

Bupa Care Homes (CFHCare) Limited

Gallions View Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



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

This unannounced inspection took place on 25 and 26 November 2015. Gallion's View Nursing Home provides personal care and nursing care to older people and those living with dementia. The service can accommodate up to 120 people in four separate buildings with 30 single rooms in each. Each unit has a dining room and sitting areas. At the time of our inspection 110 people were using the service.

At our previous inspection of 23 and 24 October 2014 we found the service was in breach of a regulation of the Health and Social Care Act 2008 (Regulated Activities)

2010 relating to providing safe care and treatment. We carried out an inspection on 25 and 26 November 2015 and followed up on the breach. We found the action taken to address this was not comprehensive and the service remained in breach of the equivalent regulation. We also found the service was in breach of another regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014. The breach related to maintaining care records and quality monitoring. You can see the action we have taken in respect of these breaches at the back of the full version of the report.

Summary of findings

The service has a registered manager who has been in post since 2011. 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.

At this inspection of 25 and 26 November 2015, we found people had not always received safe and appropriate care. Staff had identified risks to people's health and put measures in place to protect them from risk of harm. However, they had not always followed guidance in place to manage the risks safely. The provider had not taken sufficient action to mitigate risks to people's health and well-being. People had received support to take their medicines safely as prescribed. Sufficient staff were available to meet people's needs.

Staff respected people's privacy and dignity. People had received support to communicate their views about how they wanted to be cared for. People had food and drink of their choice which they liked. Staff had not always monitored people's food and fluid intake as required.

People's needs were assessed and their support reviewed regularly. People's support plans had guidance for staff on how to deliver their care. People and their relatives were involved in planning for their care. People received care which reflected their preferences and choices.

Staff had received support from their managers to undertake their duties to provide care and support to people.

People gave consent to the support they received. Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005 and the legal requirements of the Deprivation of Liberty Safeguards (DoLS).

People took part in activities of their choice. People at the end of their life had received support in line with their wishes. People had access to healthcare services when needed.

Checks on quality of the service were not always robust. The registered manager sought people and their relative's views and used their feedback to make improvements. The service had investigated and resolved complaints received. The provider had strengthened the leadership and management of the service.

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 always safe. Staff had identified risks to people's health but had not always managed these appropriately. People at risk of developing pressure ulcers and becoming malnourished had not always received appropriate care and support.

People received their medicines safely as prescribed. Staff understood how to protect people from abuse and neglect. There were enough staff to meet people's needs.

Inadequate



Is the service effective?

The service was not always effective. Staff had received support to develop their skills and knowledge. Staff had training which enabled them to meet people's needs.

The service complied with the requirements of the Mental Capacity (MCA) Act 2005 and Deprivation of Liberty Safeguard (DoLS).

People received food and drink suitable to their needs. Staff did not always monitor people's nutrition as required.

People had access to the healthcare they needed.

Requires improvement



Is the service caring?

The service was caring. People told us staff were kind and polite. Staff understood people's communication needs.

Staff respected people's privacy and dignity. People had their end of life wishes known and respected.

Good



Is the service responsive?

The service was not always responsive. Staff had assessed people's individual needs. People had not always received support which met their needs.

People followed their interests and took part in activities of their choice. One to one support was required for people who did not take part in group activities.

The service asked people and their relatives about their views of the service and responded to their feedback. The registered manager had investigated and responded to complaints appropriately.

Requires improvement



Is the service well-led?

The service was not always well-led. Monitoring systems used to monitor the quality of the service were not effective. The registered manager had not taken sufficient action to mitigate the risks to people's health and well-being.

Requires improvement



Summary of findings

There had been a lack of continuity and consistency on improvements made in relation to maintaining people's records and quality monitoring.

Staff felt supported by their managers. The provider had strengthened the leadership and management of the service.

Gallions View 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 unannounced inspection took place on 25 and 26 November 2015. The inspection team consisted of three inspectors, a specialist advisor, a specialist nurse 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.

Prior to the inspection we reviewed information we had about the service including any statutory notifications received. We also reviewed feedback we had received about the service from people, their relatives and local authority staff. We used the information to plan the inspection.

During our inspection we spoke with nine people using the service and 10 people's relatives. We also spoke with three

social workers, a care manager and a consultant psychiatrist who were visiting people in the service. We spoke with 18 staff including the registered manager, clinical services manager, activities co-ordinators, maintenance officer, kitchen staff and members of the care team.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 12 care records and 12 medicines administration record charts. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We viewed records relating to staff including training, supervision and appraisal records. We checked feedback the service had received from people and their relatives.

After the inspection we spoke with staff from the local authority that funded the majority of placements at the service.

Is the service safe?

Our findings

At our previous inspection of the service on 23 and 24 October 2014, we found staff had not always protected people against the risk of receiving inappropriate or unsafe care. For example, staff had not calculated correctly a nutritional screening assessment of a person at risk of becoming malnourished. People were at risk of developing avoidable pressure ulcers as staff had not always followed guidance on how to manage them. Staff had not consistently monitored people's wound care management. There were inadequate procedures in place to deal with foreseeable emergencies in the service. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had not taken appropriate action to reduce the risk of harm to people. At this inspection of 25 and 26 November 2015 we found staff had identified risks to people's safety and welfare. However, they had not managed the risks appropriately to protect people from harm. Staff had carried out risk assessments on concerns such as people becoming malnourished, having a fall and developing a pressure ulcer. A Malnutrition Universal Screen Tool (MUST) assessment showed a risk of the person becoming malnourished. A MUST score of two required staff to weigh people weekly as this was considered a high risk of becoming malnourished. Staff had not used the MUST guidance appropriately as to when to weigh people to enable them to make an appropriate referral to healthcare professionals if needed. Records showed one person's MUST score was two in July 2015 which meant staff were to weigh them weekly until they had reached their recommended weight. Staff had not kept the person's weight records for August and September 2015. Staff had not monitored another person's weight regularly as advised by a dietician who had visited the person after a referral made by the service.

Staff had not always ensured people received appropriate support as recommended by healthcare professionals. People had the right equipment to manage pressure ulcers, including the use of air mattresses and pressure relieving cushions. Staff had guidance in place to record their efforts to minimise the risk of a person developing a pressure ulcer through turning or repositioning. However, staff's record keeping was incomplete and did not show if they had turned people in their beds as stated in their care plans. In

one unit eight out of ten people's records did not have turning and repositioning charts in place as required in their support plans. We spoke to the unit manager and staff about this during our inspection and they were aware of the oversight. They had immediately made out charts for these people before we left the service. We made the registered manager aware of this and the risk posed to people's health if they did not receive the care they required.

The registered manager showed us an action plan put in place prior to our inspection visit to ensure staff followed guidance in managing people's risks. The clinical services manager had started to review risk assessments to ensure people received appropriate support. We saw in one unit where the risk assessment review had been completed, staff had followed guidance to monitor and record the support people had received.

People were at risk of receiving inappropriate care and unsafe treatment. Staff carried out assessments on people's wounds and took photographs to monitor their healing. Wound care charts for two people were not fully completed and it was hard to check the progression in terms of healing and dressing required. Although staff had made referrals for assessment by a tissue viability nurse (TVN) when necessary, they had not always followed guidance given in relation to dressings and care of people's wounds. Records did not show the dressing and frequency in wound care as requested by TVN. Staff had not implemented a person's wound management plan for a week after a TVN's visit. Staff were unsure of the reasons for the delay in the start of the person's treatment which they said could have been the time taken from a request to the GP to prescribe and the service to receive the medicines. The registered manager told us the clinical services manager was providing a professional guidance to ensure people received the treatment they required in a timely manner. Records showed the clinical services manager had started to check staff complied with people's care and treatment as recommended by healthcare professionals.

The registered manager had not protected people against the risk of receiving unsafe care. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

At our previous inspection of 23 and 24 October 2015, we found medicines were not always stored and refrigerated appropriately. At this inspection we saw safe medicines

Is the service safe?

practices were in place in relation to storage and refrigeration. People had received their medicines safely as prescribed. Staff had followed specific guidance to ensure people received their medicines safely. For example, people who took 'Insulin' had their blood sugar regularly monitored and any changes discussed with healthcare professionals for guidance. Staff had followed the service's protocols in supporting people with their 'when required' medicines and had these reviewed when necessary. Staff had ensured Medication Administration Records (MAR) charts were fully and accurately completed. Nurses checked MAR charts and medicines stocks at end of each shift and had addressed any concerns immediately. People had consistently received all their medicines at the right dosage and at prescribed times.

At our previous inspection of 23 and 24 October 2015, we found the service did not have adequate procedures in place to deal with foreseeable emergencies. At this inspection we saw the service had ensured people's Personal Emergency Evacuation Plans (PEEP) were in place for their safe evacuation when required. Records contained up to date information relevant to safe evacuation such as people with dementia or physical disability.

Staff understood the types of abuse and neglect and their responsibility to report any concerns they had to keep people safe. They knew how they would respond to any allegations or incidents of abuse in line with the organisation's safeguarding procedures. Staff understood how and when to report poor practices and abuse to external agencies through whistleblowing. The service had worked with local authority staff on investigations on safeguarding concerns in the service and had put plans in place where necessary to protect people from harm.

The environment and equipment were well maintained and safe for people to use. Staff carried out weekly checks on water temperatures, fire alarms and emergency lighting. A monthly check carried out ensured equipment was safe and appropriate for people's needs. Maintenance staff attended to requests and addressed them promptly. Maintenance records showed routine checks on beds, call bells, hoists and mobility aids were up to date to ensure people had access to safe and appropriate equipment to meet their needs.

The registered manager effectively dealt with accidents and incidents in the service. Accidents and incidents were recorded, monitored and appropriate action taken to protect people from harm. Where issues had occurred, records showed details of action taken immediately after the incident and plans put in place to prevent a recurrence.

There were sufficient staff on duty to meet people's needs. We observed staff were able to promptly respond to people's requests and meet their needs. The registered manager regularly reviewed people's needs and any changes to their health and ensured there were enough staff to support them. Staff rotas showed the majority of shifts were consistently covered. The registered manager used a 'bank' of their own staff to cover sickness and absence. The registered manager regularly reviewed people's dependency levels and had put an extra staff on nights to 'float' between units and provide extra support to meet people's needs.

Recruitment checks were robust to ensure staff were suitably qualified and competent to support people safely. Checks included references, employment history and criminal records check. The provider ensured staff started work at the service after they obtained all checks.

Is the service effective?

Our findings

The service had not effectively meet people's needs. Staff had not always followed the service's procedure and guidance on monitoring people's nutrition and hydration to ensure they met their needs. Food and fluid intake charts were not consistently completed. For example, staff had not monitored a person's one week food and fluid intake as requested by a dietician. There were no entries made on the first day and there was inconsistent recording for the next six days. Care plans showed some people at risk of weight loss were receiving additional support from a dietician who had recommended smoothies as food supplements. The chef told us they prepared special fortified smoothies for some people identified by staff as not eating their meals or having a poor appetite. However, staff had not maintained records to monitor people's intake of the smoothies and could not then say how they enhanced their health. This meant staff could not make timely referrals to healthcare professionals to take effective action to support people with their nutrition.

The registered manager had not taken effective action to mitigate the risks of people against the risk of receiving unsafe care. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

At our previous inspection of 23 and 24 October 2015, we found records did not always demonstrate people were in agreement with their plan of care. The care plans did not show if people had mental capacity to consent to their treatment. At this inspection of 25 and 26 November we saw staff supported people to make decisions about their day to day care. People gave consent to the support and treatment they received. Staff had supported people in line with the principles of the Mental Capacity Act (MCA) 2005. Where people lacked mental capacity and were unable to make certain decisions 'best interests' meetings were held. Staff told us they had received training to promote and respect people's rights whilst they maintained their safety. Staff had attended courses on the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) 2005. The registered manager had made DoLS applications to the local authority regarding people's safety and well-being. Care records of people subject to DoLS showed staff had supported them in line with the DoLS authorisation.

People received support from staff who had appropriate skills and knowledge to meet their needs. New staff had

completed an induction programme which included mandatory training, practical training and their practice observed at work. A new member of staff told us they had received support from experienced staff in the service which had allowed them to get to know people and understand their role and responsibilities. The registered manager had checked staff's performance during their probationary period. Records showed staff were permanently employed when they were assessed as competent to support and care for people.

Staff received regular training to ensure they had up to date skills and knowledge to support people effectively. Training records confirmed staff had attended relevant courses including moving and handling, safeguarding, fire safety and infection control. Staff told us these courses helped them to understand how to effectively support people. Staff had received specific training such as end of life which ensured they developed relevant skills to meet people's needs. The provider maintained training records and booked staff on to courses when they were due to ensure they were competent to meet people's needs.

The registered manager supported staff to carry out their responsibilities. Staff had regular supervision and discussed their training needs and how they could improve their practice when supporting people. Appraisal records showed staff had discussed the skills and knowledge they needed to develop in their roles and learning development plans put in place. Staff told us they received guidance from the clinical services manager on how to support people effectively in regards to their nursing needs. The clinical services manager had reviewed nursing staff's practice in relation to meeting people's health needs. The nursing team told us this professional review of their work enabled people to receive appropriate and timely care and treatment.

People told us they enjoyed the meals offered in the service. One person told us, "I have what I want for breakfast. I choose what I like to have". The chef had a list of people's food preferences and choices and ensured they received the food they wanted. We saw lunch served and observed people had received appropriately prepared and presented food. Staff assisted people with their meal if required. The service ensured people had the right equipment they needed to maintain their independence at

Is the service effective?

meal times. People had adaptive cutlery and crockery as identified in their support plans to enable them to have their meals without support. Snacks and fruit were available in the service for people when they wished.

People received support to have their health and social care needs met. One person told us, “The GP visits often. Staff go with me to my hospital appointments”. Staff had made referrals to relevant healthcare professionals to ensure they received guidance to support people

appropriately. A psychiatrist who was visiting people in the service told us the service effectively liaised with them to ensure people received the healthcare they needed. Staff kept records of appointments attended and visits made by a range of professionals including social workers, dieticians, speech and language therapists, tissue viability nurses and advocates. This meant people received appropriate care and support to keep healthy.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, “Staff are wonderful and helpful. They are kind to me and all other people”. A relative told us, “Staff are fabulous and friendly towards people. They are so good with [relative]. I am happy with the care here”.

People were involved in planning their care and support. The service had involved people and their relatives where appropriate to develop their care plans and make decisions in relation to their care. We observed people supported to make choices about how they wished to receive their care. The service supported people who could not express themselves to have advocacy services to ensure staff considered their views about decisions of their lives.

Staff showed patience when providing support to people. For example, one person required support with their meal. We saw staff support the person in an unhurried manner and checked the person was comfortable. A relative told us, “Staff are very good with [relative] and treat [him/her] kindly and politely. They do come round for a chat”. We observed that staff spoke with people politely and addressed them by name. Staff spent time interacting with people and sharing a laugh. We saw staff greet relatives and friends of people in a way that they knew them and had developed positive relationships.

Staff respected people’s privacy and supported them to maintain their dignity. One person told us, “The staff shut my door and draw curtains when they are helping me in my room”. We observed staff knock on people’s rooms before entering. People told us staff asked for their consent before supporting them with care. Care records showed staff respected people’s wishes on how they wished to receive their support and care.

During our inspection we saw staff regularly check on people who were in their own rooms to ensure they had the assistance they needed. Staff had not spent much time with people when carrying out these checks. Staff told us the number of people staying in their rooms was high and it was not always possible for them to spend time with them.

People at their end of life received the support they required. Staff were skilled in identifying any changes in

people’s health at end of life. Staff had planned for people’s care and support with healthcare professionals such as the GP and palliative team. Staff respected people’s wishes as stated in their advanced care plans such as were they preferred to be treated and spend their last days. The service had worked with healthcare professionals on management of people’s pain. People approaching end of life were comfortable in their rooms. Relatives, friends and religious leaders were welcomed into the service and could spend time with people which contributed to their comfort. A relative told us, “The home is very supportive of us. We can stay overnight. They let us have a room”.

Staff understood people’s communication needs and told us how they involved them in planning for their care and support. For example, a person with speech difficulties responded to use of pictures to make their choices and were able to make decisions with that information. Another person’s records showed a person spoke English as a second language and their complex health needs made it more difficult to communicate. The service had arranged as far as possible for them to receive support from a member of staff who spoke their language. The member of staff shared information with the rest of the team about how the person wished to receive support and to have their choices respected.

People received support to make day to day decisions about their life. For example, a member of staff said to a person, “Would you like me to put on the radio for you?” The person had declined the offer and the member of staff had respected their decision. Staff told us they offered people choices on what activities they wanted to do or what they wanted to wear.

People told us they enjoyed parties and events hosted for them. People celebrated special occasions such as birthdays in the service with their relatives and friends. One person told us, “I enjoy the fuss made around my birthday and seeing friends and relatives come out to celebrate with me”. A local church ‘lay minister’ visited the service to offer communion to people. People responded positively and told us they were happy about this. People’s rooms had their photographs with family and personal items. People told us staff supported them to decorate and furnish their rooms as they liked and made it homely.

Is the service responsive?

Our findings

People might not have received care and support appropriate to their current level of needs. At our previous inspection on 23 and 24 October 2014 we found that staff had not consistently reviewed three of the 15 people's care plans we read in line with the provider's policy. At this inspection of 25 and 26 November 2015, we saw the registered manager had not fully addressed our recommendation at the previous inspection to refer to the provider's policy and best practice in relation to reviewing all care plans. Six care plans did not have up to date reviews on people's skin care, Malnutrition Universal Screening Tool (MUST) assessments and eating and drinking to reflect changes to their health and the support they required. The clinical services manager had taken a lead role to have all care plans reviewed to ensure staff had accurate information on people's needs and the support they required. Staff received updates of people's conditions during handover at the beginning of each shift. Staff understood they had to review people's care plans regularly to show changes to people's health and well-being. However, they had not consistently reviewed people's care plans. The registered manager had not ensured staff maintained accurate records of people's needs and the support they required. This meant people were at risk of receiving unsuitable care to meet their needs.

The registered manager had not protected people against the risk of receiving inappropriate care. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Staff knew people's needs and the support they required. Staff had assessed people's needs and put support plans put in place to ensure they understood how to provide their support and care. Care records contained information about people's backgrounds, their medical conditions and how they affected them and their needs. Staff had clear instructions on how to support people in line with their wishes. Records showed some people had not always received the support they needed as shown in the evidence in this report.

People took part in activities of their choice and received support to follow their interests. Staff knew people's

individual life stories, experiences and interests. Staff told us people chose whether they wanted to join in activity sessions. Staff had completed an activity log in each person's care plan and one to one meetings with them about their lifestyle. They had recorded people's level of interaction and participation in the activity session. The registered manager had regular meetings with activities co-ordinators to discuss how best to get people stimulated.

Staff were aware of people's abilities and interests and supported them according to their wishes. Staff supported people in the selection of activities that would engage them most. We observed people engage in activities according to their likes and dislikes as recorded in their care plans. Staff were engaged in conversations in line with people's interest. The activities co-ordinators told us they were developing one to one activities for those people who could not participate in group activities or wish to leave their rooms. One to one support was required for those people who did not leave their rooms to reduce the risk of social isolation and boredom.

People were confident the registered manager would address any concern they had. People and their relatives told us they knew how to make a complaint. They had received the complaints policy from the service.

The service's complaints handling process was effective. There was a record of complaints raised in the service with written acknowledgement sent to a relative. The service had investigated and resolved complaints received within timeframes set in the provider's complaints procedure. Staff told us how they would support people to make a complaint and ensured they received an appropriate response.

The service regularly sought people views of the service. People and their relatives gave feedback about the service through questionnaires. Staff told us relatives were encouraged to complete comments cards and give their views about the service. The service circulated a monthly newsletter to people, their relatives and visitors with their feedback included. Staff minutes showed feedback received from people and their relatives and the action taken on their concerns. We saw the majority of people who responded were happy with the care and support provided. The registered manager took action to address other areas of improvement identified from the feedback.

Is the service well-led?

Our findings

The service was not always well-led. At our previous inspection on 23 and 24 October 2014, we found audit systems used to monitor the quality of service were not always effective. The provider did not always ensure that staff followed processes to protect people against identified risks. At this inspection of 25 and 26 November 2015, we followed up on this and found the action taken by the provider to address the concerns was not effective. The registered manager monitored the quality of care planning and risk management. However, the service had not made improvements if required as the audits had failed to pick up the concerns highlighted in this report. The registered manager had not taken effective action to manage the identified risks. For example, the registered manager had not followed up on audits on risks to people's health in relation to developing pressure ulcers and becoming malnourished. People's care plans audits had not identified the inconsistent and incomplete record keeping in relation to daily reports on the delivery of their care and support. For example, a local authority safeguarding team investigation had upheld an allegation of neglect of a person due to an inappropriately managed risk. The registered manager could not take appropriate action to minimise the risks to people because of lack of accurate information.

The service had missed opportunities to improve on the quality of support and care people received. The provider had not used audit findings to effectively manage identified risks to people and improve the quality of the service. The provider had not taken sufficient action to mitigate the risks identified through the regular audits carried out on pressure ulcers, wound management and nutrition. Staff had not reviewed some people's care records in the last three months although the provider's policy recommended monthly updates. This meant the registered manager could not accurately evaluate and monitor the quality of service provided to people and ensure staff took appropriate action when required. 'Home manager metric audits' reviewed the quality of care people received and service improvement plans by the registered manager and submitted to the provider's senior management for review. However, there was no evidence to show the provider had acted on concerns raised in the audits and to minimise recurrence.

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

The service carried out thorough monthly medicines checks and addressed any concerns. The registered manager had reviewed reports on premises and equipment maintenance and ensured staff took appropriate action if there were any areas which required improvement.

The service had a registered manager who had been in post since 2011. The registered manager had informed local authority on safeguarding concerns and submitted relevant notifications to CQC as required by law in relation to incidents and accidents.

Some local authority staff told us they were not confident the service always responded appropriately to meet people's needs. They were critical of the monitoring of the quality of care provided to people. Notifications sent to us showed four concerns regarding the quality of care to people had been investigated and were all substantiated.

The registered manager routinely checked staff practice. Staff told us the registered manager occasionally worked on the units to monitor the quality of support provided to people and demonstrate good practice. Staff said the management team was approachable and felt they could request additional support to meet people's needs. Staff meetings held enabled staff to give their ideas on how to improve the service. The registered manager visited each unit and ensured staff were up to date with their information about events in the service.

The service had lacked appropriate professional guidance because of long delays in filling nursing and managerial posts. The registered manager had not received adequate staffing resources from the provider ensure the service had the expertise to manage effectively. The provider had strengthened the leadership and management team of the service by the recruitment of a clinical services manager and a deputy manager, although the posts had been vacant for some time. The service had relied on agency nursing staff which had not ensured continuity of care for people. The provider had recruited four registered nurses in the past twelve months and remained with a nursing vacancy of two hundred and twenty hours a month. The registered manager told us this would enhance the capacity to monitor all aspects of the service. The recruitment of the clinical staff meant there would be

Is the service well-led?

sufficient checks on how people received their care and that staff followed guidance provided by healthcare professionals. Records showed the clinical services manager had started the checks but it was too early to comment on the impact of the changes.

The service used people's views and feedback to develop the service. The registered manager held joint meetings with people and their relatives to discuss any proposed changes and improvements in the service. Minutes of the meetings showed the registered manager responded to their concerns.

The service dealt with incidents appropriately. There was a log of all incidents and accidents such as falls and pressure

ulcers. The registered manager discussed incidents and accidents in staff meetings and one to one supervision sessions and good practice shared. The service had put plans in place to minimise recurrences.

The service had an open and transparent culture and staff understood the areas they needed to improve on to ensure they provided consistent high quality support to people. For example, staff told us how they were working with the clinical services manager and tissue viability nurse to prevent people developing avoidable pressure ulcers. Staff told us the registered manager was supportive. One member of staff told us, "The manager will listen and talk to you on any issue bothering you". Staff told us they were confident the registered manager would act on their concerns to develop the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe care or treatment. Regulation 12 (2) (a) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: People were not protected against the risks to their health and welfare because arrangements to assess and monitor risks and improve services were not effective. Regulation 17(1) (2) (a) (b) (c) (f).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe care or treatment. Regulation 12 (2) (a) (b)</p>

The enforcement action we took:

A notice was served to impose conditions on the provider's registration and request monthly records of risk assessments and records of care delivery for all service users. This will be reviewed within six months.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.</p> <p>How the regulation was not being met: People were not protected against the risks to their health and welfare because arrangements to assess and monitor risks and improve services were not effective. Regulation 17(1) (2) (a) (b) (c) (f).</p>

The enforcement action we took:

A notice was served to impose conditions on the provider's registration and request monthly records of risk assessments and records of care delivery for all service users. This will be reviewed within six months.