Sanctuary Care Limited

The Rosary Nursing Home

Inspection report

Mayfield Drive
Durleigh
Bridgwater
Somerset
TA6 7JQ

Tel: 01278727500
Website: www.sanctuary-care.co.uk/care-homes-south-and-south-west/rosary-nursing-home

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 8, 9 & 10 January 2017.

The Rosary Nursing Home provides accommodation and nursing care to up to 102 people. At the time of the inspection there were 96 people living at the home. The Rosary specialises in the care of older people including older people living with dementia.

The home is made up of two main buildings. One part of the home, known as Primrose, provides general nursing care to people. The other building, called Snowdrop, provides care to people living with dementia. Primrose is divided into two areas called Chiltern and Polden. Snowdrop is divided into two areas called Quantock and Mendip.

The last inspection of the home was carried out in December 2015. At that inspection the service was rated as Requires Improvement. We found that improvements were needed to make sure the recording of medicines administration, including the application of prescribed creams, was clear and gave an accurate record of what had been administered to people. At this inspection we found that improvements had been made and records gave clear information about medicines which had been administered or refused.

In December 2015 we also found that the leadership within the home was not always clear. Staff were uncertain who was responsible for organising each shift. Some felt it was the senior carers and others thought it was the registered nurse. Feedback from people was that there was a lack of organisation when the registered manager and deputies were not on site. This was a particular issue at night and at weekends. We found that improvements had been made and registered nurses were taking full responsibility for shifts in each unit. A new on-call system for the registered manager and deputies ensured people had access to these people at weekends.

A number of concerns about the service have been raised with us since the last inspection. These have included concerns that there were insufficient staff to meet people's needs, people waiting an excessively long period of time for staff to support them and general standards of care.

At this inspection we found improvements were needed to make sure quality monitoring processes were effective in identifying and addressing shortfalls in the service and improving the service people received. The provider had a very comprehensive system in place which included regular audits by the registered manager and senior management within the company. However these systems had not identified all the issues we found through observations within the home.

During this inspection we found improvements were needed to make sure staff were suitably deployed to meet people's needs in a timely way and ensure their safety. On two occasions we observed people waited for 40 minutes for their requests for assistance to be carried out. We also found that some people in communal lounge areas received very limited support, supervision or social stimulation. At lunch time a

number of people waited for long periods of time for their meal and between courses.

Improvements were also needed to make sure everyone received person centred care and had opportunities for social stimulation. This was a particular concern regarding the care of some people living with dementia who were unable to make their day to day needs and wishes known. Care plans contained very limited information about people's preferred daily routines which meant staff did not always have the information they required to ensure care and support was provided in accordance with people's wishes and preferences. Although long term staff knew people well the home had a number of new staff and regularly used staff from agencies who would not be expected to have personal knowledge of each individual.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had only been in post a few months. They were open and approachable and committed to making improvements. In response to our verbal feedback at the inspection they took immediate action to address the issues we raised.

In addition to the areas for improvement we also found areas of good care. Without exception everyone we spoke with praised the staff who supported them. People told us staff were always kind and caring and they named a number of staff who they thought were exceptional at their jobs. One member of staff was described as outstanding and one person said "Some staff here are really excellent. [Staff description] will do anything for you they just seem to know what will make things alright." Throughout the inspection we observed that staff were kind and patient when they assisted people. In one area of the home there was excellent interaction between staff and people living with dementia which created a happy and engaged atmosphere.

People's healthcare needs were monitored and people told us registered nurses were always happy to discuss any worries with them. A number of people were being nursed in bed and we saw these people were warm and clean. Records showed that people in their rooms were seen regularly by staff to ensure their comfort.

Risks of abuse to people were minimised because there was a robust recruitment process which ensured new staff were checked before they commenced work at the home. Staff knew how to recognise and report abuse. The registered manager worked with appropriate authorities to make sure any concerns were fully investigated and their legal rights were respected.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 totally safe.

Improvements were needed to make sure staff were suitably deployed to meet people's needs in a timely way and ensure their safety.

People received their medicines safely from registered nurses and senior staff who had received training to carry out the task.

Risks of abuse to people were minimised by the provider's recruitment process and staff training.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills required to meet their physical needs.

People's health was monitored and staff involved outside professionals according to individual need.

People received meals in line with their assessed needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People's privacy and dignity was respected.

There were ways for people, or their representatives, to express their views about their care and treatment.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

Improvements were needed to make sure everyone received person centred care and had opportunities for social stimulation.

People could be confident that any complaints made would be fully investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not always well led.

Improvements were needed to ensure the provider's quality monitoring was effective in identifying shortfalls in the service and making improvements for people.

People benefitted from a management team who were open and approachable and learned from mistakes.

The Rosary 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8, 9 & 10 January 2017 and was unannounced. It was carried out by three adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included information supplied at registration, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with 31 people who lived at the home, 11 visitors and 22 members of staff. Staff spoken with included registered nurses, care staff and ancillary staff. The registered manager and operations manager were available during the inspection.

Before the inspection took place we received comments from four health and social care professionals.

Some people were unable to fully express themselves verbally due to their physical or mental frailty. We therefore spent time observing care practices throughout the home and carried out a Short Observational Framework for Inspection (SOFI) in one area. SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

We looked at a selection of records which related to individual care and the running of the home. These included ten care and support plans, charts identifying how and when people had received support with eating, drinking and repositioning, three staff personal files, minutes of meetings and records of complaints.

Requires Improvement

Is the service safe?

Our findings

Improvements were needed to make sure staff were effectively deployed to meet people's needs and maintain their safety. Before and during the inspection we received concerns about staffing levels in the home. One visitor told us "Staffing levels are a big concern." A healthcare professional who provided comments before the inspection told us "I have not found staffing levels to be satisfactory." They told us when they visited the home they often found people sat in the lounge areas with no staff supervision which they felt was a risk to their safety. One person who lived in the part of the home known as Primrose said "I feel safe here and they try to do their upmost, however there are not enough staff to cover both floors." However another person said "They're pretty good really. If I ring the bell they come pretty quickly. If I ask for anything they do it."

People did not always receive the support they required in a timely manner which placed them at risk of being in discomfort and could pose a risk to their safety. During the inspection we found some instances where people waited a significant amount of time for staff to respond to their requests for attention. In Quantock (which is part of the home caring for people with dementia) one person told us they were feeling uncomfortable and would like help to move. We informed the nurse in charge but no staff responded to this person's request for 40 minutes. One visitor requested staff assistance for their relative to use the bathroom and we observed that it was 40 minutes before staff supported this person. The relative told us "It's like this every day." At 11am we saw one person in one of the lounges in Primrose with a cup of tea in front of them, at 11.55am a member of staff asked the person if they would like help with their tea - which was obviously cold by this time. In other instances staff responded more quickly to requests for help. In Polden (which is part of the home caring for people with general nursing needs) we heard someone calling out for assistance and noted that a member of staff responded to offer help and reassurance in under three minutes. We saw that another person activated their call bell and again staff responded very quickly.

The provider used a dependency tool to calculate the number of nursing and care staff hours needed for each person and therefore each part of the home. This tool concentrated on people's physical needs and tasks and additional hours were provided on top of the calculated hours to acknowledge people's social needs. We observed that people's physical needs, such as washing and dressing, were met but this took up the majority of staff time meaning that once people had received personal care there was very limited interaction with staff until they required another task to be performed. For example we saw that people who sat in the lounge during the morning received very little supervision or stimulation because staff were all occupied with supporting people with personal care.

On the first day of the inspection we observed the lunchtime experience in three areas of the home. Some people ate in the dining rooms and others ate in their personal rooms. A high number of people required full physical assistance to eat which meant that a large number of staff were needed to support people. The meal time experience appeared disorganised with people waiting a long time for their food and between courses. One person told us "It's not too bad today because you lot are here." In Polden staff started to support people with lunch at 1pm and the last person had received their main course by 2.20pm. However we were told by staff that people who required full assistance had not yet had desserts or drinks. The

registered manager acknowledged the shortfalls in the serving of the lunch on the first day of the inspection and improvements were made on the second and third day.

We observed that although people waited a long time for meals all meals were served hot. One person who required full assistance, and did not receive their meal till gone 2pm, said "Someone comes to feed me. It's always hot. I think they heat it in the microwave if it's late." The long delays in people receiving their meals were increased because staff working all day took their breaks over the lunchtime period which reduced the number of staff available to support people.

Immediately following the inspection the registered manager sent an action plan responding to our initial feedback. In this action plan they stated they had amended the times of staff meal breaks to ensure maximum staff input was available at each mealtime. They also told us a member of staff would be allocated to each lounge area "to interact with residents and ensure they receive assistance with drinks and to ensure all are being made comfortable."

Staff we spoke with felt that enough staff were allocated to each part of the home but they often worked short staffed because staff called in sick at the last minute. One member of staff said "Sometimes there's not enough staff. If people phone in sick there's just no slack in the system." Another member of staff said "We often work short staffed." Recent staff rotas showed that some days the home had been short staffed. For example on 26 December 2016 six staff were marked on the rota as sick and the provider had not been able to cover all of these. We were informed that the registered manager had taken account of staff absences over the Christmas period and rostered additional staff on duty to minimise the impact on people. This coupled with the reduced numbers of people at the home on this day meant that the service remained safe for people.

The provider informed us they used agency staff to cover shortfalls but they were not always able to fill shifts at very short notice. To try to overcome the situation they had recently implemented a system which sent text messages to all staff, including bank staff, to ask them if they were prepared to cover specific shifts at short notice. During the inspection there were a number of agency staff working at the home to cover shortfalls. We also met one member of staff who said they had responded to a message the night before and had come in to work an early shift.

Although there were times when the home was not fully staffed, and staff were not always effectively deployed when people required high levels of support, people said they felt safe. One person said "I definitely feel safe here. The staff are very kind." A visiting relative said "[Person's name] is safe. I don't worry if I'm not here."

Risk assessments were carried out to make sure people received care with minimum risk to themselves and others. For example assessments regarding the support people required to help them with mobility stated the number of staff required and any specialist equipment. A significant number of people needed to be supported with mobility using a mechanical hoist. We observed staff supporting people using a hoist and noted they were competent using the equipment. Staff explained the process to people and offered reassurance throughout the process. One person who required staff to assist them to move using a mechanical hoist told us "They are very good with hoisting I feel quite safe. Well I feel safe all the time here."

At the last inspection of The Rosary Nursing Home we found that improvements were needed to clearly show when medicines, including prescribed creams, had been administered or refused. At this inspection we found that improvements had been made and there was clear and comprehensive recording of medicines administration. Medication administration records were correctly completed to show when

medicines were administered or refused. Where people were prescribed a variable dose, for example take one or two tablets, staff recorded the number of tablets given. This meant there was a clear audit trail which enabled staff to know what medicines were on the premises at any time.

People's medicines were administered by registered nurses and senior staff who had received specific training and supervision to carry out the task. People told us they received their medicines at the correct time and were able to speak with a nurse if they had any questions about the medicines they were given. One person said "They're good with the tablets. You can talk to them if you have any queries." The records gave information about how each person liked to take their medicines. For example; one record said the person liked to take their tablets one at a time with a drink of squash. Another said the person liked to have their tablets from a teaspoon.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were able to fully express themselves these were administered in accordance with people's requests. Where people were unable to express their need for pain relief the staff used the 'Abbey Pain Scale' to assess the person's needs. The Abbey Pain Scale is a nationally recognised tool used to recognise pain levels in people who are unable to clearly articulate their needs.

Where people consistently refused medicines advice was sought from people's GPs. Where medicines were deemed necessary the staff carried out an assessment of the person's mental capacity regarding their understanding of the need to take medicines prescribed for them. In some cases, where people lacked mental capacity to make this decision, medicines were administered covertly. The staff involved family members and healthcare professionals to make sure these decisions were made in the person's best interests.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw these were stored and records kept in line with relevant legislation. We checked a sample of stock levels during our inspection and found these to be correct.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff told us they had not been able to begin work in the home until all checks had been completed and records seen confirmed this.

All staff received training in how to recognise and report abuse during their induction and there was further refresher training to make sure they were kept up to date with the procedures to follow. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

The registered manager was fully aware of local safeguarding procedures to follow and worked with other agencies to ensure full investigations were carried out when concerns were raised. At the time of the inspection the registered manager was working with the local safeguarding authority to investigate a concern which had been raised.

Good

Is the service effective?

Our findings

There were always registered nurses on duty who led the shift and monitored people's healthcare needs. People told us they could seek advice and support from nurses whenever they needed it. We heard one person ask a member of the care staff team if they could ask a nurse to talk to them about a specific issue and we later saw a nurse visit this person in their room. One person told us "The nurses are always in and out."

People had care plans in place to show how their healthcare needs would be met by staff at the home. A recent incident had led to the review of all care plans which related to people's long term chronic health conditions. The area manager had undertaken a full review to make sure care plans provided comprehensive information about how to monitor and support each individual with a chronic condition.

One care plan we saw did not give clear guidance about how one person's specific needs should be managed or what action to take in an emergency. However registered nurses were able to tell us about how they were managing this person's healthcare needs and the care plan was immediately up dated. Other care plans we saw gave clear guidance for staff to follow. For example one person who had diabetes had a comprehensive care plan including action to be taken if the person became acutely unwell.

Some people were being nursed in bed due to their frailty. We visited a number of these people and saw they were comfortable and warm. The provider had a system in place called 'intentional rounding.' This ensured people in their bedrooms were regularly seen to monitor their well-being and maintain their comfort. Staff completed recording sheets when they had seen and provided care to a person. Charts that we looked at were mostly well completed showing that care and reassurance had been provided to people on a regular basis. Charts showed when people had been given a drink and when they had been helped to change position to reduce the risk of pressure damage. This helped to ensure people's physical needs were monitored and met.

People told us the home supported them to see healthcare professionals according to their individual needs. One person said "When I needed a doctor it wasn't long before they were here." Another person said "They get the doctor if you need one but the nurses here are very good and usually they can sort things out." Records in care plans showed people had been seen by a variety of healthcare professionals including GPs, district nurses and speech and language therapists.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. The new registered manager had made changes to the induction programme to make sure staff had the support they needed when they began work. This new induction programme gave newly recruited staff more time to get to know the home and to spend time with significant members of staff such as the management team, kitchen staff and the activities co-ordinator. They also undertook some computer based learning before being allocated a mentor and undertaking shadow shifts to give them the opportunity to get to know people and how they liked to be supported.

During the inspection we met one member of staff who had recently been appointed and was undertaking a shadow shift. We saw they were not being asked to provide intimate personal care alone but spent their time socialising with people in the lounge area. This enabled people to become familiar with them and for them to learn about the care and support people needed. They told us other staff had welcomed them into the team and they felt comfortable with the tasks they were being asked to undertake.

People were supported by staff who had the skills and knowledge to meet their physical needs. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Some care staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. Registered nurses told us they felt well supported and were able to undertake training to keep their clinical skills up to date. One registered nurse told us they had recently completed specific clinical training and said "I'm happy with the training."

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People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person's care plan showed they had been assessed as being at high risk of malnutrition and action was being taken to address this. Their food was being fortified to increase their calorie intake and they were also having milkshakes three times a day. Some people had been prescribed food supplements and we saw staff assisting people with these. Snacks such as crisps and biscuits were available in the lounge areas and on two occasions we saw staff offering people these.

A member of staff told us about one person who was able to eat independently with their fingers but was no longer able to use a knife and fork. They suggested that a daily menu choice of food that could be easily eaten by people who could not use cutlery should be incorporated into the menu. We passed this suggestion to the registered manager and the following day steps had been taken to put this suggestion into practice. One of the main meals on the menu was fish pie and as an alternative to this fish goujons had been sourced for people who found it easier to eat finger foods. This helped people to remain independent.

The home provided specialist diets for people who required it. For example some care plans stated that people needed their food to be served at a specific consistency and at lunch time we saw people received an appropriate meal. Some people also required their fluids to be thickened to minimise the risk of them choking and again we saw these people received drinks in accordance with the recommendations which had been made by relevant professionals.

As previously stated some people waited for long periods to be served their food and there were often lengthy intervals between courses. A high number of people required full physical assistance to eat their meals. We observed staff supporting people and noted they did this in a very kind and sensitive way. People were not hurried with their food and staff supported people at their own pace whilst chatting and encouraging them. This resulted in people eating a good meal.

The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care plans contained good information about people's capacity to consent to different areas of their care. Where people were unable to make choices for themselves there was information about how a decision had made in their best interests. For example one person who was living with dementia was wearing a specific item of clothing to protect their dignity. The care plan clearly showed how the decision had been made and the people who had been involved in the decision.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications where people required this level of protection to keep them safe.

Good

Is the service caring?

Our findings

Without exception people described staff as kind and caring. One person said "I definitely feel well looked after. The carers are very kind." Another person told us "Staff here are wonderful." One person said to us "I don't know their names, there are far too many of them, but they are all lovely." One person told us "Staff are very helpful. They calmed me down yesterday when I got upset about something." All visitors told us they always found the staff to be kind and caring.

Comments on thank you cards echoed these comments. One card thanked staff for their 'care, support and affection.' Another said their relative had been looked after 'with love and care.'

People and visitors made comments about specific members of staff who they felt went over and above their job role to provide a caring service. One visitor said about registered nurses "You can't fault the nurses especially [nurse's name] he is outstanding and really cares." One person said "Some staff here are really excellent. [Staff description] will do anything for you they just seem to know what will make things alright." A healthcare professional who provided feedback about the home said they had witnessed staff going out of their way to be kind with one member of staff bringing their own guitar to sing to a person who enjoyed music.

Throughout the inspection visit we observed staff to be very caring and considerate when they supported people with their physical needs. A number of people needed to be assisted to move using mechanical aids and this was done gently and respectfully. People were given reassurance throughout the process. Where people walked with walking frames staff walked with them to offer encouragement but they did not rush people.

When staff assisted people with tasks they chatted happily together and showed a good knowledge of people. In Primrose we heard staff chatting to people at mealtimes and there was friendly banter and laughter. One person commented "I like the atmosphere here." Another person told us "I like the banter." In Mendip which is part of the Snowdrop unit caring for people living with dementia we observed excellent interactions between people and staff which led to a happy atmosphere for people.

People said their personal care needs were met in a respectful and dignified manner. One person said "They're very good helping you get up and washed. I've had the full treatment this morning, can't fault them." Where people were being nursed in bed they looked clean, comfortable and warm. One member of staff said "Some people like to be in bed because they are very frail and feel comfortable there. We still make sure they are clean and snug though." A visitor said a nurse had discussed with them the possibility of getting their relative out of bed on occasions. They told us "We tried to get them up but they were very agitated. We decided together it was too painful for them at the moment. They are more relaxed in bed. They keep me informed and up to date."

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice

their opinions. Care plans contained information to state when the plan of care had been discussed. Some people, who were able, had signed their care plans.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One visitor said "They like to be in their room staff respect that. I have no concerns."

The staff were able to provide care to people who were nearing the end of their life. Care plans outlined the support people required to maintain their comfort. The Rosary Nursing Home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The visitors of one person who was receiving care at the end of their life said "They are very respectful. Always treat him as a gentleman and never talk to him like a baby." A thank you card which had been sent to staff following a person's death said 'Thank you for being so kind in their final days."

Requires Improvement

Is the service responsive?

Our findings

Improvements were needed to make sure everyone's care was person centred and to make sure people were aware they were able to make choices about the care they received. A number of people told us they thought they did not have a choice about the time they got up. One person said "They get me up at about eight. You couldn't really refuse." Another person told us "I wouldn't expect to be able to lie in." We found that where people had been able to express specific wishes these had been respected. For example one person liked to get up reasonably early to be able to meet with visitors in the lounge and this had been accommodated. One person told us "I have had to tell them how I like things to be done and now they do things to suit me."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about the care and support people required. People's care plans contained life histories which gave staff some information about the things they enjoyed doing and the people who were important to them. However there was not always information about people's preferred daily routines which meant that if people were no longer able to express their wishes staff had limited information about how and when they would like to be assisted with their care.

In Snowdrop, the part of the home which provided a service to people with dementia, we found that practice was very variable. In the area known as Quantock, care was not person centred and staff were task focussed. There was nothing around the unit for people to interact with, promote their well-being or encourage people to be independent. There was extremely limited social stimulation and most people spent their time in their room asleep in their chairs or beds. The care plan for one person said they liked to talk to staff and spend time with them. They enjoyed watching people and liked to spend time in the lounge. We observed that this person was not supported out of their room and did not have opportunities to interact outside of the time they were receiving personal care and support. One person spent their time walking around the area but there was nothing for them to interact with such as books or magazines.

A member of staff told us "Staffing is a problem. Often there are only three staff and it's hard to meet people's needs. We can't spend any quality time with people." On the second day of the inspection staff again told us they had very limited time to spend with people. It was however noted that throughout the inspection there were adequate numbers of staff to meet people's needs in Quantock. One member of staff said they had wanted to support one person to come out of their room as they were bright and animated and the member of staff thought they may enjoy some time in the lounge. They told us when they asked the nurse in charge about this they advised against it because they could not be supervised in the lounge so could not be kept safe. In the afternoon we saw that one member of staff was sat in the lounge with two people. There was no chatter and they did not use the opportunity to engage with people.

At the time of the inspection there was only one activity worker employed for the whole home and although on the second day of the inspection they did visit Snowdrop with a guinea pig for people to touch and cuddle this was for a very short space of time. The provider informed us that another activity worker had

been employed to work in Snowdrop but they were waiting for their recruitment process to be completed. Following the verbal feedback from the inspection the registered manager sent us an action plan stating what immediate actions they were taking to address issues fed back. They wrote on their action plan "Until commencement of the new activity lead a member of our care staff team will be allocated time to provide activities for residents either side of meal times throughout the week. The intention is that all care staff will embrace this role as part of their working week to enhance their own personal skill set in caring for those living with dementia." They also wrote "We have found and replaced activity items in the lounge to ensure that our residents have things to interact with and get comfort from."

In the other part of Snowdrop (Mendip) we spent time observing people in the lounge area. Initially there were eight people in the lounge. The TV was on but most people were dozing and no one was watching the programme. People were unable to occupy their time and there was nothing for people to interact with except one newspaper. One person told us "I like reading I would like a good book." However after a short period of time three staff came into the room and started to interact with people. It was apparent that staff knew people very well and started chatting and found some musical instruments and other things in a cupboard. One member of staff went to get the person we had been speaking to some books from their room as they knew they liked to read.

The atmosphere in the room became happy and lively. People were laughing and smiling. Staff were affectionate towards people when they sat down together which resulted in two people giggling with pleasure. Everyone had cups of tea and biscuits and staff supported people who needed assistance. This all created a really warm and friendly atmosphere and people were happy and engaged.

On the third day of the inspection seven staff attended a training course entitled 'Engaging with people with dementia.' A further 11 staff were due to attend the following day. We spoke with the trainer after the training session who told us the aim of the course was to enable staff to enrich people's lives through person centred care. They said all staff who had attended the days' course had been enthusiastic and keen to learn. The staff training and additional activity equipment should enhance the opportunities for meaningful occupation and social stimulation and therefore increase people's well-being.

People were able to attend some organised activities and the activity worker said they tried to see people in their rooms for one to one stimulation. However at the time of the inspection there was only one activity worker for the whole home. Because of the frailty of many people living at the home much of their day was taken up with physical care tasks leaving little time to take part in group activities. On the first day of the inspection (Sunday) there were no organised activities. On the second day there was some one-to-one sessions and a light exercise class which some people in Primrose attended. People were animated and enjoyed the session.

Entertainment and social events were arranged which people could join in with if they chose to and were able. One person told us "I like to go to the entertainment. The carols at Christmas were lovely." Another person said staff took people out shopping which they enjoyed. One person who required full physical assistance for all activities of daily living said "I like to go to have my hair done when the hairdresser comes. I also like to go to the church service. Staff know the things I want to do and help me." On the last day of the inspection a church service was held at the home and we saw this person attended.

People had access to a safe garden which a number of people said they enjoyed using in the good weather. One person said "There is lovely outside space which is all wheelchair accessible." Another person told us "I can go out in the garden when I have checked with a nurse. I have even eaten my dinner out there." There was also a pet sanctuary with rabbits and guinea pigs which was popular with some people. One person

said "They bring round one of the rabbits or guinea pigs sometimes. They sit them on your lap on a towel which is rather nice."

The provider had a programme in place called 'Together for ten.' This was a ten minute session each day when all staff, including ancillary staff, spent time with people for a minimum of ten minutes. The registered manager told us this had not been happening regularly over the Christmas period but we saw it was back in operation on the last day of the inspection. This enabled staff to spend one to one time chatting with people who may not join in with activities or other social functions. One person said "I like it when we have a little chat."

There were regular meetings for relatives to enable them to keep up to date with changes and make suggestions. Minutes of these meetings showed a variety of issues were discussed. The registered manager and deputy managers did daily 'walk arounds' to monitor practice and make themselves available to people who may want to share their views or raise concerns.

There was a formal complaints procedure which ensured all complaints were responded to in a specified time scale. Initially complaints were investigated and responded to by the registered manager. If people were not happy with this response they were given opportunities to raise their concerns to higher management within Sanctuary Care.

We looked at a sample of complaints made since the last inspection and noted all had been fully investigated and responded to. Where investigations had highlighted shortfalls in the service these were treated as opportunities to improve practice. For example, one complaint had related to forms regarding people's wishes regarding resuscitation. In response to this the provider had held discussions with GPs and some changes had been made as a result of these. Changes made were in evidence at this inspection.

Requires Improvement

Is the service well-led?

Our findings

Improvements were needed to make sure quality monitoring processes were effective in identifying and addressing shortfalls in the service and improving the service people received. Whilst we acknowledge that the provider took immediate action to address the issues raised at this inspection concerns raised by us had not been highlighted in their own quality monitoring systems.

The provider had a very comprehensive system in place which included regular audits by the registered manager and senior management within the company. However these systems had not been effective in identifying all the issues we found through observations within the home.

We found that staff were not always effectively deployed to provide support to people in a timely manner or to ensure their comfort and safety in communal lounges. The provider's quality monitoring had identified that some staff in Snowdrop would benefit from specialist dementia training to improve their confidence when engaging with people. They had also highlighted that changes needed to be made to meal times to 'stream line' the service.

The providers lack of effective quality assurance systems to monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Following an incident which occurred in the home all care plans for people with a chronic health condition had been reviewed to make sure they fully reflected each individual's needs.

The provider had systems in place to enable them to have an overview of occurrences in all care homes operated by them. This included any accidents and incidents, complaints made, prevalence of pressure sores and the number of falls. From the information they received from the registered manager they were able to risk rate each service to establish were additional support or specific advice may be needed and target senior management resources to these areas. For example because the registered manager at The Rosary Nursing Home was new in post the area manager was spending more time at the home than they may have done if a more long term manager was in post. This offered the registered manager support and guidance in their new role.

At the last inspection we found that improvements were needed in the management of the service when the registered manager was not available. Staff were confused about who was responsible for organising each shift. Some staff thought it was the registered nurse on duty whilst others thought it was the senior carer on each unit. The provider informed us registered nurses were responsible for organising each shift. They told us registered nurses had access to training in managing teams but we found learning from this had not always been put into practice. At this inspection we found lines of responsibility were much clearer with

registered nurses taking a lead role in each unit.

When we arrived at the home on the first day of the inspection (Sunday) staff knew who the nominated on-site manager was and they were able to assist us in a friendly and professional way. To further enhance management at weekends the registered manager and deputies operated an on call system which involved them physically attending the site on each day of the weekend. This meant they were available to other staff, people living there and visitors for advice and support.

Since the last inspection a new registered manager had been appointed and they were still in the process of monitoring some systems and practices and making changes where they felt it was appropriate. For example they had identified the home had a high turnover of staff. In order to try and reduce this to provide better consistency for people receiving care they had made changes to the induction process for new staff. They hoped the new induction process would improve the support new staff had when they began work and give them more confidence in their roles.

The registered manager was a qualified nurse and kept their skills and knowledge up to date by continual training and support from senior management. They also met regularly with managers from other homes in the provider group to share ideas and learning. They held regular meetings for staff including clinical meetings for registered nurses. This helped to keep all nurses knowledge up to date. The last clinical meeting was based around a certain medication and another was planned to discuss the care of people with chronic obstructive pulmonary disease (COPD.)

People spoke highly of the management team and found them open and approachable. One person said regarding the registered manager and one of the deputies, "They are always about, you can talk to them anytime." One visitor told us "There have been improvements here since the change of manager. I feel [registered manager's name] listens."

To the best of our knowledge the registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

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 systems in place to assess, monitor and improve the service provided were not always effective in identifying shortfalls in the care and support provided to people. Regulation 17 (1) (2)(a)