St Vincent's Charitable Trust

St Vincent's 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?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
St Vincent's Nursing Home is a residential care home providing personal and nursing care to up to 60 people aged 65 and over with general nursing needs and end of life care. At the time of the inspection there were 56 people living at the home. The service had four separate units, each of which have individual bedrooms with en-suite facilities and communal living, dining, bath, shower and toilet facilities.

People's experience of using this service and what we found
Risk management plans were not always in place when a specific risk had been identified to provide staff with guidance as to how they could reduce possible risks. Records relating to possible risks did not always contain accurate information to provide staff with guidance.

Medicines were administered appropriately but information relating to how medicines should be administered was not always accurate.

Incident and accident records were completed but actions were not always identified to reduce potential risks to people using the service. This meant the provider could not ensure the learning from the investigation into incidents and accidents was used to reduce the risk of reoccurrence.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff were not up to date with some of the training identified as mandatory by the provider. This meant staff may not be aware of current best practice when providing support.

Records relating to people using the service did not always provide accurate information relating to the care and support they needed, so staff had all the information they needed to care for people.

The provider had a range of audits in place, but these did not always provide appropriate information to identify where actions for improvement were required for example in relation to the care plans.

People told us they felt safe when they received care and support from staff. The provider had systems to investigate safeguarding concerns and complaints with any lessons learned identified. There was a recruitment process in place. The provider had appropriate procedures for preventing and controlling infection.

People felt the care workers provided care in a kind and caring way as well as treating them with respect and dignity. The cultural and religious preferences and needs were identified in people's care plan.

People living at the home and staff felt the service was well led.

For more details, see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
The last rating for this service was requires improvement (published 22 January 2019). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Vincent's Nursing Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to person centred care, the need for consent, safe care and treatment, good governance and staffing at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

St Vincent's Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector, a member of the medicines team and an Expert by Experience. The second day of the inspection was undertaken by two inspectors. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with four people using the service and five relatives/friends of people living at the home. We spoke

with eight care workers, one nurse and an activity coordinator as well as the registered manager, the deputy manager and the chef. We also spoke with a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 10 people's care plans, 34 medicines administration record (MAR) charts, the staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance audits were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the training records for all staff and the registered manager provided additional information in relation to recruitment.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

• We saw risk assessments and risk management plans had been completed but where a person had been identified as having a specific risk there was not always guidance for staff on how to reduce that risk or the information was not up to date. For example, we saw where a person was living with Parkinson's Disease a risk management plan was not developed providing guidance for staff on how to support the person. The care plan for one person stated they had difficulty swallowing but the risk assessment for eating and drinking indicated there was no issue with swallowing.
• We saw the records for one person indicated they left the home without support or the staff being aware they were no longer in the building. A risk management plan had not been developed to provide staff with guidance on how to support the person to maintain their safety.
• Personal Emergency Evacuation Plans (PEEPs) had been developed for people living at the home, but they did not provide appropriate information on how the person should be supported during an emergency at the home. The PEEPs identified the person and where they were located but did not provide directions in relation to what specific support the person required if there was an emergency.
• People living at the home were able to access the stairwells and the lift but risk assessments were not in place to help ensure possible risks were identified and appropriate action taken to reduce these.
• The deputy manager explained pressure relieving mattresses should be checked twice a day to ensure they were working correctly but we saw the electronic records did not indicate this was happening in line with the provider's processes.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
At our last inspection the provider had failed to ensure the process for recording and investigating incidents and accidents had been followed by staff. This was a breach of regulation 12 (Safe Care and Treatment) of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

• We saw that incidents and accidents were being recorded in line with the provider's processes but there was still no information relating to what actions had been taken and what lessons had been learned. Incidents and accident were recorded on either the electronic record system or on the paper system. We saw with both methods records were not always completed in full. For example, we saw one person had experienced two falls within five weeks but only the form for the first fall had been completed in full identifying what actions were taken to reduce the risk of reoccurrence.
• We also saw that care plans and risk assessments had not been updated to reflect any actions taken. For example, the incident and accident record relating to one person who had left the home without staff being aware stated the person should have a wrist band with their name and address in case of an emergency, but this was not recorded in the care plan or risk assessment.

Staff did not always follow the process for recording incidents and accidents and did not identify actions taken to reduce possible risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
At our last inspection nurses were not always recording the administration of medicines when they were given to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found nurses were now recording the administration of medicines, but we identified other issues therefore the provider was still in breach of regulation 12

• The temperatures in the rooms where medicines were kept were not always recorded accurately to help ensure the room was at the appropriate temperature for the safe storage of medicines.
• We saw that where people were supported to manage their own medicines, checks were not carried out with the person to ensure these were in date. We also saw creams which were identified as flammable were not stored safely in people's rooms.
• The labelling on eye drops did not indicate which eye they were for or the frequency of application. The nurses we spoke with could explain how these should be applied but this information was not recorded on the MAR charts for the person. We saw the labelling and information was also not recorded for antibiotic eye drops.
• We saw the dosages for insulin for one person on the MAR chart did not match those recorded on the labels on the insulin pens. The box used for the pens were labelled but the individual pens were not.
• Where a person had been prescribed a medicine that needed to be administered at a specific time, we saw the electronic records for the care provided each day did not demonstrate that the medicine was administered at the required time.

We found no evidence that people had been harmed however, robust systems were not in place to ensure medicines were managed appropriately. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

• People told us they felt safe living at the home and when they received care from staff. One person said, "I'm definitely safe. They come so quickly when you press the alarm, the alarm mats are a very good idea." We saw staff came quickly when the person pressed the sensor mat and appropriate care was given.
• The provider had a clear process to investigate and respond to any concerns about care which had been raised and we saw this process had been followed with concerns that had been received.
• Care workers demonstrated an understanding of safeguarding and we saw they had completed safeguarding training.

Staffing and recruitment
• In general people felt there were enough care workers on duty, but one person did feel more staff would be beneficial. Comments included, "Nothing bothers me greatly about this place. I have an alarm bell and it's not really a long wait. They do come if you call at night" and "They don't always come straight away. I think they need more staff as they all work so hard, a lot of us are ageing and finding ourselves bedridden and needing more complete care."
• During the previous inspection we noted there were times during the day when there were not enough staff on duty. At this inspection the registered manager explained they had increased the number of care workers on duty across the wings. If it was identified that additional support was required on one wing a care worker would be allocated from a wing which had people with a lower level of support. Staff told us they felt there was enough staff on each wing.
• The provider had an appropriate recruitment process in place. During the inspection we looked at the recruitment records for three recently recruited care workers. We saw a full employment history, two references and a criminal records check had been completed which followed the provider's process.

Preventing and controlling infection
• The provider had appropriate procedures for preventing and controlling infection.
• During the inspection we saw housekeeping staff were on duty around the home throughout the day. The communal areas and people's bedrooms were clean, tidy and free from malodour.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

• We saw mental capacity assessments had been completed but these did not always identify if the person was able to consent to an aspect of their care. For example, the mental capacity assessment for one person stated it related to the person's ability to consent to managing finance and health decisions. There was no mental capacity assessment relating to the person being able to consent to any other aspects of their care such as personal care.
• There was a best interests decision recorded stating that a DoLS application would be in the best interest of the person. The person's care plan indicated that sensor mats were used next to the person's bed and in their armchair to monitor their movements but there were no records of a mental capacity assessment or best interest assessment for their use. This meant that aspects of the care provided may not have been consented to.
• The mental capacity assessment for another person stated it was being completed as the person was "unable to make the decision on their own" but there was no indication of what that decision related to. This meant it was unclear as to what the person was able to consent to in relation to their care and support.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
• People told us they felt the care workers and nurses had the appropriate training and skills to meet their care needs. Despite this, however, we reviewed the training records for staff working at the home and we saw that not all staff had completed their training in line with the provider's requirements.
• We saw the training records for 61 care workers showed 30 had not completed infection control training and from the 22 nurses' training records we saw 10 had not completed this training and three were overdue with the refresher course. Training records we saw relating to fire safety indicated 42 of the 61 care workers on the list had not completed the training. Eight nurses had not completed the fire safety training. The records for moving and handling training showed that from 59 care workers six had not completed it and 12 were overdue on the annual refresher. Records indicated from 22 nurses there were six that were overdue on their refresher course.

This meant staff were not always up to date with their training to support them in providing safe and appropriate care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The registered manager explained that staff had supervision meetings with their line manager quarterly and these could be a one to one meeting or as a group with other staff. Staff told us this did not always happen regularly. Staff members said, "I get supervision about four monthly from the wing leader. We can talk privately and if there are problems we can sort it out. She asks how I like work" and "I had supervision a long time ago. I don't remember, it was a long time ago. The wing leader does it."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat both a healthy diet and food they enjoyed. People told us that in general the food was good. One person commented, "The food is good but not what I would cook. A lot of cabbage which I'm not keen on. I'm a small eater and they accommodate me, they ask us what we want. There are two choices at lunch and dinner."
• A relative said, "My family member is eating morning, noon and night, they often comment on it. They allow friends and relatives for lunch and there's a meal planner for the week. My relative loves the midnight snack fridge."
•. We saw some of the care plans we looked at identified people's food preferences. If the person wanted to eat their meals in their bedroom or in the lounge/dining room, this was also identified.
• The chef told us 85% of the food was cooked from fresh and there was a four-week menu. People's specific nutritional needs were identified on the daily menu requests and people could change what they had chosen on the day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's care and support needs were assessed before they moved into the home. The registered manager explained that people were assessed when an application to move into the home was received. They met the person and their relatives/representatives to discuss their health and care needs to help ensure these could be met.
• The information from the assessment was used to develop the care plan and risk assessment.

Adapting service, design, decoration to meet people's needs
• The environment around the home supported people to be as independent as possible. We saw people with limited mobility could access corridors and doorways to communal areas and bedrooms which meant they could move easily around the home using walking aids or wheelchairs.
• In each wing there were photographs of all the staff who provided support, so people and visitors could identify them easily. There was clear signage and information in communal areas.

• People were encouraged to personalise their bedrooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to access healthcare to help them live healthier lives. Care plans and other records indicated people were visited by their GP, diabetic nurse, dietitian, speech and language therapist and tissue viability nurse when required.
• The registered manager explained that a new system to access a physiotherapist had been introduced. If a person was identified as experiencing a change in their mobility they could access three free sessions with a physiotherapist. Then the person could choose to pay for further sessions if required. This enabled people to be assessed and receive guidance more quickly. Group physiotherapy sessions were also offered.
• Care workers did not receive specific training in relation to oral care. Some people commented on having their dentures cleaned and then having to clean their teeth themselves. The electronic records of the care provided indicated people were supported to clean their teeth and care plans included an oral health assessment.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
• During this inspection we saw care workers were, in general, individually caring and engaged and had established a good relationship with people using the service. People were happy with the care they received with one person commenting, "Everyone's pleasant and I haven't really got any concerns." We did observe one care worker was watching television while supporting a person to eat so they were not interacting with the person. We raised this with the deputy manager who spoke with the care worker and ensured the care was more focused on the person.
• Despite the immediate action taken in response to the above concern, we found that the service was not always caring as we identified a number of shortfalls with the way the service was provided which meant that people may not have received the support they needed to meet all their needs. Also, people were still not being protected adequately from risks that could arise as part of receiving a service. For example, the service was not always caring because people may have been placed at risk of poor care due to the service's failures to have risk management plans in place.
• Each person's religious and cultural needs were identified in their care plan. There was a daily Mass held at the home and people were supported to attend the chapel or they could choose to watch the Mass in their bedroom or in the lounges as it was broadcast around the home. A relative commented, "My family member doesn't like leaving their room, but they get the Mass on TV and take Holy Communion."
• We spoke with the registered manager about how people were supported with their protected characteristics, such as sexual orientation, disability, race and religion. The registered manager explained people were supported with their needs and choices in relation to these protected characteristics and we saw this in people's care plans.

Supporting people to express their views and be involved in making decisions about their care
• People were not always able to confirm if they had been involved in developing their care plan. One person said, "I'm not aware of any particular care plan. I don't get asked about anything to do with my care." People confirmed that care workers supported them to make choices in relation to their day to day care.
• Relatives told us they had been involved in developing their family member's care plan. Their comments included, "I have to sign and approve the care plan and have had reviews, I can make suggestions" and "Another relative gets involved in the care planning, she comes in and asks for what she wants for example physiotherapy and the plan is updated."

Respecting and promoting people's privacy, dignity and independence
• People felt their privacy and dignity was respected when they received care and staff supported them to be

as independent as possible. One person said, "They are very respectful, they are kind and thoughtful when they clean me etc and always talk to me if I have to do something different. I've never seen anyone here get angry."
• Relatives also commented, "My family member's privacy is respected – they always ask before they come in or take them somewhere" and "'Privacy is well respected, there are heavy curtains around the commodes."
• During the inspection we saw care workers respected people's privacy and dignity. The care workers demonstrated a clear understanding of the importance of respecting a person's privacy through their actions we saw and when we spoke with them.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• The registered manager explained a new electronic care plan system had been introduced at the home in May 2019. This meant care workers and nurses accessed people's care plans and risk assessments using hand-held electronic devices.

• During the inspection we reviewed care plans and identified these did not always provide accurate and up to date information on the person's care needs and their preferences.

• The electronic care plans contained contradictory information regarding people's care. For example, we saw the records relating to continence care for some people indicated the person was continent, incontinent and had a catheter in place.

• The information from the paper-based care plans had not been transferred to the new system so there was limited information on how people wanted their care provided. The electronic care plans provided general information as to what care was required but not how it should be provided to meet people's preferences.

• The electronic records of daily care showed one person had been transferred from their bed to a chair using a hoist at 8am but there was no record of the person being transferred back to bed. We checked and found the person in bed and the nurse confirmed that the person had not been transferred from their bed that day due to an appointment with a medical professional. This meant that the records did not provide an accurate record of the care provided that day.

• We saw the weight records for one person indicated they had lost a substantial amount of weight following their return from hospital. The person's weight was not checked for a further 13 days at which time their weight had returned to that recorded prior to the admission. The deputy manager explained that the person's weight should have been checked within a day to the level of loss identified to ensure the scales were accurate, but this had not occurred. There was no record of any action being taken in relation to the weight loss. This meant the person may not have been given care that met their needs.

We found no evidence that people had been harmed however, care plans did not provide accurate information on people's support needs to ensure these could be met. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• People's communication needs had been assessed and information was included as part of their care

plans. The communication care plan identified if the person had a preferred language and if they had any visual or hearing impairments.
• The registered manager explained that if a person required documents provided in a different format to meet their communication needs, this could be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People were supported to take part in activities both inside and outside the home. People commented, "I do crosswords – there's something on most days for us to join in with. They take me into the garden" and "They still have activities at weekends, there's usually a film on Sundays."
• There was a garden which was accessible and had seating and raised planting areas. We saw a display of photographs showing people taking part in a local horticultural show which plants and vegetables they had grown and won prizes for.
• Staff told us there were performers who regularly visited the home and there was a team of activity support staff and volunteers who provided both one to one and group activities.

Improving care quality in response to complaints or concerns
• The provider had a suitable procedure for responding to complaints. During the inspection we reviewed the records of complaints received which showed they had been investigated, responded to and any lessons learned identified.
• People knew how to raise concerns about their care. Their comments included, "There's a notice on the notice board that tells you what to do if you have a complaint and a lot in the brochure" and "If I had a complaint, I'd go to the manager." Relatives also confirmed they knew how to raise concerns and one commented, "I've no complaints but if I had I'd raise them with a senior nurse."

End of life care and support
• People's care plans included information on the person's cultural and spiritual needs in relation to the care they want towards the end of their life. The end of life care plan indicated if the person wanted to remain in the home, their religious wishes and if they had any concerns and how these could be resolved for example controlling any pain.
• The home worked closely with the local palliative care team to provide appropriate support when needed.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care
At our last inspection the provider had a range of quality assurance checks in place but those in relation to the care plans and risk management were not always effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

• The registered manager confirmed a range of audits were completed but where checks were carried out on the care plans, risk assessments and incident and accident records, these had not identified that information had not been completed or it was inaccurate.
• During the inspection we asked the registered manager to provide the current training records for the staff working at the home. The spreadsheet they provided was not up to date and they sent the information which included attendance lists to us after the inspection. This meant the provider did not have accurate records to indicate which staff had not completed training that had been identified as mandatory.
• Regular audits of MAR charts and medicines were carried out on each wing, but these did not identify the issues noted during the inspection.
• The provider had not identified, managed and mitigated risks to people. During the inspection we identified a range of issues including risk management plans for specific risk and recording of incident and accidents. These had not been identified by the provider using their existing processes.

This meant the provider did not have appropriate information provided by their quality assurance processes to ensure they identified areas were action was required. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People told us they felt the home was managed well. Their comments included, "It's very well run, we see the matron every now and again. I feel very contented here. My family say I look very well since being here" and "I think it's very well run. They see to everybody, we've all got a bleep and they always attend to you. They might run to you and say, 'we'll be with you in ten minutes'. They put the patient first."
• During the inspection we saw staff understood the wishes and needs of people living at the home. People

were supported to be involved in their care and what happened at the home.
• We spoke with a range of staff at the home and they told us they felt supported by the management and the home was well led. Comments we received included, "The managers are quite good and supportive. If you go to the office, they listen. They come up to solve the problem" and "I've worked in a few homes and here is much better. Staff are on the wings to work. Hard to know what they could do better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider had a range of policies and procedures in place which were regularly reviewed.
• Relatives told us they felt they had regular contact with senior staff but one relative felt they did not always act on their comments. Their feedback included, "It's well run, the ethos is one of attentiveness and thinking ahead. The matron is very good, [they are] very approachable and listen to my queries. They just don't always follow up on them" and "'On the whole it's well run. The management have changed downstairs [senior staff] and aren't quite as friendly. Communication with relatives seems good though."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There was a clear organisational structure at the home. We saw the registered manager was supported by a nurse in charge of each wing and there was a deputy manager who was also the clinical lead.
• There were regular meetings with staff in each wing and the registered manager told us a meeting was held every Friday with senior staff to discuss any issues on each wing and around the home and any action required as well as to plan for the weekend and the coming week.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were encouraged to provide feedback on the care that was provided at the home. The registered manager told us a survey was circulated to people living at the home and relatives to obtain their views on the care provided. We saw the analysis of the results from the survey sent out during May and July 2019 and the majority of the feedback was positive.
• There were regular meetings with people on each wing and this was confirmed by people we spoke with. One person said, "We have meetings with matron and get asked about any issues we have every two or three months."
• There were also regular meetings for relatives to discuss the care provided at the home. A relative commented, "A relative runs the meetings where issues can get raised. It was just for relatives originally but a resident without family was concerned that residents should come to meetings too, and this happens now."

Working in partnership with others
• The provider worked closely with local healthcare and other organisations in the community. The registered manager told us they worked closely with a local college to arrange health and social care apprenticeship placements for students at the home, so they could develop their skills with hands on experience.
• Senior staff attended forums and training organised by the local authority to enable them to keep up to date with good practice, for example in relation to care provision during a heatwave.
• They worked closely with the clinical commissioning group for end of life care and to arrange continuing care funding.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences. Regulation 9 (1) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not act in accordance with the Mental Capacity Act 2005 as they did not ensure service users' mental capacity was assessed and recorded where they were unable to give consent. Regulation 11 (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff had received appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks. Regulation 12 (1) (2) (a) (b) (g)

The enforcement action we took:

We have issued a Warning Notice requiring the provider and registered manager to comply with Regulation 12 by 3 February 2020.

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 registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services. Regulation 17 (1)(2) (a) (b)

The enforcement action we took:

We have issued a Warning Notice requiring the provider and registered manager to comply with Regulation 17 by 3 February 2020.