation relating to safe care and treatment. However, we found infection prevention and control practices were not effective. We found mattresses, wheelchairs and pressure relieving equipment which were malodorous, contaminated or showing evidence of ingrained dirt. The service did not have a named infection prevention lead. We found the provider was not compliant with Criterion 1 and 2 of The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance. This was a breach of regulation relating to the premises and equipment.

We were concerned that staff had not identified and addressed these concerns and audits had been ineffective in monitoring and maintaining standards of hygiene and promoting good infection prevention and control practices. This was the fourth consecutive inspection where we had identified that improvements were required to the safety of the service. This demonstrated that the provider's oversight and governance was not always effective in monitoring and improving the quality of the service and in maintaining compliance with the fundamental standards of quality and safety. This was a breach of regulation relating to the governance of the service.

You can see what action we told the provider to take in relation to these breaches of regulation at the back of the full version of this report.

Staff received training, supervision and annual appraisals to support them in their role. We received mixed feedback regarding staffing levels. We observed that sufficient staff were deployed on the day of our inspection and people's needs were met in a timely way. The provider assessed staffing levels and these were maintained at the level identified as necessary to meet people's needs. Although we found staffing levels were safe, feedback we received showed us staff deployment did at times impact on the quality of people's experience of living at the service.

People's needs were assessed and risk assessments put in place to support staff to provide safe care and support. Risk assessments were generally detailed and comprehensive. We identified some examples where nutritional risk assessments had not been updated when people's needs had changed. We found that

people were weighed, but weights were not always accurately recorded. The manager showed us work they were doing to introduce a 'resident of the day' scheme to more closely monitor the care and support provided to people who used the service. They told us this would ensure people's weights were more effectively recorded and monitored. We will review this system at our next inspection of the service.

People were supported to take prescribed medicines. Accidents and incidents were reported, recorded and analysed to identify any patterns or trends. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. We received positive feedback from people who used the service about the food provided at the service.

People told us staff were generally kind, caring and attentive to their needs. We observed that staff were respectful. However, people were not always treated with care and dignity. We found some people had malodorous rooms and were being supported to use equipment or sleep in beds that were dirty or contaminated. This was not dignified or caring.

The provider is required to have a registered manager as a condition of their registration for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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. At the time of our inspection, the service did have a registered manager. We received positive feedback about the manager who was described as approachable and responsive to feedback.

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 safe.

Areas of the service were unclean and infection prevention and control practices needed to improve.

People provided mixed feedback regarding staffing levels.

People who used the service were supported to take their prescribed medicines.

Care plans and risk assessments were used to guide staff on how to safely meet people's needs. Some risk assessments needed updating when people's needs changed.

Is the service effective?

Good

The service was effective.

Staff received on-going training and supervision to support them to meet people's needs.

Consent to care was sought in line with relevant legislation and guidance. Applications to deprive people of their liberty had been submitted.

We received positive feedback about the food provided.

People were supported to access healthcare services if needed.

Is the service caring?

Requires Improvement

The service was not caring.

People who used the service provided generally positive feedback about the caring staff.

People were not always treated with care and dignity. We found some people had malodorous rooms and were being supported to use equipment or sleep in beds that were dirty or contaminated.

Although we observed staff were busy, we saw that they treated people with kindness and respect.

Staff supported people who used the service to make decisions about how they spent their time.

Is the service responsive?

Good

The service was responsive.

Care plans provided person-centred information to guide staff on how to meet people's needs.

Activities were on offer and people were supported to maintain important relationships. The provider was in the process of recruiting a new activities coordinator.

There were systems in place to gather and respond to feedback about the service.

Is the service well-led?

Requires Improvement

The service was not well-led.

We received positive feedback about the management of the service.

The provider's quality monitoring systems were ineffective in monitoring and improving the quality and safety of the service provided.

Dunollie Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 25 May 2017 and was unannounced.

The inspection team consisted of three Adult Social Care Inspectors and two Experts by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Experts by Experience supported this inspection by speaking with people living at the service and visitors as well as observing the care and support provided.

Before our inspection, we looked at information we held about the service, which included notifications. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We contacted the local authority's adult safeguarding and commissioning teams for their feedback about the service. We also asked the provider 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. We used this information to plan our inspection.

During the inspection, we spoke with 14 people who used the service and 10 visitors including relatives, friends and health and social care professionals. We had a tour of the premises and looked in people's bedrooms, with their permission. We observed the care and support provided by staff, lunch being served and an activities session.

We spoke with the manager, area manager, two nurses and three care staff. We looked at five people's care records, four staff recruitment files, training records, meeting minutes, medication administration records, audits and a selection of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2016, we identified that risks had not been consistently assessed and appropriately managed. People had not worked within their competency or did not have the skills required to respond to incidents. This was a breach of Regulation 12 (Safe care and treatment) 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 now compliant with this regulation. However, we found the provider did not have effective systems in place to monitor and manage the prevention and control of infection.

We found four people's bedrooms were malodorous and in each instance observed the person's mattress to be significantly stained or contaminated by bodily fluids. We observed people's wheelchairs and pressure relieving cushions smelt strongly of urine and showed signs of ingrained dirt. We were concerned that staff had not identified and addressed this despite the clear evidence that this equipment was unhygienic. We saw that monthly wheelchair checks were completed, but these had been ineffective in ensuring people's wheelchairs remained clean.

We observed other infection prevention and control risks including bed rails and bumpers which were dirty, as well as bath seats and shower chairs which were unclean. We saw the scales used to weigh people were contaminated with what appeared to be faeces. We found two vomit bowls left out in a communal lounge and a dirty vomit bowl left unattended in the shower room. We found commode pans, a raised toilet seat and pressure relieving cushions which were left on the floor. We found toiletries, a communal jug and a bar of soap in a communal bathroom. These concerns represented a cross contamination risk and demonstrated that the provider had not maintained a clean and appropriate environment which facilitated the prevention and control of infections - as is required under Criterion 2 of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

The provider completed quarterly infection control audits and training records showed that 89% of staff had completed infection prevention and control training. However, we were concerned that staff were not consistently putting their training and knowledge into practice and audits had been ineffective in monitoring, identifying and ensuring appropriate standards of hygiene and cleanliness. We found that there was no named infection prevention lead to take responsibility for infection prevention and control within the service. This is a requirement under Criterion 1 of The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance. The manager told us that they and the nurses shared this responsibility.

This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We raised the issues we identified with the manager who took immediate action to arrange for equipment to be cleaned or replaced where necessary.

We received mixed feedback about staffing levels at the service. People told us, "I feel safe as there are staff around", "I ring the bell and the answer doesn't take long" and "There are people around all the time." However, other people said, "Staff should have more time to talk to you. They don't always come quickly when you need them", "They could do with a few more staff. They do a good job, but are sometimes rushed and they could be more helpful to get you to the loo" and "Staff don't like taking you to the toilet, there is not enough time, it's wait, wait, wait and more waiting."

Relatives of people who used the service said, "They could do with more staff", "There doesn't seem to be that many staff for the residents that are in here" and "Sometimes there doesn't seem to be enough staff on." Whilst a visiting healthcare professional told us, "When I go, I am almost allocated one of the nurses to help me...there is always lots of staff around."

Staff said they were often very busy, but they worked as a team to cover if people rang in sick and did not feel staffing levels impacted on the care and support people received. One member of staff commented, "There are days when someone calls in sick, but we pull together."

The provider used a dependency tool to determine appropriate staffing levels. This took into account the number of people who used the service and people's needs. The manager told us normal staffing levels consisted of two nurses and seven or eight carer workers on duty during the day and one nurse and four carer workers on duty at night. The provider also employed an administrator, laundry assistants, chefs, kitchen assistants, domestic staff, a gardener and a handyperson. We reviewed rotas for the four week period before our visit and saw that staffing levels were maintained at this level. We saw that agency staff were used where necessary to cover gaps in the rotas.

We observed staffing levels throughout our inspection and saw that whilst staff were busy, there were sufficient staff in communal areas and staff were available to provide personal care and support when needed. We observed that call bells were responded to promptly and people's needs were met in a timely manner. We concluded that staffing levels were safe, but feedback showed us that staff deployment had at times impact on people's experience of using the service.

People who used the service told us they felt safe living at Dunollie Nursing Home and with the care and support staff provided. Feedback included, "Yes I feel safe. I feel there is order in the place" and "I feel very safe." Relatives of people who used the service told us they thought the service was safe. One relative commented, "Staff always makes sure they have their buzzer when they put them to bed."

The provider completed appropriate recruitment checks. Recruitment records evidenced that staff completed an application form, had an interview and references were obtained. The provider also completed Disclosure and Barring Service (DBS) checks. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks support employers to make safer recruitment decisions and help to prevent unsuitable people from working with people who may be vulnerable.

The registered manager carried out regular checks with the Nursing and Midwifery Council (NMC) to ensure that the nurses employed had active registrations to practice.

Senior staff and managers completed first aid training to equip them with the skills and knowledge needed to respond to accidents and incidents. Where an accident or incident had occurred, a record was kept of what had happened and how staff had responded. We saw this information was collated to ensure staff had responded appropriately and to identify any patterns or trends in the incidents occurring.

People who used the service told us they were supported to take their prescribed medicines. The provider had a medicine policy and procedure. Staff completed medicine management training and we saw that medicine competency assessments were completed to ensure staff were working safely and in line with guidance on best practice.

We found that medicines were generally stored appropriately, but spoke with the manager about ensuring topical creams were locked away securely and not left out in people's rooms. Systems were in place to record medicines administered or the reason these were not required. Protocols were in place to guide staff on when to administer medicines that were prescribed to be taken only when needed.

Staff we spoke with had a basic understanding of their responsibility to safeguard vulnerable adults, although some staff struggled to identify the signs and symptoms that may indicate someone was being abused. We spoke with the manager about this and they agreed to address this. Despite this, records evidenced that safeguarding concerns were appropriately identified and referred to the local authority and appropriate action taken to keep people who used the service safe.

Each person who used the service had a care plan and risk assessments in relation to their care and support needs. We saw risk assessments were used to manage a wide range of risks. For example, around the use of bed rails, or the risk of scalding from hot drinks. We identified that the quality of information and detail in care plans and risk assessments was generally good. We found some examples where people's nutritional risk assessments and care plans around food and fluid intake had not been evaluated after people had been weighed. We have addressed this in the well-led domain.

Appropriate health and safety checks were completed to ensure the premises and any equipment used were safe. We saw certificates which evidenced that the fire system, electrical installation, portable electrical appliances, gas installation, passenger lift as well as hoist and slings were tested and serviced at appropriate intervals. Regular checks were completed on the nurse call system, window restrictors, wheelchairs, water temperatures and profiling beds and bed rails.

We saw a fire risk assessment was in place and the fire system was regularly checked and fire drills held to ensure staff knew how to respond in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were used to provide information about the level of support people would need to evacuate the service in the event of an emergency. The provider also had an emergency business plan detailing how people's needs would be met if, for example, the service needed to be evacuated. This showed us the provider had taken appropriate steps to ensure people's needs would continue to be met in the event of an emergency.

Good

Is the service effective?

Our findings

We reviewed the induction and training provided to staff employed at the service. We saw that new staff completed induction training and an induction workbook to ensure they had the skills and knowledge to meet people's needs.

We received positive feedback about the training. A member of staff told us, "The training has opened my eyes and has improved my practice." Whilst a relative commented, "Staff seem to know what they are doing. I have seen them getting training on the hoist."

The manager told us all staff had to complete online 'e-learning' courses on topics the provider considered to be 'mandatory'. This included basic life support, conflict resolution, dementia care, equality and diversity, fire safety, health and safety, infection prevention and control and safeguarding vulnerable adults. Staff were required to complete refresher training every six months or annually, depending on the course, to ensure their knowledge was kept up-to-date. In addition to e-learning courses, staff had to complete practical moving and handling training and nurses, seniors and managers completed practical first aid training.

The manager shared a training report which showed staff were 91% compliant with the provider's mandatory training requirements. The manager explained that this figure did not take into account a number of staff who were no longer working at the service or new staff who were in the process of completing this training. Where there were gaps in staff training, lists were posted in the staff room and staff confirmed that they were regularly informed of training that needed updating to ensure this was completed. Staff told us if they wanted additional training, this was available and they were supported with this.

Records evidenced that staff received supervision and annual appraisals were completed. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. We saw a supervision planner was in place to monitor and ensure supervisions were completed at regular intervals. Staff we spoke with told us they felt supported by management and that they could speak with them for additional advice, guidance or support if needed.

Nurses told us they received support to complete their registration requirements (revalidation) for the Nursing and Midwifery Council (NMC). We saw that nurses completed on-going training and had supervision which provided the opportunity to receive feedback and reflect on their practice.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Throughout our inspection, we observed staff seeking people's permission before providing care and support. Care plans recorded information about people's abilities to make decisions and evidenced that staff appropriately sought people's consent and explored issues regarding people's mental capacity. Mental capacity assessments had been completed where there were concerns regarding people's ability to make an informed decision and we saw evidence that best interest decisions were made if necessary. Applications had been submitted to deprive people of their liberty and the manager had a system in place to identify and monitor the use of DoLS in the service.

People gave positive feedback about the food provided. People told us there was a choice, and if they did not like what was offered, they were asked if they wanted something else. Comments included, "It is lovely food", "I would say the food is good and well prepared. It is always hot" and "They do special food for me, it has to be soft." A relative of someone who used the service told us, "[Relative's name] can be funny about what they eat, but staff always manage to find something they like." People told us they were supported to eat and drink enough and that their special dietary requirements were catered for.

We observed lunch being served. We saw that a picture menu was displayed, but this did not reflect the meals that were served. The manager told us they were in the process of developing picture cards which corresponded to all of the meal choices available and would be addressing this. During lunch, we observed that the food served looked appetizing, people were supported and encouraged to choose what they ate, offered alternatives and encouraged and prompted to ensure they ate and drank enough. We observed that drinks were offered throughout the day and staff stayed with people drinking hot drinks if there was a risk of scalding.

During our inspection, we found that people's weight was not effectively monitored. We identified gaps in weight records where monthly weights had not been completed. We found a number of examples where records showed people had lost significant amounts of weight, but care plans and risk assessments had not been updated to evaluate the weight loss and detail what action had been taken in response to these concerns. We asked staff to reweigh two people and found that their weights had not been accurately recorded and they had not lost significant amounts of weight. However, we were concerned that these errors in record keeping had not been identified and addressed prior to our inspection. We have addressed these concerns in the Well-Led domain.

People who used the service told us they were supported to meet their health needs and to access healthcare services where necessary. Feedback included, "I can see my doctor when I need to" and "They seem to arrange doctors quickly." Care plans recorded details about people's health needs and any support required from staff to meet those needs. Visits by health and social care professionals were recorded in people's care records, together with notes relating to any advice or instructions given. These records evidenced that people had access to a range of healthcare professionals including doctors, opticians, chiropodists and tissue viability specialists to promote and maintain their health and well-being.

Visiting health and social care professionals said they were contacted for advice and guidance. They told us staff listened to their feedback and were keen to implement their recommendations into practice. One healthcare professional said, "The nurse spent quite a lot of time with me discussing their needs...they were very interested in what I had to say."

Requires Improvement

Is the service caring?

Our findings

Although we received a number of positive comments and observed good examples of staff's caring approach, we found that some people had malodorous rooms and were being supported to use equipment or sleep in beds that were malodorous, dirty or contaminated. This demonstrated that people were not always treated with care and dignity.

We received generally positive feedback about the staff working at Dunollie Nursing Home. People told us, "The staff are lovely", "They are mostly caring", "They look after me really well" and "Most of the staff are kind and caring." Another person commented, "I have only been here two weeks, but staff seem attentive and appear kind."

Some people told us staff were too busy and did not have time to talk with them. We observed that there were times when staff were busy and, during these periods, there was limited interaction outside planned care and support. However, we also observed staff taking time to speak with people and engage them in conversation in an unrushed and person-centred way.

Despite staff being busy, we observed staff treated people in a kind and caring way. We spoke with one person who was nursed in bed because of their medical condition, we observed they were receiving regular pressure care and were appropriately supported by pillows to remain comfortable. They told us staff were lovely and gave them plenty of drinks and support when needed.

We found staff knew the people they were supporting and knew the names of people's relatives and visitors. Staff had a good rapport with people and spoke with them in a way which demonstrated they understood their needs and how best to communicate with them. We saw a number of kind, caring and friendly interactions, which showed us staff had formed positive relationships with the people they supported. For example, we observed people sat in a communal courtyard joking with staff and chatting about their day. We saw staff making eye contact, smiling and acknowledging people as they moved about the service.

Visiting healthcare professionals told us, "Staff display a great deal of compassion" and "They [staff] are always very polite and helpful."

Staff supported people wherever possible to make decisions and express their wishes and views. For example, we saw staff showing people plated meals at lunchtime to help them decide what to eat. We observed another person was given written information regarding meal choices as they had a hearing impairment. This enabled them to make an informed decision about what they wanted to eat and demonstrated staff tailoring their approach to people's individual communication needs.

People who used the service told us they were free to choose how and where they spent their time. Comments included, "I do what I want" and "I can come to my room whenever I want." We observed that staff supported people in a way that respected their wishes and views. For example, staff encouraged people to join in activities, but respected their wishes if they did not want to join in. We also saw that people were

free to eat their meals in the dining room or in their bedroom if they preferred. This showed us staff respected people's decisions and that people were encouraged to express their wishes and views and to make decisions about their care and support. Information was available on advocacy services. An advocate is someone who supports people to express their wishes and views on matters that are important to them.

The majority of people who used the service told us they were treated with respect and their dignity was maintained. Comments included, "You can have privacy when you need it", "Staff do close doors when doing personal care and at night" and "Staff knock on the door and they close the door if they are washing you." However, one person told us, "Staff don't knock on your door before they come in." A visitor told us, "If staff are in people's rooms there is always a note on the door: 'Personal Care taking place' or 'Nursing Care taking place'."

Staff we spoke with were able to tell us how they maintained people's privacy and dignity including closing people's doors and curtains when assisting with personal care. We saw that appropriate care and support was provided in communal areas and people were supported to their bedrooms of bathrooms where necessary. We observed staff knocking on people's doors before entering their rooms and closed people's doors, for privacy, when providing care and support.

Staff supported people where necessary with end of life care. We saw that people's wishes had been documented in their care plans and appropriate records were in place where people did not want to be resuscitated. A member of staff explained the links they had with the local hospice. They told us how they worked closely with them to seek advice, guidance and support to enable people to remain comfortable at the service when receiving end of life care. We received positive feedback from one healthcare professional about the compassionate care and support provided to a person who was receiving end of life care.

Good

Is the service responsive?

Our findings

Each person who used the service had a care file containing care plans and risk assessments. These provided information for staff on how to meet people's individual care and support needs. We found that care plans were generally detailed and reflected the care and support people needed. They included information about what people did for themselves and what support staff provided. Care records also contained a section called 'My Day', which recorded person-centred information about people's preferred daily routines. This information supported staff to understand how people liked to be supported.

The majority of people who used the service had nursing needs and we identified a number of people who required specialist nursing interventions around pressure care and wound care, catheter care, swallowing difficulties, percutaneous endoscopic gastrostomy (PEG) feeding or around managing diabetes.

Where people were nursed in bed, appropriate pressure relieving equipment was in place and support was provided for people to reposition regularly. We saw appropriate moving and handling equipment and techniques were used during the course of our visit to support people with their mobility and transfers. Care plans and care regimes were in place to support people with swallowing difficulties and we saw specialist advice was sought where necessary from Speech and Language Therapists regarding appropriate diets. Staff completed training and a care regime was in place to support with PEG feeding.

Visiting healthcare professionals provided positive feedback about the nursing care provided. One healthcare professional told us, "I felt like staff had a good deal of understanding of their needs." They explained that nurses listened to them and were able to give necessary information to enable them to provide specialist advice and guidance on how best to support people.

Staff completed daily notes for each person who used the service. This provided an account of the care and support provided and any significant information or incidents that other staff needed to be aware of. Staff also attended handover meetings at the beginning of each shift to share information and delegate roles and responsibilities. We saw that handover records were completed to document any information and these were available to all staff throughout the shift. This ensured staff had up-to-date information if people's needs changed.

We received mixed feedback about the activities on offer at the service. Comments included, "I do whatever I have to do and then whatever I like to do. There is generally enough to keep me going", "I prefer my own company, I like to read and watch television" and "Sometimes I go to activities, I read and walk, and there is a nice garden around the corner. I get out if I can. I am an outdoor person." Other people told us, "The activities are boring" and "There are no activities that interest me." A visiting healthcare professional explained, "My patient gets involved in the activities and they really like the art they do. They are a new person since going there."

At the time of our inspection, the service did not have an activity coordinator as the manager told us they had recently left. The manager explained that they were in the process of recruiting a new activities

coordinator, but that care staff continued to support with activities in their absence. The manager told us that additional hours had not been allocated to cover the activities coordinator, but that they would look into this to ensure their absence did not negatively impact on people who used the service.

Information was recorded in people's care plans about what activities they enjoyed and how people liked to spend their time. An 'activities timetable' was displayed on a notice board with an afternoon activity scheduled each day. Activities on offer included, bingo, an exercise class, quizzes, 'sing along', films and playing games. We saw that a monthly communion service was offered to meet people's spiritual needs. On the day of our inspection, there was afternoon entertainment provided by a group of singers. We observed staff actively supporting people to engage in this session and people were seen to be thoroughly enjoying themselves singing along. This was a positive experience, but we noted that staff proceeded to serve drinks during the activity and this disrupted the session.

We saw that activities were discussed at residents meeting to ensure people who used the service could provide feedback and make suggestions about what activities they would like.

We observed that people who used the service received visitors throughout our inspection. Relatives of people who used the service told us they could visit when they liked and one visitor commented, "We are able to visit anytime and feel welcome. There's no problem there." This showed us that people were supported to maintain important relationships with people who were important to them.

People who used the service and visitors we spoke with told us they knew how to complain and felt confident raising any issues or concerns they had. Comments included, "I have no problem at all speaking to anyone at any time" and "If something is not right I speak out."

The provider had a policy and procedure in place governing how they would manage and respond to complaints. A copy of the complaints procedure was displayed in the entrance to the service and staff showed us an 'easy read' version also available if needed. Easy read is a way of presenting plain English information along with pictures or symbols to make it more accessible to people.

We found that 'service user guides' were left in strategic places throughout the service. These contained information about the service provided, the roles of staff and how to raise issues and concerns. Copies of the service user guides were produced in large print to ensure people could access this information.

The manager told us they had not received any complaints about the service provided since our last inspection of the service and people we asked told us they had not made any complaints. Despite this, we saw that there was a system in place to record any concerns raised and to monitor and ensure these would be responded to promptly.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in February 2016, we found the service had not been consistently well-led. We found the provider had not ensured systems were in place to effectively meet people's needs and keep people safe. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found that the provider had addressed some of the concerns identified at our last inspection; however, there were ongoing issues with the governance of the service.

The manager completed a range of monthly and quarterly audits to monitor the quality and safety of the service. We saw that these covered pressure care, infection control, medicine management, food and mealtimes, the laundry and audits of the kitchen. The area manager also completed a 'monthly provider visit'. This involved auditing all aspects of the care and support including a review of records and paperwork, a tour of the service as well as interviews with staff and people living there. Reports were produced from these visits which evidenced the actions required and taken to improve the quality and safety of the service.

Although we saw these audits were regularly completed, we found they had not been effective with regards to monitoring and ensuring the cleanliness of equipment and maintaining good infection prevention and control practices. We found people's mattresses, wheelchairs and other equipment were malodorous, contaminated or showed evidence of ingrained dirt. This was a breach of regulation relating to the premises and equipment. We were concerned that staff had not identified and addressed these concerns and audits had been ineffective in monitoring and maintaining standards of hygiene and promoting good infection prevention and control practices. This demonstrated that further work was needed to develop effective systems of governance to monitor and embed knowledge and understanding of best practice in this area.

We were concerned that this was the fourth consecutive inspection where the service was found to require improvements with regards to safety and we have identified breaches of regulation at three of our last four inspections of this service. This demonstrated that the provider had not operated effective systems and processes to ensure compliance with the fundamental standards of quality and safety. It demonstrated that the provider's oversight and governance was not always effective in monitoring and improving the quality of the service.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

During the inspection, we found the manager was responsive to our feedback and took action to address the infection prevention and control issues we identified. Although this showed us they were committed to improving the service and providing a good standard of care, it was evidence of reactive not proactive management.

The majority of people who used the service that we spoke with told us they were happy with the service

provided. People commented, "It's lovely" and "It's very nice here, I've lived all over." A visitor commented, "Things have improved since [manager's name] took over. I feel I can go to the office and talk to them and something will be done. If a member of staff is off, they will put on a uniform and help out."

We asked to see a variety of records and paperwork relating to the running of the service. We saw that paperwork was stored securely, but accessible on request. A visiting health and social care professional told us, "Everything I needed to see was accessible and legible. If I wasn't sure about anything, the nurses were really informative and knew the people they were talking about."

We found that the majority of the paperwork relating to people's needs and the running of the service was detailed and kept up-to-date. However, we identified that inaccurate records were kept with regards to people's weights and weight loss had not always been effectively evaluated or people's care plans updated. We spoke with the manager about this. They told us about a 'resident of the day' scheme. They explained how this involved reviewing all aspects of the care and support provided to two people who used the service each day, checking that their care plans and risk assessments were up-to-date, weighing the person and ensuring that the care and support provided was meeting their needs. They showed us how this would enable them to more effectively monitor people's weights. The provider told us this system had been in place since February 2017. We concluded that further work was needed to embed this system to ensure people's weights were accurately recorded and effectively monitored.

The provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post and they had been the service's registered manager since March 2016. They were supported by an area manager and nurses in the management of the service.

Staff we spoke with provided positive feedback about the management. They told us that the manager was approachable and listened and responded to their feedback. One member of staff commented, "It is really nice to work with this manager. You can go in the office and tell them your concerns and they will support you." Staff told us they worked well as a team and felt they had a good working relationship with the manager. One member of staff told us, "The teamwork here is incredible."

We asked the manager how they kept up-to-date with important changes in legislation and guidance on best practice. They told us they received regular updates and information from the provider and shared this through team meetings and handovers. Staff we spoke with told us there was good communication and they were kept informed of important information or changes within the service.

We reviewed minutes of meetings held at the service. We saw that regular staff meetings were held as well as separate meetings for nurses and the night staff. These records evidenced that meetings were used to share information and discuss the care and support provided.

Minutes also evidenced that monthly 'resident's meetings' took place. These provided an opportunity for people to express their wishes and view and to discuss important aspects of the care and support provided. For example, we saw that the activities on offer were discussed. Where suggestions were made or issues identified, we saw that these were promptly addressed. These records evidenced that people who used the service were actively involved in discussions about issues affecting them.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The provider had ensured that the rating awarded

following our last inspection was displayed in the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured that equipment used was clean and had not maintained appropriate standards of hygiene. Regulation 15 (1)(a) (2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated effective systems and processes to ensure compliance with the fundamental standards of quality and safety and to monitor and improve the service provided. Regulation 17 (1) (2)(a).