

# Homebeech Limited

# Cherington

## Inspection report

15-17 Stocker Road,  
Bognor Regis,  
West Sussex,  
PO21 2QH  
Tel: 01243 865936  
www.saffronlandhomes.com

Date of inspection visit: 04 and 05 June 2015  
Date of publication: 31/07/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Cherington is a nursing home for up to 42 older people living with dementia. At the time of this inspection there were 35 people accommodated. Everyone accommodated lived with dementia and had some difficulty communicating with others in a meaningful way.

A registered manager was in post when we visited. 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. We were informed the registered manager was in the process of voluntarily cancelling their registration. This was because a new manager had been appointed, and was in the process of registering with the Commission. The new manager was present during our visit and made herself available to us throughout the inspection. She informed us she had been in post six months and had been responsible for the management of the home during this time.

# Summary of findings

Care records had not been kept up to date to confirm care had been delivered in a safe and timely manner. Care plans did not include sufficient information about individual needs to ensure the care delivered is person centred.

People did not have access to fluids throughout the day to ensure they were not at risk of dehydration. People and their relatives said that the food at the home was good. Where necessary, people were given help to eat their meal safely and with dignity.

Activities provided were not sufficient to meet the needs of people accommodated. This meant that people living with dementia were at risk of isolation and withdrawal.

Staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They confirmed they had received training in these areas. However, where people did not have the capacity to make decisions for themselves, the manager was unable to demonstrate people's human rights had been maintained. The manager informed us capacity assessments had been carried out on two people. Yet, despite this, DoLS applications had been made to on behalf of 33 people. The manager also told that DoLS applications had been made because representatives of the local authority had told her this must be done.

A quality assurance system was in place to monitor how the service had been provided and to identify shortfalls. However, it was not sufficiently robust to identify the breaches we found at this inspection.

People and their relatives said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. They told us that the manager was approachable. Staff knew how to identify the signs of possible abuse, and knew how to report any allegations of bullying or abuse.

People and their relatives told us that they were happy with care they received. We heard staff speaking kindly to people and they were able to explain how they developed positive caring relationships with people.

People and their relatives told us that there were enough staff on duty to support people at the times they wanted or needed.

We have identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told this provider to take at the back of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Risks to people had not been managed safely. Records did not demonstrate care plans had been followed. This is with particular reference to people being cared for in bed who were at risk of pressure sores and dehydration.

Sufficient numbers of suitable staff had been provided to keep people safe and to meet their needs.

People's safety had been promoted because staff understood how to identify and report abuse.

Requires improvement



### Is the service effective?

The service was not effective.

People's care needs were not managed effectively. Care records did not include sufficient detail to ensure people's needs with regard to continence and managing behaviours had been met.

People were supported to have sufficient to eat. However, drinks were not always available which left people at risk of dehydration.

When people did not have the capacity to consent, suitable arrangements had not been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had not been made lawfully to ensure people's rights were protected.

Requires improvement



### Is the service caring?

The service was caring.

People were supported by kind and friendly staff who responded to their needs quickly.

People's privacy and dignity has been promoted and respected.

Good



### Is the service responsive?

The service was not responsive.

There were occasions where people's continence care needs were not delivered in a person-centred way. There were insufficient activities available for people living with dementia to keep them engaged and avoid isolation.

People and their representatives had opportunities to give their views about the service they received and the provider had responded to them.

They felt able to raise concerns and the provider responded to any issues people raised.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not well-led.

Quality monitoring systems were in place and patterns of accidents and incidents were analysed. However, concerns raised at this inspection had not been identified through the provider's quality monitoring systems.

Staff were well supported and clear about their roles and responsibilities.

**Requires improvement**



# Cherington

## 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 checked 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 3 and 4 June 2015 and was unannounced. The inspection team was made up of two 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. The expert's area of experience was caring for someone who lived with dementia.

Before the visit we examined information we had about this service. This included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with one person who used the service, two relatives, the registered nurse and five care staff who were on duty and a visiting community matron. Most people living at the home were unable to tell us about their experience of the service because they had difficulty with verbal communication. We carried out general observations of the care provided to people during the morning and over lunch time. We reviewed records relating to the management of the home including the provider's quality assurance records, the supervision records of three members of staff, staff rotas for a period of four weeks, minutes of recent staff meetings and the training records of all the staff employed at Cherington. We also reviewed the care records of seven people.

# Is the service safe?

## Our findings

During our inspection on 24 June 2014 we found care records did not include sufficient information to ensure people were not at risk of receiving unsafe or inappropriate care and treatment. We set a compliance action in the report of this inspection. This meant the provider was required to send CQC a report that said what action they were going to take, with timescales, to meet the shortfalls identified. The provider has sent us an action plan that confirmed the actions they had taken would be completed by 1 August 2014.

During this inspection we found there was a system in place to identify risks and protect people from harm. Risk assessments identified where people required help. For example, they identified people who were at risk of pressure sores, falling and malnourishment. We looked at the care records for two people who were cared for in bed. They provided guidance for staff to follow to ensure identified risks had been reduced. They also included a repositioning chart, a record of food eaten and of fluids. However, records had not been adequately maintained to confirm risks to individuals had been adequately managed. For example, one person required repositioning every four hours to prevent injury to pressure areas. However, records indicated that, during one night, the person was repositioned every two hours, whilst, between 7am and 2am the following day there was no record that the person had been repositioned. This pattern of recording was repeated over several days and in each record we looked at. This meant it was not clear if staff had followed the directions set out in care plans or pathways for prevention of pressure areas which may have left the person at risk of skin breakdown. This is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to their registered manager or to the nurse in charge. Records showed that staff had received training to ensure they understood what

was expected of them. The manager informed us that she used newspaper articles or television documentaries as a basis for discussion with staff to promote awareness and understanding.

There were sensory mats in bedrooms of those people who had been identified as at risk of falling. This meant that, should the person get out of bed or fall over in their room, staff would be alerted to this by an alarm and would attend to them. We saw one person fall in the lounge during our visit. Staff checked that he had not sustained any injury and the manager said that she would complete an accident form. Staff told us that if they suspected that someone had fallen they would report it to the senior and complete a body map. This would record any injury that had been sustained such as bruising or skin tears and would be included in the person's care records. Care records we looked at confirmed the action that had been taken.

We were told that, to prevent falls there "is always someone in the lounge." We observed that this was the case throughout the day. A member of staff told us how they reduce levels of risk to people. They told us, "I move dangerous things away from people and check when someone has a hot meal and help them not to burn themselves."

There were sufficient numbers of staff to ensure people were safe. We observed care being provided to people during the course of our inspection. There were enough staff to respond and meet people's needs at a time when they needed it.

Staff told us that there was usually enough staff to carry out the care needed. A member of staff told us, "It is normally enough. We have eight care assistants in the morning and six in the afternoon with a nurse." However, another member of staff told us, "We need more in the morning as there are difficult residents." The manager assessed staffing needs by reviewing each person's care plans and by direct observations of individual care needs each week. The manager confirmed this information was used to determine the staffing levels required. This was done by the manager, who contacted a representative of the provider by phone in order to discuss and agree the staffing levels required for the week ahead. We looked at staffing rotas that covered a four week period. They demonstrated that consistent levels of staff had been provided to meet people's needs.

## Is the service safe?

There were effective staff recruitment and selection processes in place. The manager confirmed that possible applicants were expected to complete and return an application form and to attend an interview. The application included information about their previous employment, education and their current health. We examined recruitment records of one staff member who had been recruited in the last six months. They confirmed the recruitment process that had been described by the manager. They also provided documentary evidence that the necessary checks, such as references and proof of identity, had been undertaken before staff commenced work.

During our inspection on 24 June 2014 we found medicine administration records (MAR) did not include sufficient information to confirm medicines had been administered as prescribed. In addition, records were not sufficiently detailed to confirm that unused medicines had been disposed of appropriately. We set a compliance action in the report of this inspection. This meant the provider was required to send CQC a report that said what action they were going to take, with timescales, to meet the shortfalls identified. The provider has sent us an action plan that confirmed the actions they had taken would be completed by 1 August 2014.

At this inspection we found the practice for administering medicines was safe. We observed the nurse administer medicines at lunch time. They checked records to make sure the medicine and the dose were given to the correct person at the right time. When necessary, people were asked if they required pain killers in line with prescription guidance. MAR records were up to date and recorded when and how medication had been administered safely and as prescribed.

One person explained to us how improvements had been made for them. They said, "My tablets were not given to me the same times each day. For example the tablets I should take between 6am and 7am were given to me as late as 10am". They confirmed that, now, their medicine was given to them at the time that was prescribed. A relative told us they were satisfied with how medicines had been administered. Their relative had diabetes and pressure ulcers which had improved since he was admitted to Cherington. We were also informed that, as a result, prescribed pain relief had been lowered. The relative told us, "My husband is as happy as he can be."

Premises were well maintained and maintenance work carried out as required. During our visit, we noted that radiator covers were not fixed to walls. This meant that there was a potential risk of scalding to people. The manager explained that some maintenance work to radiators throughout the premises had been needed and the covers had not been put back securely. During the second day of our visit we noted that work had been carried out to fix them securely.

Contingency plans were in place to ensure the safety and well-being of people in the event of unforeseen circumstances such as fire. For example, each floor had personal evacuation plans near to stairways. The information displayed included room numbers, each person's name and a brief description of how they could be evacuated, i.e. walks unaided, walks aided, and needs a wheelchair.

# Is the service effective?

## Our findings

We observed staff gave people drinks at set times during the day. Staff told us that the prescribed times for drinks were 8am, 10.30am, 12.30pm, 3pm and 5pm. In between these times no fluids were left out in the lounge or dining areas to allow people to help themselves to drinks. We noted that when they were offered drinks they appeared thirsty and finished the cupful quickly and accepted refills eagerly.

We were informed that, three people had been nursed in bed. Where assessments identified the person was at risk of dehydration or malnourishment a record of their food and fluid intake had been set up so this could be monitored. Some entries advised of the type of food eaten, such as porridge, yoghurt and lunch, but there was no record of the amount eaten. The record included details of the amount of the input of fluid but did not record the amount of output of fluid. This meant records did not demonstrate if people had been given enough to eat and drink to ensure they were well nourished and hydrated. We found, therefore, that the registered person had not protected people against the risk of dehydration or inadequate nutrition. This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they enjoyed the food provided. One person told us she was offered the food that she likes. As an example, she said that she did not like the food on offer for lunch and that she would have something different. When we asked her what she would like, she said, "I like fried egg and chips". At lunch we observed they were eating fried egg and chips as she requested.

A relative said, "The food is excellent. Even though my husband is diabetic he gets treats". She gave examples of parties at the Cherington and treats she and her daughter brought in for him. The relative explained that the staff were aware of these treats and that they adjusted his medication accordingly. They went on to tell us that they were pleased about this because she felt her husband had so little enjoyment in life. They also added, "The cook here is fantastic. You should see the party food!" Another relative told us, "The food here is very good. I had Christmas lunch here".

The menu for the day was beef stroganoff or scotch egg followed by stewed apple and custard. We observed one person being served with scotch egg and chips. The scotch egg looked as if it had been freshly prepared in the kitchen and looked appetising. We observed people being helped to eat their meal. Each person had been allocated a member of staff to help them. The member of staff sat opposite the person. This strategy created opportunities for conversation and eye contact, which enhanced the meal experience for them. Staff also used positive reinforcement and encouraged people to eat. We heard them say, "Do you like this? Let's try some more," "Open your mouth please, swallow first" and "Just one more. You are doing really well!" We observed this task was done with patience and attentiveness.

Relatives we spoke with told us they found the service was effective. One relative said, "The care here is very good. My husband falls and then won't get up, sometimes staff have to get me or my daughter to encourage him to get up". The manager advised us that this person has a history of falls and this risk had been assessed. In order to manage this safely, the manager confirmed that two members of staff were provided to help the person get back to his feet. From time to time the person does not wish to cooperate with the staff. When this happens, the agreed plan is that the staff contact the family because the person responds more positively to them. A second relative told us, "People are watched carefully in the lounge." We asked another relative if their husband's nursing care needs had been met. She said, "His ulcers are improving. The nursing care is 'A1' He also gets regular shaves and baths."

The manager informed us, where people lacked mental capacity to make decisions the manager and her staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in their best interests. The person's family, health and social care professionals and others who were involved in their care had been consulted in order to decide which course of action would best meet their needs and keep them safe. However, a formal capacity assessment had only been carried out on two people. Yet, despite this, the provider had applied for Deprivation of Liberty Safeguards (DoLS) authorisations for 33 people. These safeguards protect the rights of people by ensuring that any restrictions to their freedom or liberty has been authorised by the local authority as being required to protect the person from harm. Following discussion, the manager demonstrated



## Is the service effective?

she was aware of the principles which governed the lawful use of DoLS. However, she was unable to explain why DoLS applications had been made before capacity assessments had been completed. This meant that the correct process had not been followed to ensure, where people's liberty had been deprived, this had been done lawfully. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People or their legal representatives had given consent to the care provided. A relative told us that she had been involved with her husband's care plan. She said, "They have a thing called a 'pathway'. It contains information about his wishes for his care, photographs and the use of bed rails." Another relative said, "I can read my husband's care plan anytime, sometimes I give my husband his medication in liquid form". She explained that she was supervised when she gave medication to her husband and that she did it because he was more willing to accept it from her. She also said, "Staff often telephone and give me regular updates about my husband."

Guidance and procedures were available for staff to help them understand what was expected of them with regard to the MCA. Staff demonstrated they acted in line with its main principles by offering day to day choices to people. For example, staff asked people what they wanted to wear or what they wished to eat or drink. Staff also ensured that, where possible, they obtained consent from the person before providing care to them.

A member of staff told us, "I like the job here. The work is hard and the people demanding but we have had lots of training." Another member of staff told us they had plenty of classroom training but, "We want more, such as manual handling. For example, how to move someone who is uncooperative." Staff we spoke with also said that they received regular supervision when they were asked about their training needs and how they were getting on. A member of staff said "We get supervision every couple of months and we always discuss any issues at handover. If I need anything I know I can go on the training." Records also confirmed staff had received individual supervision from the manager at two monthly intervals. This provided staff with an opportunity to discuss their knowledge, experience and skills so that the quality of care they were expected to deliver could be improved.

Records we looked at confirmed the training care staff had received during 2015. This included health and safety, fire

safety, food hygiene, moving and handling, infection control, identifying abuse and neglect, and reporting this to the appropriate authority. The records we looked at did not include training with regard understanding and managing the needs of people who lived with dementia. We spoke with the manager about who demonstrated that further training was planned for later in the year that would cover these areas. All staff had also received induction training which followed nationally recognised guidance to ensure they acquired the skills and knowledge needed to provide good quality care.

A member of staff told us how they would manage people whose behaviour's challenged. They explained, "I would leave leaving the person to settle down and then coming back later." Another member of staff said, "I would let them calm down or sit and talk to them. If they throw something at you, like a chair, we get out and come back later." We observed an incident when a person wanted to take something from another person which did not belong to them. The care staff accompanying this person told the person calmly and firmly that they should not take the item. But the person continued with their intention. The care staff had to resort to taking hold of the person's arm and tried to take them away from the situation, but they resisted. The member of staff appeared to be at a loss what to do next, when another member of staff came over and successfully distracted the person. Care plans identified the actions required by care staff to maintain people's mental health and wellbeing. Care staff were advised to 'approach the person in a calm, patient manner.' If the person appeared to be in a low mood, care staff were directed to 'spend time' with the person 'in order for them not to feel alone.' However, there was no information recorded for staff to follow if the person became aggressive. We discussed this with the manager, who confirmed that care records need to be revised to include more guidance for staff to follow. **We recommend that the registered person considers how the care and support delivered to people with behaviours which challenge can be made more effective.**

People were supported to maintain good health by having regular access to health care and, when necessary, dementia services. The manager or her nursing staff would contact the GP on their behalf if they need an appointment

## Is the service effective?

when they are unwell. We were advised that a letter was sent by fax to the local GP surgery that identified the symptoms the person had together with other information that related to their health and requesting a visit.

The manager demonstrated how people's pressure sores, or risk of pressure sores, had been managed. Risk assessments, known as a Waterlow assessment, had been used to identify people who were at risk of their skin breaking down. Where a person had been identified as being at risk, a care plan had been drawn up which included guidance for staff to follow to ensure the risk was reduced. For example, where a person was nursed in bed, care staff were expected to reposition them at regular intervals. A chart had been drawn up to record the times when this had taken place and included if the person had been turned from the left to the right and vice versa. Where

people had sustained sore or wounds, treatment plans were in place. They detailed the type of dressing to be used and how often they should be changed. They also recorded the current state of the wound so that the healing process could be monitored.

We talked to a visiting professional who told us, "The manager and her deputy are very efficient and care about their patients. The manager cares passionately about them." We were also told "The manager is never shy about getting someone in. For example, I was called this morning to check if the tissue viability nurse (TVN) was needed to give advice about a Grade 3 pressure sore." Care records demonstrated that GP visits, along with visits by district nurses and chiropodists had taken place to ensure people receive appropriate care and treatment.

# Is the service caring?

## Our findings

The manager advised us that nine people accommodated were unable to speak. We spoke with seven people during our visit who, we were advised, were able to hold a conversation. However, we discovered most of them were unable to express their opinions of the service provided.

People we were able to talk to told us they felt well cared for. One person said told us they had lived Cherington for about three years. They also told us, "I can get up when I want; today I got up at 6 am". "The carers are really nice here."

We spoke with another person following lunch which said they thought the staff were excellent and that the lunch was nice.

A relative told us that the care staff knew how to look after their family member. They told us how a member of staff showed them how encourage her husband open his mouth to eat his food. The relative told us how the member of staff had put a small piece of ice cream on the spoon, which encouraged her husband to open his mouth.

A member of staff told us, "We are able to identify who likes to stay up in the evening" And they were supported to do this. Staff we spoke with told us that people had a choice about when they got up in the morning and went to bed at night. Staff told us that sometimes there is a dilemma between maintaining people's choice and maintaining privacy and dignity. For example, if someone is at risk of losing balance in the toilet and someone must stay with them for their safety.

A member of staff said, "We try and explain why we need to stay with them as we have to make sure their health is more important."

There was a warm and relaxed atmosphere in the home. We observed staff being caring and attentive during our visit. Staff were observed smiling and talking with people as they went about their work. We observed a member staff looking after a person who was very upset. He was treated with empathy and kindness and the member of staff recognised that he was getting distressed in the lounge. They told us, "I could see that the noise was too much for him. I took him for some quiet time in his room and then he was fine."

We observed another member of staff talk to one person who was unable to communicate with them. The member of staff got close to them, looking into their eyes and stroked the back of their neck. The member of staff spoke to the person. They said, "(person's name), hello. Good morning. How are you?" There was little response from the person but this indicated the member of staff had made the effort to speak to this person in order to include them in the same way that other people who could communicate, had been included.

We asked staff how they preserved people's privacy and dignity. A member of staff told us, "Sometimes it is difficult as, at night time, lots stay in the sitting room They can get undressed and wander in the corridor so we make sure they put a dressing gown on and calm down and make them tea." They also told us that they knock doors before entering people's bedrooms and make sure that curtains are drawn when they are providing people with personal care.

Staff told us that they treat everyone as an individual. A member of staff said, "Every resident with dementia is different and they need different choices and individualised care and different ways of speaking with them." Another member of staff said, "We meet individual needs by the least restrictive way to respect dignity and make them comfortable. We get enough information about them from their families. We try to follow their routine, not ours."

We asked staff about the needs of individual people and how they were expected to meet them. Staff told us that they used observation to identify people's needs, particularly when people were not able to tell the staff what they needed. A member of staff said, "Sometimes people have constipation and this causes abdominal pain. So if I see them leaning forward with tummy ache I see if they need anything. I use body language to show them what I mean." Another member of staff told us, "We can see by their body language if they need anything. For example, if they are agitated and crossing their legs, we toilet them." Care records we looked confirmed the approaches that were described to us had been agreed with the person or the relatives.

# Is the service responsive?

## Our findings

Care was not delivered in a person-centered way. From our observations we noted care was delivered on a routine basis. Opportunities were missed for delivering responsive personalised care that met the needs of individual people. For example, no individual toileting plans were in place. A member of staff told us most people were put in incontinence pads 'just in case.' Care plans we looked at also confirmed this. The directions to care staff stated, 'pad to be checked hourly via wetness indicators and changed as required.' There were similar directions in each of the care records we looked at. There was no evidence that staff were expected to help people to use the toilet at agreed intervals to ensure their individual needs had been met effectively. This means there is a potential for a negative impact on people in terms of their dignity, choice, skin integrity and overall health.

Care records we looked at demonstrated people's needs had been assessed on admission and reviewed monthly or more frequently when necessary. Individual care plans had been drawn up and updated, when necessary, to ensure information they contained was up to date and accurately reflected people's current needs. Care plans included information about each person's care needs in terms of personal care, nursing care, mental health and dementia care needs. However, care plans did not provide information to enable staff to provide care in a person centred manner. We spoke with the manager about this who agreed that care plans needed to include information that reflected people's individual preferences and wishes. Care records indicated reviews had been carried out by either the manager or their deputy. The manager confirmed people's relatives or representatives had also been consulted with regard to care and treatment. However, this had not been recorded. We saw posters displayed on notice boards outside the nurse's office. They advised relatives and representatives when reviews would be taking place.

Relatives told us how the service and the staff have been responsive to their family members' needs. A relative told us that she had been involved with her husband's care plan. She said, "They have a thing called a 'pathway'. It contains information about his wishes for his care."

We observed the activity coordinator delivering activities to people during the morning of our visit. This was in the lounge. They had engaged with four people who were participating in catching a soft ball. There was music on the television but no one was watching it. A further five people were at a table with colouring books and crayons. There was no other member of staff present to help them to engage with this activity. We also noted that there were no activities taking place for the rest of the day. We were told that the carers spend 30 minutes reading to people in the morning but we did not see this. We were also told that people were given toys to hold and that there was knitting, painting and storytelling offered to them. We discussed our observations with the manager who confirmed the activities currently provided were limited. This meant that people living with dementia who already had difficulty communicating were at risk of isolation and withdrawal. This is in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with confirmed they knew who to speak to if they had concerns. They also told us they knew what to do if they wished to make a complaint. They were confident that the manager would listen to them and would take seriously any concerns they had. There was a post-box for relatives and visitors to leave suggestions and messages outside the office and a note on this stated that messages would be read and responded to at 4 pm daily. The manager advised us of the provider's procedure to investigate complaints. They also told us that, in the past 12 months, there had been no complaints.

# Is the service well-led?

## Our findings

During our inspection on 24 June 2014 we found falls and accident audits did not identify patterns and trends in order to learn from them so that the risk of recurrence was reduced. We set a compliance action in the report of this inspection. This meant the provider was required to send CQC a report that said what action they were going to take, with timescales, to meet the shortfalls identified. The provider has sent us an action plan that confirmed the actions they had taken would be completed by 1 August 2014.

At this inspection we found that this was now met but there were new concerns identified with quality assurance systems. The manager provided us with documentary evidence that demonstrated how the quality of the service has been monitored. Along with records of meetings and surveys, there were a range of audits which had been undertaken. They included routine checks of the environment, safety checks and maintenance checks. Falls and accident audits had been completed to determine if there were any patterns which required action. However, the system was not sufficiently robust to identify the shortfalls found during this inspection. This is in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were informed of the recent changes to the management of Cherington. The previous manager was also the registered manager of a sister home which is located next door to Cherington. The provider had decided that it would be more effective if each service had its own registered manager. Therefore the deputy manager of Cherington had been promoted to the post of manager. They had been in post and responsible for the day to day management of the service for the past six months. The previous manager supported the new manager and is now solely responsible for the sister home next door. The new manager of Cherington is in the process of registering with CQC.

People's relatives told us they thought the management of the home was good. They confirmed they knew who the manager was. They told us they felt able to approach her,

or her deputy with any problems they had. A relative told us they felt very confident that their family member would be well cared for because, "...the manager really understands dementia."

The manager has taken steps to ensure the culture of the home is open and inclusive. Since her appointment the manager had met regularly with relatives to discuss plans for improvements to the home and to obtain their views and suggestions. We looked at minutes of meetings that had taken place in December 2014 and April 2015. They demonstrated that topics that had been discussed included staffing levels and new staff that had been appointed, the procedure for making a complaint and plans to redecorate areas of the premises. The manager also led a discussion on dementia awareness and encouraged those present to share their experiences.

We looked at the results of a satisfaction survey the provider had conducted with relatives in February 2015. The provider received responses from the relatives of 10 people out of the 35 people accommodated. They rated the management of Cherington as good. The comments that were made included, 'the manager and deputy are understanding and caring'; 'there is a homely atmosphere'; 'people with dementia are seen as individuals'; and 'it is a well-run home'.

Staff confirmed they felt well supported in their work. One member of staff said, "The manager here is very nice and the residents are well looked after." Another member of staff told us, "We are always supported by management." A third member of staff said, "We cannot complain about the manager." We were also told that there were staff meetings every two months. A member of staff explained that, "We can raise any problems and make sure that we've got everything that we need"

The manager informed us that she holds staff meetings every two months and, when necessary, also takes the opportunity to have discussions with staff during handover meetings, which take place at the beginning of each shift. Minutes of meetings we looked at confirmed that this and demonstrated topics that were discussed included day to day issues, staff training, changes in legislation and how it impacts on their work.

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 did not take formal enforcement action at this stage. 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 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>The registered person had not done all that is reasonably practical to mitigate any risks to the safety of service users. Regulation 12 (2) (b).</b>

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  <b>The care and treatment of service users was not always appropriate, did not consistently meet their needs or reflect their preferences.</b>  <b>Care and treatment had not been designed with a view to ensuring service users' needs are met. Regulation 9 (1)(3)(b).</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs  <b>The nutrition and hydration needs of service users had not been met. Regulation 14 (1).</b>

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  <b>The registered person had not acted in accordance with the 2005 Act where the service user is unable to give consent. Regulation 11 (1) (3).</b>

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The systems or processes operated was not effective in ensuring compliance with the requirements of regulations. Systems and processes were not sufficient to assess, monitor and improve the quality and safety of the services provided. Systems and processes had not enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1)(2)(a)(b).