

St Mungo Community Housing Association

St Mungo's Broadway - 53 Chichester Road

Inspection report

St Mungo's
53 Chichester Road
London
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 February 2017 and was unannounced. St Mungo's Broadway - 53 Chichester Road is a care home which provides care and support for 26 people who have used alcohol in the past or currently using it. During the day of our inspection there were 24 people living at the home. Although the service supports men with life-long alcohol addiction, the service is rated because it is registered to provide residential accommodation with personal care.

At our last inspection on 27 and 28 November 2014 the service was rated as "Good" and there were no breaches of regulations.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 who used the service told us that they were satisfied with the care provided at the home. We observed that people were well cared for and appeared comfortable around care staff. People told us they felt safe in the home and around care staff. Care professionals we spoke with said they were confident people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Care staff we spoke with knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and care staff were aware of potential risks to people and how to protect people from harm. However, we noted that people's risk assessments varied in respect of detail and information.

On the day of the inspection we observed that care staff were not rushed and were able to complete their tasks. There was consistency in terms of care staff so that people who lived in the home were familiar with them and care staff were familiar with each individual's needs. The majority of care staff we spoke with told us there were generally sufficient numbers of staff for them to attend to their duties.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at the home. We looked at the recruitment records and found background checks for safer recruitment had been carried out.

There were systems in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal. However, during the inspection we observed that the temperature of the cabinet where medicines were stored had not been monitored and recorded. We made a recommendation in respect of this.

We found the premises were clean and tidy and there were no unpleasant odours. There was a record of essential inspections and maintenance carried out. We also saw evidence that the home had fire procedures in place and carried out checks in respect of this. The home had an infection control policy and measures were in place for infection control.

Staff had undertaken an induction when they started working at the home and we saw evidence of this. We were provided with a matrix for twelve members of staff detailing what training they had completed. We noted that there were some gaps in staff training in relation to first aid, medicines management and health and safety. At the time of the inspection we noted that care staff had not received Mental Capacity Act (MCA) training and this was confirmed by care staff we spoke with.

We saw evidence that staff had received supervision sessions in the last year. Staff had not received an appraisal in 2016. We found a breach of regulation in respect of the gaps in training and lack of appraisal in 2016.

There were arrangements to ensure that the nutritional needs of people were met. On the day of the inspection we observed people eating their breakfast and lunch. Care staff were aware of the importance of healthy eating in the home. One way they did this was to ensure that there was fruit available daily in the lounge and we saw evidence of this during the inspection. People's weights were recorded monthly so that the service was able to monitor people's nutrition.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support and we saw documented evidence of this. Care records included information about appointments with health and social care professionals.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Care plans contained some information about people's mental state and communication.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The regional manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

During the inspection, we observed that care staff were present to ensure that people were alright and their needs attended to. Care staff were attentive and talked in a gentle and pleasant manner when communicating with people. We observed good interaction between care staff and people and they appeared comfortable around care staff.

Care records included information about people and their care needs. However, we found there was limited information in care support plans about the support that people required in respect of various areas of their care such as personal care, mobility and communication and we made a recommendation in respect of this. Care plans contained some information about people's preferences and routines. However, we noted that the level of detail in respect of this information varied in people's care records. Some people's care records included more information than others.

All people we spoke with who used the service told us that there were enough activities in the home. During the day of the inspection we did not observe a formal activity taking place. However, we observed people interacting with one another in the lounge where there was a pool table.

Meetings were held monthly for people living at the home where they could give their views on how the home was run.

There was a complaints policy which was displayed in the home. There were procedures for receiving, handling and responding to comments and complaints. People told us they would not hesitate to raise concerns with staff and management.

People spoke positively about the atmosphere in the home and said there was a homely atmosphere.

There was a management structure in place with a team of care staff, domestic staff and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. The majority of staff we spoke with said they felt supported by management. They told us management was approachable and the service had an open and transparent culture.

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook checks and audits of the quality of the service in order to improve the service as a result. We saw evidence that regular audits and checks had been carried in areas such as health and safety, cleanliness of the home, fire procedures and care documentation. However, there were some areas where the quality of the service people received was not effectively checked and the service failed to identify failings. We found a breach of regulation in respect of this.

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 home was not always safe. Medicine cabinet temperature checks were not carried out.

People who used the service told us they felt safe in the home.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. However we found these varied in respect of detail.

The home was clean and infection control measures were in place.

Requires Improvement ●

Is the service effective?

The home was not always effective. There were gaps in respect of staff training and staff had not received an appraisal in 2016.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Requires Improvement ●

Is the service caring?

The home was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service.

People were treated with respect and dignity.

Wherever possible, people were involved in making decisions about their care.

Good ●

Is the service responsive?

The home was not always responsive. Care support plans did not include clear information about what support people required and some lacked information about people's preferences.

People spoke positively about the activities available.

Requires Improvement ●

There were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The home was not always well-led. There were some areas where the quality of the service was not effectively checked and the service failed to identify failings.

People told us that management were approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care staff, domestic staff and the registered manager.

Requires Improvement 

St Mungo's Broadway - 53 Chichester Road

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 21 February 2017. The inspection was carried out by two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

We reviewed six care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with ten people who used the service and one relative. We also spoke with the regional manager, registered manager and five care staff including project workers and care assistants. We also spoke with one healthcare professional and two care professionals who had contact with the home.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and around staff. One person said, "I feel safe here." Another person told us, "I am 100% safe and comfortable here." Another person said, "I feel safe here. There are enough staff. I am happy here. Staff are very nice."

One relative we spoke with told us they were confident their relative was safe in the home. This person said, "[My relative] is definitely safe. I have no concerns. One healthcare professional we spoke with told us that they felt people were safe in the home and had no concerns in respect of this. One care professional told us, "I do not have concerns about people's safety there."

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We saw that the safeguarding policy was displayed in the home. Care staff had received safeguarding training as part of their induction and refresher training sessions. We noted that the majority of care staff were up to date with their safeguarding training. Where care staff were due a safeguarding refresher training session, we saw that this had been scheduled.

All care staff we spoke with were clearly able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to management. Care staff were also aware that they could report concerns to the local authority safeguarding team, the CQC or the police. There was a whistleblowing policy in place and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. Care records included risk assessments, such as inadequate nutrition, falls, behaviour that challenges, epilepsy and non-compliance with medicine administration. These included preventative actions that needed to be taken to minimise risks as well as detailed measures for staff on how to support people safely. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition. However, we noted that people's risk assessments varied in respect of detail and information. We discussed this with the registered manager and regional manager and they explained that they were currently reviewing all risk assessments to ensure that the information in all of these were consistent in terms of detail. They also explained that they had recently changed the format of risk assessments and therefore care staff were still familiarising themselves with the new format. They explained that some care staff had picked up the new format more quickly than other care staff and therefore super-users were still training other staff in respect of this.

On the day of the inspection we observed that care staff were not rushed and were able to complete their tasks. There was consistency in terms of care staff so that people who lived in the home were familiar with them and care staff were familiar with each individual's needs. We looked at the staff duty rota for February 2017 and spoke with staff about staffing. The majority of care staff we spoke with told us there were

generally sufficient numbers of staff for them to attend to their duties. However, they said that when people had appointments, there was sometimes a shortage of staff as staff have to accompany people to their appointments. One care staff explained to us that in order to avoid this, they plan appointments in advance so they can plan the rota effectively. We spoke with the regional manager and registered manager about staffing numbers and they said that they continuously reviewed staffing numbers.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at the home. We looked at the recruitment records for five members of staff. We found comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

During the inspection we observed that people some were able to smoke in their bedrooms but were not allowed to smoke in communal areas. We discussed this arrangement with management and the head of health and safety of the organisation and they confirmed that they had made a decision to allow people to smoke in their bedrooms based on a comprehensive fire risk assessment they carried out. They explained that they do not encourage smoking and seek to support people to reduce or cease smoking. They did review the issue of permitting smoking in bedrooms and explained that the home does have an outside area for people to smoke to encourage them to smoke outside. They also explained that a smoking ban would be difficult to enforce and therefore they ensured that they support people to smoke in as safe a manner. We found that the home had plans in place for a foreseeable emergency and this provided staff with details of the action to take in the event of a fire.

We observed that a comprehensive fire risk assessment and emergency procedures plan was last carried out in December 2016. The registered manager explained that they had control measures in place in the event of a fire and these included ensuring that bedrooms were equipped with fire retardant bedding, ensuring that each bedroom was fitted with a smoke alarm and ensuring each bedroom had a metal dustbin. We observed that each bedroom had a window and a fan extractor installed to ensure that bedrooms were ventilated. The registered manager also explained that during resident's meetings, they discussed the importance of fire safety and smoking in the home.

The registered manager and head of health and safety confirmed that the home's policy required a PEEP to be completed for people who would have any difficulty in responding to the fire alarm or escaping in the event of a fire. We saw evidence that PEEPs were in place for these people.

The home carried out regular fire checks which included weekly fire alarm tests, weekly fire extinguisher checks and quarterly fire drills and these were documented.

Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

Systems were in place to make sure people received their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicine storage facility in place. The facility was kept locked and was secure and safe. We found that controlled drugs were stored in accordance with current legislation.

There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for six people who lived in the home. We found

that these had been completed and signed, which showed people had received their medicines at the prescribed time.

The registered manager explained to us that medicines were administered by one member of staff and another member of staff witnessed this and recorded this and we saw evidence of this. The aim of this was to ensure medicines were being correctly administered and signed for and to ensure medicines procedures were being followed.

During the inspection we observed that the temperature of the room where medicines were stored had not been monitored and recorded. This is needed to ensure that the storage temperatures are not over the recommended temperature of 25 degrees Celsius.

We recommend that the provider record the daily cabinet temperature where medicines are stored to ensure that medicines are stored accordingly.

The registered manager and regional manager told us that they would immediately start recording the medicines cabinet temperature on a daily basis.

When asked whether the home was clean, one person told us, "The premises are very clean." Another person said, "The home really is clean." Care professionals we spoke with raised no concerns about the cleanliness of the home. During the inspection we found the premises were clean and no unpleasant odours were noted. We also saw that there was a member of staff cleaning the home throughout the day. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored. We discussed the laundering of soiled linen with care staff. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them in a special sluice cycle.

Is the service effective?

Our findings

All the people we spoke with who used the service spoke positively about the care provided at the home. One person told us, "I am very happy here. I have been to other places with no heart but here there is heart." Another person said, "I like it here. The atmosphere is good." Another person told us, "I am happy here. Staff are very nice. They encourage me to be independent."

One relative told us they were satisfied with the care and support provided. This relative said, "[My relative] is well looked after. He would not be happy if he was moved." One care professional we spoke with told us they had no concerns about the home and said it was well run. One healthcare professional told us, "They do a good job. They are really active and get involved in people's health and social wellbeing. I am very positive about the service."

Staff had undertaken an induction when they started working at the home and we saw evidence of this. We were provided with a matrix for twelve members of staff detailing what training they had completed. We noted that there were some gaps in staff training in relation to first aid, medicines management and health and safety. At the time of the inspection we noted that care staff had not received Mental Capacity Act (MCA) training and this was confirmed by care staff we spoke with. We spoke with the regional manager about the gaps in care staff training and he confirmed that they were in the process of completing these and these would be completed within the next three months. He also confirmed that staff had received MCA training after the inspection on 27 February 2017.

We discussed training with care staff and they told us that this was a combination of online training and classroom based training. Staff spoke positively about the training they had received. One member of staff told us, "The training has been helpful." Another member of staff said, "I did a first aid training course last year and it was excellent. It was the best training I have had. I got hands on experience."

We spoke with the regional manager and registered manager about whether staff were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. They explained that the Care Certificate would be completed by newly employed members of staff and told us that they had not recently employed any new members of staff.

We saw evidence that staff had received supervision sessions in the last year. We saw that these generally occurred every two months. Staff we spoke with told us that they had meetings with the registered manager. We noted that staff had not received an appraisal in 2016 and therefore had not had an opportunity to review their personal development and progress and staff we spoke with confirmed this. We discussed this with the regional manager and registered manager and they acknowledged this. They confirmed that appraisals had been scheduled for March 2017 and staff we spoke with confirmed this.

Staff had not had an opportunity to review their personal development and progress in 2016. We did not see

evidence that staff were always supported to fulfil their roles and responsibilities through training and appraisals. This is a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of staff told us they felt supported by their colleagues and management. They were positive about working at the home. They commented on the good working relationship amongst staff, good knowledge and skills possessed by all staff in the home. One member of staff told us, "The manager is good. She is approachable. The environment is friendly for staff and for residents." Another member of staff said, "The support from management is ok. I can speak with management if I need to. They are approachable."

There were arrangements to ensure that the nutritional needs of people were met. On the day of the inspection we observed people eating their breakfast and lunch. A cooked breakfast was available for those people who wanted it. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. Monthly weights of people were recorded and staff were aware of people's nutritional needs. People told us they were satisfied with the meals provided and they could make suggestions. They informed us that care staff encouraged them to eat healthily. One person told us, "The food is good." Another person said, "Some days the food is better than other days. Generally the food is good though." Another person told us, "The food is fine. I get a choice. I can tell the chef if I want something and he says he will try and make it for me." The regional manager spoke with us about the importance of healthy eating and explained that they encouraged people to eat nutritious and healthy food. One way they did this was to ensure that there was fruit available daily in the lounge and we saw evidence of this during the inspection.

The regional manager explained that an external catering company prepared meals in the home. They explained that it was very important for people to have a healthy, nutritious and well prepared meal every day. This ensured that their physical well-being was maintained. We observed lunch time and saw that people had a choice of two meals as a main course, one starter and fresh fruit, ice cream or cake for dessert.

People's weights were recorded monthly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition. The registered manager explained that they encouraged healthy eating within the home by discussing this with people who used the service during their key worker sessions which occurred every two months. We saw evidence that one person who was significantly underweight had been referred to the GP. The registered manager and care staff we spoke with told us that if they had any concerns about people's weight they referred them to the GP. We spoke with a healthcare professional and they told us that they always reported concerns regarding people's weight to them and they were always communicated with.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support and we saw documented evidence of this. Care records included information about appointments with health and social care professionals. The registered manager explained that they had a close relationship with the GP who visited the home every two weeks to ensure people received consistency in respect of their care.

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. 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.

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. People who used the service told us that they were able to make their own decisions. Care plans contained some information about people's mental state and communication. Staff we spoke with had not received MCA training. However when we spoke with them they had knowledge of the MCA. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

The regional manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

Is the service caring?

Our findings

People told us that they were well cared for in the home. One person said, "Staff are excellent, caring and helpful. They are very understanding." Another person told us, "Staff are great. No problems. They are very caring indeed." Another person said, "Staff are caring. They listen."

One relative told us, "Staff treat [my relative] very well. They are polite and lovely. They have got his interests at heart." One healthcare professional told us, "Staff are always polite, friendly and caring." One care professional said, "Staff are always respectful and helpful. They are kind and courteous."

During the inspection, we observed that care staff were present to ensure that people were alright and their needs attended to. Care staff were attentive and talked in a gentle and pleasant manner when communicating with people. We observed good interaction between care staff and people and they appeared comfortable around care staff. During the inspection, we observed one person appeared upset and started shouting. Care staff responded calmly and spoke with this person to reassure them and they soon calmed down and appeared relaxed.

People had free movement around the home and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted either in communal areas or their own bedroom.

Care plans included information that showed people had been consulted about their individual needs including their cultural needs. The home had a comprehensive policy on ensuring equality and valuing diversity. The policy stated that the home was "fully committed to respecting and treating everyone fairly, eliminating discrimination and actively promoting inclusion." Care staff we spoke with were aware of the importance of equality and diversity and ensuring people were provided with a high standard of care. Staff explained to us that they respected the choices people made regarding their daily routine and activities they wanted to engage in.

Staff had a good understanding of treating people with respect and dignity and the importance of choice. One member of staff said, "I always talk to people in a friendly way. I ask people what they would like to do and give them choice. It is important to ensure people feel independent." Another member of staff told us, "I listen to people. I maintain their privacy and give them choice. Dignity is important when assisting with personal care."

During the inspection we observed care staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs.

Bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings to assist people to feel at home. People spoke positively about the home and their bedrooms. One person said, "My bedroom is fine. I have everything I need." Another person told us, "My room is great."

Is the service responsive?

Our findings

People who used the service told us they felt able to raise any concerns they had with the care staff and management at the home. One person said, "I feel able to complain if I need to. I can speak out. I always tell them if I need to." Another person told us, "If I had to complaint I would, but I don't have any complaints." Another person said, "I know who to complaint to. I can go to my key worker or the manager. We have residents meetings and we can make suggestions about the menu."

Two care professionals we spoke with told us that the home communicated well with them and said that they were professional in their approach. When asked about this, one care professional told us the home was, "Always welcoming and keen to facilitate my visits and the reviews in which they always take a full and active part." One healthcare professional told us, "Staff always listen to advice and take action. They are responsive. They make sure any feedback is reported back to the staff team."

There was a complaints policy which was displayed in the home. There were procedures for receiving, handling and responding to comments and complaints. The home had a system for recording complaints. People told us they would not hesitate to raise concerns with staff and management.

We looked at care records as part of our inspection. Care records were prepared with the involvement of people and their representatives. Care records included an information sheet detailing important information about the person and their care needs. We also found information about people's individual achievements and goals. A care needs assessment which provided information about people's medical background, details of medical diagnoses and social history was also in their record. However, we found there was limited information in care support plans about the support that people required in respect of various areas of their care such as personal care, mobility and communication.

We recommend that the provider review their care support plans to ensure they include clear information about what support people require in respect of various areas of their care.

We spoke with the regional manager and registered manager about the care support plans and they explained that they would review these so that they included more information about the support people required. They also explained that they ensured the support people received in respect of their care was reviewed every two weeks by people and their key support worker. During this meeting people had an opportunity to discuss aspects of their care which included managing money, relationships, physical health, mental wellbeing and motivation. We saw that these key worker sessions with people were documented and what support people required was clearly documented on these session notes. The regional manager explained that people's care support needs changed frequently and these meetings every two weeks ensured that they were able to keep up to date with people's changing needs and ensured people were receiving care that was specific to their on-going needs.

Care plans contained some information about people's preferences and routines. However, we noted that the level of detail in respect of this information varied in people's care records. Some people's care records

included more information than others. We discussed this with the regional manager and registered manager and they explained that they were in the process of reviewing this.

All people we spoke with who used the service told us that there were enough activities in the home. One person said, "There is enough to do. I like playing pool." Another person said, "I am happy with the activities. I play pool and play bingo." Another person said, "There are activities but I choose not to get involved." People told us the home had activities such as art and crafts, games and outings. They stated that they had been on an outing to the seaside in the last year.

During the day of our inspection we did not observe any formal activity taking place. However we observed people interacting with one another in the lounge where there was a pool table. We saw care staff playing pool with people and talking with them.

Two care staff we spoke with told us that they used to have an activities coordinator and they spoke positively about this person. They said that when there was an activities coordinator in post, this person was able to focus specifically on activities and ensured that people engaged in activities if they wished to do so. However, they told us that there was no longer an activities coordinator in post and said that this meant that care staff had to engage in activities with people which was not always possible because of other work tasks that needed to be completed. We spoke with the regional manager about this and he explained that the activities coordinator left and they were reviewing the post and looking at alternative options with their other home. He explained that the post was under review.

Meetings were held monthly for people living at the home where they could give their views on how the home was run. They discussed the running of the home as well as the food menu and activities. We saw evidence that these meetings were recorded and that the service took necessary action following suggestions made at these meetings.

The registered manager and regional manager explained to us that it was important to ensure that people felt able to raise their concerns and issues and had an opportunity to voice their opinion through resident's meetings and key worker sessions with people.

Is the service well-led?

Our findings

People expressed confidence in the management of the home. One person said, "They are great." Another person said, "The staff and manager are really nice." Another person told us, "I have no complaints about the manager."

Two care professionals spoke positively about the management at the home. One care professional said, "The staff team there are very conscientious in their approach to supporting the customers and ensuring they get the appropriate interventions in a timely manner." Another care professional said, "The manager is helpful and listens."

There was a management structure in place with a team of care workers, project workers, domestic staff and the registered manager. We noted that there had been a change of management in the home since the last inspection with a different registered manager in post. The regional manager informed us they were currently recruiting for the deputy manager's post.

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook checks and audits of the quality of the service in order to improve the service as a result. We saw evidence that regular audits and checks had been carried out in areas such as health and safety, cleanliness of the home, fire procedures and care documentation. However, there were some areas where the quality of the service people received was not effectively checked and the service failed to identify failings. For example; the lack of detail in care support plans as detailed under "responsive" and gaps in staff training as detailed under "effective." The home had failed to identify these inconsistencies and take necessary action.

We saw evidence that the home carried out medicines audits quarterly. We noted that the last medicines audit was carried out in December 2016. However, the information detailed in the medicines audit was limited and not comprehensive. We noted that it did not include details of MARs checks, controlled drugs, temperature checks and medicines expiry dates.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a positive attitude and were of the opinion that the home was well managed. The majority of staff we spoke with said the registered manager was supportive and approachable. They indicated to us that morale was good and that care staff worked well together as a team. One member of staff told us, "The team is the best here. We support each other and work well together. Teamwork is good. Management are approachable. They encourage us. I can talk to the manager if I need to." Another member of staff said, "I feel supported by my colleagues and management. We respect each other and work well together. It is a good environment." However another member of staff told us, "I think the support could be better. The manager doesn't get involved, but is nice enough."

Staff were informed of changes occurring within the home through monthly staff meetings and this was confirmed by all care staff we spoke with. They told us that since the registered manager had taken up post, they had consistent and regular meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. They told us that communication amongst staff was good and they raised no concerns in respect of this.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Accidents and incidents were recorded. Details of accidents had been recorded and signed by care staff. However, we noted that they did not contain guidance to prevent a re-occurrence of accidents. Such information is needed to provide guidance for care staff. We spoke with the regional manager and registered manager and they explained that they would ensure that this information was included on the form. They said that the organisation's head office kept a copy of the accidents which included guidance to prevent a re-occurrence.

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 The home did not always have effective systems in place to monitor and improve the quality of the service specifically audits.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a lack of evidence that staff were supported to fulfil their roles and responsibilities through regular training and appraisals.