Beech Lodge Limited

Seven Hills Nursing Home

Inspection report

17 Cherry Tree Road
Sheffield
South Yorkshire
S11 9AA

Tel: 01142553023

Date of inspection visit:
14 August 2017

Date of publication:
10 October 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Seven Hills Nursing Home is a 28 bedded home offering nursing and residential care for older adults, some of whom are living with dementia. At the time of our inspection there were 26 people living there. The home is situated in South Yorkshire and within easy reach of Sheffield city centre and public transport links.

At the time of our inspection the home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection at Seven Hills Nursing Home took place on 19 October 2015. The home was rated Good overall. We identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Need for consent. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of this regulation.

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

This inspection took place on 14 August 2017 and was unannounced. This meant the people who lived at Seven Hills Nursing Home and the staff who worked there did not know we were coming.

We were not able to talk with some people living at the home due to their complex conditions, However, we observed staff interacting with them. Visiting relatives spoke positively of their experiences at Seven Hills Nursing Home. They told us they thought that individuals living there were happy, felt safe and were respected.

We found systems were in place to make sure people received their medicines safely so their health needs were looked after. There were protocols in place for medicines prescribed on an 'as and when' required basis (PRN). This meant staff knew when PRN medicine was required and for what.

Staff recruitment procedures ensured people's safety was promoted. The provider ensured pre-employment checks were carried out prior to new staff commencing employment.

Sufficient numbers of staff were provided to meet people's needs. We saw that staff responded in a timely way when people required assistance.

Staff were provided with relevant training which gave then the skills they needed to undertake their role. We found that not all staff were receiving supervision and appraisal at the frequency stated in the service's own

procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. The service was working within the principles of the Mental Capacity Act 2005. However, the system for monitoring standard authorisations for deprivation of liberty or pending applications was not always effective.

People's individual needs were not currently met by the design, adaptation and decoration of the service. There were no tactile pictures for people to look at and touch and the walls were bare in many areas.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account individual dietary needs and preferences. This meant people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

We looked at care records and found they contained limited information and did not always reflected the care and support being given.

A programme of activities was in place. However, during inspection we saw that the activities program was not being utilised and people were not provided with social stimulation, which was based on their preferences. The registered provider told us that the activities coordinator had recently left the service. A new activity coordinator had been appointed and was awaiting satisfactory recruitment checks before starting work at the service..

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. The efficiency of the quality assurance monitoring systems would be further improved by including a defined timescale and responsible individual for action plans.

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

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had systems in place for managing medicines and people received their medicines in a safe way.

The service had risk assessments which were reflective of people's current needs.

Staff knew how to safeguard people from abuse and had received training in this subject.

Through our observation, and by talking to staff, we found there were enough staff available to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was working within the principles of the Mental Capacity Act 2005. However, the system for monitoring standard authorisations for deprivation of liberty or pending applications was not always effective.

We found that not all staff were receiving supervision and appraisal at the frequency determined by the service's own policies.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health. Staff had received training in food hygiene.

Staff had received additional training in dementia awareness and managing challenging behaviour. This meant all staff had appropriate skills and knowledge to support people.

People's individual needs were not currently met by the design, adaptation and decoration of the service.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We looked at care records and found they contained limited information and did not always reflected the care and support being given.

People were not provided with social stimulation which was based on their preferences.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Good

The service was well-led.

The service promoted a positive and open culture, where staff and people living at the home had confidence in the registered manager.

Audits were carried out regularly which identified required improvements. Action plans did not always contain enough detail.

Seven Hills Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 August 2017 and was unannounced. The inspection team consisted of two 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.

At the time of our inspection there were 26 people using the service. We spoke with the registered providers, the compliance manager, the registered manager, the nurse on duty, two care workers and the cook. We spoke with people who used the service, three visiting relatives and a hair dresser who came to the home every week to provide services to people. We were not able to speak with as many people who used the service as we would have liked due to complex communication needs.

To help us understand the experience of people who could not talk with us we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We also spent time observing care throughout the service.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They had one documented concern in the last 12 months.

We also gathered information from the local authority's contracts team who also undertake periodic visits to

the home. They gave us feedback from their recent visit which took place in February 2017.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We checked the medication administration record charts for everyone living at Seven Hills Nursing Home. We looked at the quality assurance systems to check if they were robust and identified areas for improvement. We also looked at four staff files and a number of records relating to the management and quality assurance of the service. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the services provided at Seven Hills Nursing Home.

Good

Is the service safe?

Our findings

We spoke with people who used the service and their relatives. One person said, "I had a fall but didn't go to hospital. The staff were very good. If I'm in my room and buzz for help someone comes. I'm looked after here, very well. I can't complain."

We were not able to speak with many people living at the service due to their complex conditions. However, visiting relatives we spoke with told us they felt their family member was safe. One relative said; "I think [my relative] is safe. They had a fall and the doctor came straight away. Staff let me know straight away if [my relative] is not well."

We looked at people's care records and found they included risk assessments. This showed that risks associated with people's care had been identified. Where risks had been identified a care plan had been devised to ensure staff knew how to minimise the risk from occurring. For example, one person had a risk assessment in place regarding falls which had scored high and therefore required a plan of care to guide staff in how to manage the risk. The plan stated that staff were to ensure the person's footwear was fitting well and in good condition and to ensure the environment was free from obstacles and clutter.

We looked at records relating to accidents and incidents and found there were some months where a large number of accidents had occurred. For example in July 2017, 26 accidents were recorded on the accident log. We saw that the provider had analysed this and looked for trends, patterns and actions they could take to minimise accidents. One action was to ensure that one staff member was present in both lounges at all times during the day. We observed this took place on the day of our inspection.

Through our observations and talking with staff and relatives of people who used the service, we found there were enough staff available to meet people's needs. We saw staff interacted with people in a timely way when they required support. Staff we spoke with told us there were enough people working with them. One care worker said, "We work well as a team, but it is difficult when we have agency staff." We saw that the service regularly used agency staff. The registered provider told us that all agency staff that were new to the service go through an induction process and thereafter work alongside a regular care worker so that people receive the right care. We observed this on inspection as the service had three agency staff and three regular staff on duty. The registered provider also told us where possible they used the same agency staff to achieve consistent care.

We looked at rotas and found they reflected the number of staff working on the day of inspection. The service had six care workers and a nurse on duty during the day and four care workers and one nurse on duty during the night. The staffing numbers were worked out using a dependency tool. This identified the level of dependency for each person, such as low, medium and high dependency.

The registered provider had a policy in place to ensure people were protected from abuse. Staff we spoke with knew what action to take if they suspected abuse. One care worker said, "I would report abuse to my manager straight away. I am sure they would take action, but if not I would report to safeguarding and

ensure the person was safe." Staff also confirmed that they had received training in this area and knew how to recognise and report safeguarding concerns.

We saw the registered provider kept a safeguarding log which documented all safeguarding incidents which had occurred at the home. We saw that there had been 17 safeguarding incidents since the beginning of 2017, which is a high level of reporting for a service of this size. However, when we looked at individual incidents we saw the registered provider responded to risk, followed procedure and took appropriate action to safeguard people from harm. We saw that safeguarding incidents corresponded with our own records which demonstrated the registered provider was adhering to reporting requirements under regulation.

People's medicines were managed in a safe way. Medicine was administered to people by the nursing staff. We spoke with one nurse who informed us that their competencies were checked on a regular basis to ensure they were administering medicines safely. We saw that medicines were stored appropriately in a locked room. We saw a fridge was available for medicines which required cool storage. Temperatures of the room and the fridge were taken daily and documented to ensure they remained at an appropriate temperature.

We looked at Medication Administration Records (MAR's) and found they were accurately completed to reflect that medicines were given as prescribed. People who required medicine on an 'as and when' required basis, had protocols in place which gave details on how and when to administer the medication. For example, one person had a protocol in place regarding pain relief medication. This stated that staff should observe for signs of pain such as visible signs of discomfort or grinding teeth. This showed that staff knew what signs to look for when the person was experiencing pain and when to provide pain relief.

The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. A controlled drugs register was in place which was used to record all controlled medicines. This was double signed in line with current guidance. We checked the CD's for three people and found the amounts recorded in the CD register corresponded with the medicines kept in stock.

The registered provider had a system in place for disposing of medicines in a safe way. Medicines which required disposing of were logged in a returns book and the medicines were collected by the pharmacy.

Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Staff confirmed they had completed an induction when they started working for the provider. They told us this included mandatory training and shadowing experienced care workers.

The service had three agency care staff working on the day of the inspection. The registered manager told us that they completed an induction sheet with all agency staff who were new to the service. This included a tour of the service, showing them fire alarms and fire exits and introducing agency staff to all people living at the service. The registered manager told us that where possible, agency staff were paired with regular staff to ensure that people living at the service received care which was person-centred and consistent with their care plan.

A relative told us, "[My relative] is safe. [My relative] uses a wheelchair and is always handled safely by the

staff. They let me know if they have not been well. I can approach them about anything." This demonstrated that staff were confident with moving and handling techniques and respond to risk, such as a person becoming ill.

We saw that people who required a sling to assist them to transfer using a hoist, did not have their own. This raised concerns regarding infection control. We were informed that the slings had been ordered and a delivery was expected.

The service supported some people with the day to day management of their finances. We saw that the service had a policy and procedure in place to ensure that people's money was stored safely and records of each transaction was kept. We saw the financial records were kept in hard copy. They showed all transactions and detailed any money paid in or out of their account. We checked the financial records against a sample of receipts held for two people and found they were fully completed and corresponded to the hard copy record. The administrator at the service was aware of the actions to take when handling people's money so safe procedures were adhered to and helped protect people from the risk of financial abuse.

Requires Improvement

Is the service effective?

Our findings

At our inspection of 19 October 2015, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 11, Need for consent. The registered provider sent an action plan on 23 February 2016 detailing how they were going to make improvements.

At the last inspection we identified that not all staff understood the requirements of the Mental Capacity Act 2005 and care records did not fully reflect whether a person had mental capacity to make decisions about their care and treatment. At this inspection we found sufficient improvements had been made to meet the regulation.

The CQC is required by law to monitor the operation the Mental Capacity Act 2005, and to report on what we find. The Act 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 mental capacity to take a particular decision, any made on their behalf must be the least restrictive option in their best interests.

People can be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the Mental Capacity Act 2005. For example, a person lives at a care home because it provides 24 hour care and this is necessary to keep them safe and meet their needs. If this person is not able to consent to where they live because they do not have mental capacity to consent, this is known as being deprived of your liberty.

The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLs). When a person's deprivation of liberty is approved, this is known as 'standard authorisation'. People who are subject to a standard authorisation are entitled to safeguards to protect their legal rights. One key safeguard is that the person has someone appointed with legal powers to represent them. Other safeguards include rights to challenge authorisations in court. It is important that care services follow the DoLs application procedures to maintain people's fundamental legal rights.

At the time of the inspection the registered provider told us there were five people living at the home who were subject to a standard authorisation. We saw the provider had a system in place to show which people living at the service were subject to a standard authorisation. We felt that this system was not effective and lacked detail. For example, we saw on one person's file that their standard authorisation expired on 2 February 2017 which had not been progressed by the registered provider. The possible impact of not having a valid standard authorisation in place was that this person was being deprived of their liberty unlawfully and they had no access to legal safeguards. We discussed our concerns with the registered manager who told us that the local authority renewed standard authorisations automatically so this person should still have a valid standard authorisation in place, although the registered provider was not able to show us evidence of this.

Since the inspection we were provided with a completed action plan from the registered provider which

confirmed that these concerns had been addressed. This includes the implementation of a new system to monitor existing standard authorisations and pending requests so that they can track individual applications. They also provided evidence that best interest discussions were being recorded in the correct format. This demonstrates that provider was working to the principles of the MCA.

We looked at three different people's DoLs files and found that their legal rights were being maintained and conditions were being followed.

We observed that staff gained consent for things relating to people's care, where people had capacity to consent. Where people lacked capacity to consent we saw that capacity assessments were being completed and that best interest meetings were being documented. For example, we saw that one person who used the service lacked capacity to decide on their end of life plans. We saw that the registered provider had completed a capacity assessment and conducted a best interest meeting with input from family and staff to ensure that the person's views and wishes were being followed. Staff that we spoke with were able to demonstrate that they understood the requirements of the MCA. We found that the service was working within the principles of the MCA and appropriate records were in place.

Relatives we spoke with said that food was nice and of good quality. One relative told us, "The food is good and protein shakes are also given to help."

We spoke with the staff member who was responsible for all the cooked meals on the day of the inspection. They told us they worked as a care worker and a laundry assistant, as well as being a part time cook at the home. On the day of our inspection this person was due to work in the laundry but was asked to cover for the full time cook who was absent on the day. The laundry assistant came on duty in the afternoon to help with laundry.The cook was able to demonstrate that they understood the different dietary requirements people had. They explained that some people required a fortified meal to ensure they were receiving sufficient calories. The staff member explained they used items such as cream and butter to add calorific value. They also made smoothie drinks, using cream, ice cream and fresh fruit.

We looked at menus and found they incorporated fresh fruit and vegetables. The cook told us the menu was a four week menu which changed in line with the seasons. During the day, we observed drinks and snacks being offered. We saw that meal options were displayed in writing on a board in the dining room, which we felt was not dementia friendly. We spoke to the registered provider about this and they assured us that visual aids were usually in place. However, as the full time cook was absent on the day of inspection, this impacted on how food options were displayed. For example, picture menus were not used to enable people to make a choice. The use of visual aids is a recognised method of communicating with individuals who have difficulty considering their options or expressing their views.

Care records we looked at clearly indicated the support people required with food and drink. For example, diets such as pureed food and diabetic diets were detailed in care plans.

We carried out observations during lunch time and saw that there was a relaxed and calm atmosphere. We saw that tables were well presented with clean table cloths. Staff were aware of, and respected people's food and drink preferences. We observed meaningful interactions between staff and people who used the service.

Staff we spoke with told us they received training to enable them to carry out their roles. Staff told us they completed training in subjects such as safeguarding, food hygiene, dementia awareness, moving and handling, safeguarding, challenging behaviour, fire safety and infection control.

The three staff files checked showed not all staff were receiving supervisions and appraisals at the frequency stated in the providers policy. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The registered provider was aware of this issue and had an action plan in place to complete all staff supervisions and appraisals over a four week period. We checked the action plan which stated that supervisions and appraisals would be completed by 15 September 2017 and the registered manager and deputy manager would be responsible.

We checked the staff training record which showed staff were provided with relevant training which was up to date and reviewed regularly. Mandatory training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken. For example, training on dementia awareness, infection control, food hygiene, fire safety and Mental Capacity Act. We saw that half the staff had completed training on challenging behaviour and the remaining staff were scheduled to complete this. This meant all staff had appropriate skills and knowledge to support people.

We found people's individual needs were not currently met by the design, adaptation and decoration of the service. There were no tactile pictures for people to look at and touch, and the walls were bare in many areas. We saw that the garden had recently been refurbished which featured a bird feeding station. People were able to watch a live video feed of the bird feeding station which was displayed on a dedicated television in the main lounge. We felt that this was a good use of technology to create an area of interest in the lounge and engage people with the outside environment. We felt that this adaption would be of particular benefit to people who are less mobile or less inclined to go outside. However, the television itself was not centrally placed and therefore benefitted only a limited number of people who were within viewing distance. The registered provider told us, and we could see, they were in the process of a refurbishment plan to improve the environment for people. They told us they were in contact with a local college who would be providing art work.

Good

Is the service caring?

Our findings

We were not able to speak with everyone living at Seven Hills about the quality of their care. However, visiting relatives all made positive comments about the home. Relatives said that staff were caring, friendly and open. They said staff, including the registered manager, were good at listening to them and were always welcoming.

One relative told us; "The staff are very caring, I can visit whenever I like."

We observed caring interactions throughout the inspection. We observed staff providing support to people during lunch time and found that staff were able to meet people's needs and do so in caring manner. It is important that staff are able to meet people's needs during meal time, particularly if the individual is at risk of being malnourished and relies on staff for person-centred support to meet their nutritional needs. For example, we saw that some individuals living at the service required support from staff to eat their meals as they did not have the physical or cognitive skills to do this on their own. We observed one carer spend over an hour supporting a person to eat their pureed lunch. Pureed diets can reduce the risk of choking and are often implemented when a person is having difficulty swallowing. We saw the staff member was kind and encouraging and spoke to the person throughout their meal time, even though the person was not able to communicate verbally. This individual finished their whole meal with the support of the same care assistant. This demonstrated that staff are patient and committed to meeting people's needs. This staff member told us that experiences like this gave them great job satisfaction.

We also observed staff interacting with people in the lounge area and found they were kind and caring in nature. For example, staff explained what they were doing whilst they assisted someone to use the hoist. They made sure that the person felt safe and kept reassuring the person throughout the transfer to ensure they were comfortable. Another care worker approached another person and commented on their smile and said, "That's a lovely smile. Are you thinking about something nice?" The person replied, "Yes, a lovely coat. It's beautiful." The carer sat beside the person and held a conversation with them. The person continued smiling.

Staff we spoke with told us how they respected people's privacy and dignity. One care worker said, "I try to be discreet and close doors when delivering personal care."

We did not observe staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

The service had a strong commitment to supporting people living at the home, and their relatives, before and after death. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported

during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate.

Requires Improvement

Is the service responsive?

Our findings

We looked at a selection of care plans found they did not always reflect people's current needs. For example, one person had a care plan in place regarding skin integrity, which stated the person ate a well-balanced diet. However, this person's care plan for eating and drinking stated their appetite had reduced. The Malnutrition Universal Screening Tool (MUST) showed that this person had not been weighed as it was unsafe to do so. However, alternative methods had not been considered. For example, taking the person's arm circumference to estimate the person's body mass index.

Some care plans identified people's needs but lacked sufficient information to support people safely. For example, one person had a care plan in place regarding mobility which stated the person required the use of a hoist and two care workers to assist them. The care plan did not identify the type of hoist or type or size of the sling to be used. It did not state where the hoist sling straps should be positioned to ensure a safe transfer took place. Some staff knew people well, but the provider used agency workers on a frequent basis to cover care shifts. This meant people were at risk of receiving care which was not in line with their needs and preferences.

Care plans did not always include people's preferences and therefore were not always person centred. One person had a care plan in place to ensure they were involved in activities as they could become low in mood. However, the plan did not state what activities were preferred. During our inspection we did not see this person being offered any type of social stimulation.

During our inspection we did not see any activities taking place in the home and the service did not advertise any events or activities. The registered provider showed us a weekly activities schedule, which indicated that people living at the service could take part in a session using musical instruments in the morning and bingo in the afternoon. We observed that neither of these activities took place. We observed people sat in the lounge area and saw that there was nothing to socially stimulate them.
This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. People did not always receive person-centred care which was appropriate and met their needs.

We spoke with the registered provider and the registered manager about care plans and our findings and were told that this had been identified by them as an area to improve. The provider was in the process of considering a range of options. However, care plans required a full review to ensure they were detailing people's current needs. There also needed to be a system to make sure this level of detail was embedded in routine practice.

We spoke with the provider who said they were currently in the process of refurbishment and had identified a room near the garden area, which was being transformed in to an activity room. The provider had recently completed work on the garden area, which looked attractive. However, this was not currently being used. The provider also told us that they had blankets with different textures so that people could touch different textures. However, we did not see these being used during our inspection.

The provider had a complaints procedure and the registered manager kept a record of any concerns received. The record also included relevant letters and information relating to concerns. This showed the provider acted on complaints. We saw that the service had received one complaint in 2017. We saw that the provider had followed policy and responded appropriately.

Good

Is the service well-led?

Our findings

We saw that service had received several compliments since the last inspection. One person wrote, "I have always found [registered manager] manager of Seven Hills Nursing Home, to be most polite and efficient in all my dealings with him. He was always helpful and pleasant and this reflects on how all his staff react." Another person wrote, "Thank you for all the care and compassion you gave to our father."

The management team consisted of a registered manager and deputy manager who was also the duty nurse. The registered manager told us that they were advertising for one senior carer position to join the management team.

We met the registered provider during our inspection. They told us about their ongoing refurbishment plans for the service, which included improvements to the overall appearance of the home, a dedicated activities room and the inclusion of dementia friendly décor. We saw evidence of this in their action plan and saw that refurbishment at the home had already commenced.

Staff spoke positively about the current management arrangements. Staff told us they felt well-supported and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively.

We saw that registered manager and the deputy manager were visible and fully accessible on the day of our inspection. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well.

We looked at the services Statement of Purpose, which sets out their vision and values and was last updated on 20 June 2017. It included care objectives, such as, upholding human rights, supporting choice, offering skilled care and respect and encouraging the right of independence.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw evidence that regular staff meetings took place which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team were listening to staff and supporting them where applicable.

We saw monthly checks and audits had been undertaken. Those seen included maintenance audits, fire safety audits, water temperature checks, hoist and sling visual checks, medication, health and safety and infection control audits.

We also saw that that the service complied with Clinical Commissioning Group (CCG) visits. The CCG is a National Health Service (NHS) organisation which is responsible for buying and contracting healthcare, which includes services people receive in a community setting. We saw that the CCG visited Seven Hills on 27 April 2017. The report from this visit looked at the safe care and treatment of people living at the service, the premises and equipment, medicines and infection control. Where issues had been identified by the CCG

we saw that action plans were implemented by the registered provider. This shows that the registered provider was able to work in partnership with other agencies in order to drive continuous improvements at the home.

We also saw that the registered provider carried out their own visits at the service. In their most recent visit on 23 May 2017 they identified issues with care plans not always being clear and that they needed to recruit a new activity coordinator to address problems around social stimulation. This corresponded with our own findings, see 'responsive' domain for further details. This demonstrates that the registered provider was able to question practice and identity areas of improvement.

We found that the service was not always following their quality assurance policy and procedure. For example, their policy states that the registered manager was to complete daily manager reports, which included visual checks of the premises to identify potential issues at the home. We found that daily management reports were being completed some of the time. During the inspection we saw several issues with the environment which could have been identified in the daily management report. Since the inspection the registered provider has confirmed to us that reports are now being completed daily and environmental issues were addressed immediately.

The registered manager told us they hosted a number of events and services at Seven Hills; such as petting dogs, entertainers and regular access to a hairdresser, chiropodist and optician. This demonstrates that the service is committed to maintaining community links. They also hosted weekly church services for the people living at Seven Hills. The registered manager also told us that they have supported people from different religious and cultural backgrounds. This shows that the service respects all people's choices.

We saw that the home provided a monthly newsletter some of the time. The newsletter contained details of significant dates and news, such as work around the home or people's birthdays. This helped people who lived at the service and their relatives feel more involved with what was going on at the home and enabled them to plan their time accordingly. The provider told us that these will become more regular with the introduction of the new activity coordinator.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed as necessary. For example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff could be kept fully up to date with current legislation and guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans identified people's needs but lacked sufficient information to support people safely. People did not always receive person-centred care which was appropriate and met their needs.