

Mrs R Halsall

Malvern Nursing Home

Inspection report

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Date of inspection visit: 13/01/2015
Date of publication: 29/04/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

Malvern Nursing Home provides accommodation and nursing care for adults with complex mental health problems. The service is located in a residential; area of Bradford approximately three miles from the city centre.

We inspected Malvern Nursing Home on the 13 January 2015 and the visit was unannounced. Our last inspection took place in July 2014 and at that time we found the home was not meeting three of the regulations we looked at. These related to cleanliness and infection control,

staffing and assessing and monitoring the quality of the service. We asked the provider to make improvements and following the inspection they sent us an action plan outlining the work to be completed including timescales.

During this inspection we found improvements had been made to the cleanliness of the premises and equipment used. We found that all defects to the building which negated effective cleaning and infection control had been remedied and there was an ongoing programme of refurbishment and renewal to ensure compliance.

Summary of findings

However, although we found the service had increased the care staff hours they had not consistently increased the number of qualified nursing hours. Therefore there was a risk that people who used the service may not receive appropriately care, treatment and support. This was discussed with the provider/manager who immediately addressed this matter.

We saw that arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GP's, hospital consultants, community mental health nurses, opticians, chiropodists and dentists.

However, although medication policies and procedures were in place we found the nursing staff did not always follow the correct procedures which potentially placed vulnerable people at risk of unsafe care.

The organisations staff recruitment and selection procedures were robust which helped to ensure people were cared for by staff suitable to work in the caring profession. In addition, all the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

However, the staff training matrix showed that some staff needed to update their training. In addition, one to one supervision meetings and annual appraisal designed to support staff to carry out their roles effectively were not being carried out in line with the policies and procedures in place.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and were able to demonstrate a good understanding of when Best Interest Decisions needed to be made to safeguard people. We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards.

We saw staff were kind and compassionate toward people in their care. People told us they enjoyed living at Malvern Nursing Home and were complimentary about the staff. However the needs of some people were not consistently being met and we saw little opportunity for people to engage in meaningful activities. The staff we spoke with told us this was because staffing levels did not always allow them time to do so.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received.

However, we found the quality assurance monitoring systems in place were not robust or implemented consistently and therefore we could not be sure the service was managed effectively and in people's best interest.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 come into force on 1 April 2015. They replace the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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.

Medication policies and procedures were in place. However, we found the nurses on duty at the time of the inspection did not follow the correct procedures when administering medicines, which put people at risk of receiving the wrong medication.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

However, the service had failed to maintain the staffing levels for qualified nursing staff agreed with the manager/provider in September 2014. This might have put people at risk of inappropriate or unsafe care, treatment and support. This matter was rectified by the manager/provider on the day of inspection.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Inadequate



Is the service effective?

The service was not always effective.

People who were able told us the way their care, treatment and support was delivered was effective and they received appropriate health care support. We saw documentary evidence which demonstrated that people were referred to relevant healthcare professionals in a timely manner and staff always followed their advice and guidance.

However, the staff training matrix showed that some staff needed to update their training. In addition, one to one supervision meetings and annual appraisal designed to support staff to carry out their roles effectively were not being carried out in line with the policies and procedures in place.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

Requires Improvement



Is the service caring?

The service was not always caring. We saw staff interacting with people in a kind and compassionate manner and people appeared at ease and relaxed in their company.

Requires Improvement



Summary of findings

However the needs of some people were not consistently being met. The staff we spoke with told us this was because staffing levels did not always allow them to deliver timely care.

Discussions with the management team demonstrated that this matter was being addressed.

Is the service responsive?

The service was not always responsive. We saw people had access to the full range of NHS services and staff worked closely with community based healthcare professionals in specific areas of people's care.

We saw care plans were person centred and specific for the individual. We saw that people's care plan and risk assessments were reviewed regularly and whenever there were significant changes in their physical or mental health.

However, there was little evidence to show that the service offered a stimulating or therapeutic environment for people.

Requires Improvement



Is the service well-led?

The service was not well led. We found there were no clear lines of communication or accountability within the senior management team which had a detrimental impact on service delivery.

We saw the provider/manager only worked within the service approximately ten hours per week and only carried out administrative tasks. The day to day management of the service was delegated to the assistant manager and clinical lead nurse. However, neither member of staff were clear about their roles and responsibilities which meant staff at times lacked leadership and direction.

In addition, the quality assurance monitoring systems in place were not robust or implemented consistently and therefore we could not be sure the service was managed effectively and in people's best interest.

Inadequate



Malvern 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.

The inspection was carried out on 13 January 2015. The inspection was carried out by two adult social care inspectors. One of the Inspectors was also a specialist advisor in Mental Health.

There were 26 people living at Malvern Nursing Home on the day of inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at four people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with six people who used the service, two qualified nurses, the assistant manager, four care assistants, the cook, cleaning staff and the registered provider/manager. We also looked around the building including the bedroom accommodation and communal areas.

As part of the inspection process we reviewed the information we held about the service. This included information from the provider, notifications and speaking with the local authority safeguarding team and commissioning service. Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion.

Following the inspection we also spoke with two healthcare professionals and contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We saw medicines were administered to people by trained nursing staff. The clinical lead nurse told us no one who used the service had been found to have the capacity to self-medicate; however, one person with diabetes administered their own insulin under supervision. This demonstrated the manager/provider encouraged people to maintain their independence when possible.

We commenced our inspection of medicines after the morning medicines round had started. Each person's medicine was administered from the medicine trolley in the pharmacy room. We saw that on a work surface there were two identical unlabelled medicine pots almost full of dilute orange drink. We asked the registered nurse what these were. We were told that one contained dissolvable medicines. This procedure was contrary to safe nursing practice yet the nurse continued to give both preparations to two separate people.

We then witnessed the nurse remove from the medicine trolley 14 medicine pots containing the morning medicines for 14 individual people. These medicines had been removed from the monitored dosing system prepared by a pharmacist and designed to reduce the risk of medicine administration errors. None of the 14 medicine pots were labelled with people's names. We asked the nurse if this was common practice. She said, "No, and I know it is not the correct procedure." To protect vulnerable people about to be administered medicines in this manner we asked the nurse to stop and we asked the lead clinical nurse to observe what we had seen.

The clinical lead's comments were, "This is totally unacceptable practice." The clinical lead asked the registered nurse to label the medicine pots with people's names. This advice was in itself unsafe and meant on this occasion 14 people received their medicines in a manner which was reliant on the nurse's memory of the medicines they had prepared earlier. This practice meant there was a risk people did not receive the correct medication.

We saw that medicines prescribed to be given before food and clearly indicated as such on the medicine administration record (MAR) were given after food on six occasions. Not giving medicines as prescribed increased the risk that they would not be effective.

We looked at MAR sheets and reviewed records for the receipt, administration and disposal of medicines. We found there were two occasions where one person's records had been signed for administration of their medicines but this had not been given.

We found that the registered person had not protected people against the risk of not receiving their medication as prescribed. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff. Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.

We saw evidence that people were referred to their doctor when issues in relation to their medication arose. We found that medicines were kept securely and stored appropriately. We looked at records which showed us that the temperature of the medication fridge and the medicines room were monitored and maintained at the correct temperature.

We spoke with both qualified nurses on duty and four care staff who demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with management knowing that they would be taken seriously. The provider's policy on safeguarding included information on staff's roles and responsibilities, referrals, identification of abuse, prevention of abuse, types of abuse and confidentiality.

We spoke with staff about restraint practices and while physical means of restraint and restricting people's choice was not a feature of care at the home, staff had a good understanding of the issue.

At the last inspection in July 2014 we had found the service was running on minimum staffing levels and there was a

Is the service safe?

heavy reliance on the use of agency staff. On this inspection we found the registered provider had increased the number of support workers on duty during the day from four to five. However, although we found evidence the provider had agreed in September 2014 to increase the qualified nursing hours by 21 hours per week the additional hours had not consistently been covered. The clinical lead nurse told us without these additional hours the service was not safe and they could not provide people with the care, treatment and support they required. This was discussed with the provider on the day of inspection and they gave us an assurance that these hours would be now covered on a permanent basis. Following the inspection we also received written confirmation that the additional hours were now being consistently covered.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. Where nursing staff were employed, the service checked they were registered to practice. We saw that staff recruitment was ongoing and the service had recently interviewed a number of staff and were waiting for all relevant checks to be completed before they started work. Staff disciplinary procedures were in place and we saw examples of how the disciplinary process had been followed where poor working practice had been identified.

The assistant manager confirmed that until all the new staff were in post the service would continue to use agency staff

to ensure staffing levels were maintained. The assistant manager told us if agency staff were used they always endeavoured to employ the same member of staff to ensure continuity of care.

During our last inspection on 4 July 2014 we found that the premises was not kept clean and hygienic and was placing vulnerable people at risk of acquired infections. We served a Warning Notice as the provider was failing to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we looked at all areas of the home including the areas where we had previously raised concerns about cleanliness and hygiene. We found that all defects had been remedied. Our discussions with the cleaning staff confirmed that they were able to consistently keep all areas of the home clean. They told us they had access to appropriate cleaning materials and products. We saw the manager/provider had also put in place a schedule of work to improve the general environment which included replacing some floor covering, decorating designated areas of the home and general refurbishment work.

We inspected records of inspections and safety checks conducted by contractors. We saw that portable apparatus testing (PAT) was carried out in accordance with current guidance. We saw certificates provided by competent contractors for gas safety and electrical hard wiring installations. Water quality was checked by an approved contractor. We saw evidence of the most recent legionella risk assessments and certification of water quality. Emergency lighting and fire installations were checked by an approved contractor and certificate issued.

Is the service effective?

Our findings

We spoke with four members of care staff. They had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and could demonstrate a good and competent understanding of the legal frameworks. Staff were able to give examples of instances when Best Interest Decisions had been made with the involvement of relevant professionals. Care plans evidenced information regarding people's capacity to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told that seven people using the service were subject to authorised deprivation of liberty. Whilst no conditions had been imposed in the authorisation staff were aware of the need to check all new authorisations to ensure the deprivation of liberty remained lawful. We saw that one person subject to DoLS had been appointed with an Independent Mental Health Advocate (IMHA). This ensured the person's rights were being understood and respected and that their views and concerns were being taken on board in the decision making process.

We reviewed the care records of two people with a mental illness who had previously been detained in hospital under section 3 of the Mental Health Act 1983. We saw that at the time of admission to the service the person had been discharged from hospital on a Community Treatment Order (CTO). CTO's were introduced to the Mental Health Act 1983(MHA) by the Mental Health Act 2007. These orders allowed people to be discharged into a community setting whilst still being subject to mandatory conditions. Any breach of these conditions can lead to recall into hospital and detention under section 3. As such it was important for the service to work in close partnership with the Approved Mental Health Professional (AMPH). Records demonstrated that regular meetings had taken place over a long period of time. We saw that care files contained all the necessary documents associated with people's appeals against their detention under the MHA.

We saw many people who used the service were diagnosed with a severe mental disorder, were at risk of self-harm, may tend to neglect themselves and had a history of having being detained under the Mental Health Act 1983. As such people's care was coordinated under a Care Programme

Approach (CPA). This approach ensures a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs. We saw that CPA meetings took place at the home with all relevant health and social care professional in attendance.

We saw that some people had been diagnosed with a chronic physical illness. In these cases we saw evidence of interaction with relevant health care professionals. For instance one person had insulin dependent diabetes mellitus. We saw that this person attended specialist hospital appointments and had their dietary needs prescribed by a dietician. In addition, some people had reached an age when bowels and breast cancer screening was appropriate. We saw that when people were invited to take part in the screening care staff helped people to make a choice about attending.

Following the inspection we spoke with two healthcare professionals who visited the service and they told us they had no concerns about the care and support provided, and staff always followed their advice and guidance.

We saw nutritional risk assessments were routinely carried out and people's weight was monitored on a monthly basis. We spoke with the cook and care staff and it was apparent they had a very good understanding of people's dietary needs and preferences. The cook confirmed they encouraged people to eat a varied and balanced diet and no restrictions were placed on the catering budget.

People we spoke with told us they enjoyed the meals provided and there was always a good choice. Comments included, "The food is good, I enjoy all my meals" and "The food is brilliant and you can choose what you want at every mealtime."

The assistant manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

The assistant manager told us the majority of training courses made available to staff were provided in-house by an external training organisation. We looked at the training matrix and saw some staff needed to update their training. However, the assistant manager confirmed that they were aware of this and a new training plan would be put in place which included recently employed members of staff.

Is the service effective?

The assistant manager told us individual staff training and personal development needs were usually identified during their formal one to one supervision meetings with their line manager. However, the clinical lead nurse told us they had not been able to hold supervision meetings as frequently as they would have liked due to staff shortages and no annual appraisals had been carried out for the same reason. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. This

was discussed with the manager/ provider on the day of inspection and they confirmed that this matter would be resolved with the increase in qualified nursing hours coming into immediate effect.

We found that the registered person did not have suitable arrangements in place to ensure staff received the supervision and support required to carry out their roles effectively. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

All people living at the home were diagnosed with a mental illness or an acquired learning disability. Many were exhibiting signs and symptoms of a psychosis which made it difficult for them to understand our questions. Some people were showing signs of hallucinations or delusional thinking which was severely disrupting their perception, thinking, emotions and behaviour. Because of this we undertook detailed observations of the care and support delivered by staff.

We saw people appeared at ease and relaxed in their environment. We saw that people responded positively to staff with smiles when they spoke with them. We observed that staff included people in conversations about what they wanted to do and explained any activity prior to it taking place.

We saw staff interacting with people in a kind and compassionate manner. However, the needs of some people were not consistently being met. For example, we observed one person who was severely agitated. They were experiencing delusional thoughts, expressing unusual beliefs not based on reality which contradicted evidence. They showed symptoms of paranoid delusions believing they were being harassed, persecuted and were being plotted against. We observed that a nurse asked a member of staff to provide one-to-one care of this person. Within less than ten minutes we saw the person was aimlessly walking around disturbing other people and placing them at risk of harm. This showed that staff were not consistently taking appropriate action to relieve people's distress or discomfort.

The staff we spoke with told us that staffing levels did not always allow them to deliver timely care to people who used the service. In addition they said an over-reliance on agency staff compounded the issue. Discussions with the management team demonstrated the matter was receiving attention.

We observed the care one person received over the entire day. It was not until early afternoon that someone took practical action to provide the one-to-one care needed which proved beneficial.

We discussed with the clinical lead the care needs of this person and the appropriateness of the environment in which to provide care. We were told that action was being taken to transfer the person to a more appropriate location which could accommodate their needs. A review of the person's care plan demonstrated that action was being taken by the manager/provider.

We observed staff and people interacting with each other. We saw people being given choices about their immediate care and that people felt comfortable when approaching staff for re-assurance and support. For instance we saw one person telling a nurse that they had a stomach upset. The nurse asked the person if they needed any prescribed medication; the person said no. A short while later the same person said they had been to the toilet again and asked for medication to help. Staff responded immediately.

We spoke with four members of care staff to gain an understanding of their knowledge of people's care needs. Answers to our questions showed they had a thorough understanding of people's needs and knew of the best approaches to ensure appropriate care, treatment and support was delivered.

The care documentation we looked at demonstrated that where advocacy services had been arranged or involved in people's care this was recorded and used in the care planning review process.

During our inspection we observed staff knocking on people's doors before entering, this was done even when doors were open. We found directions for staff within care plans which related to people's privacy and dignity. We saw entries such as 'ensure that [name] has privacy when dressing and undressing'. This meant the service had ensured people's privacy and dignity was respected by staff.

Is the service responsive?

Our findings

We looked at four care plans in detail including one care plan of a person with a complex mental health history. One person was subject to a Community Treatment Order. We saw pre-admission assessments had taken place. These assessments had involved health care professionals and family members who were able to assist the person in planning their care. We saw that family members were being encouraged by staff to maintain an active relationship and avoid social isolation.

We saw the outcome of risk assessments completed at the point of admission to the service were used as the foundation to create a safe care plan covering, mobilisation, moving and handling, nutrition, communications, mood, night care and personal hygiene. The care plans recorded what the person could do for themselves and identified areas where the person required support. The care plans had sufficient detail to ensure staff were able to provide care consistently. We observed good correlation between what the care plan required and the care given and consistently recorded.

We saw care plans were person centred and specific for the individual. We saw that their care plan and risk assessments were reviewed regularly and whenever an incident had occurred. We saw that staff recorded in detail all acts of verbal and physical aggression and intimidation. The staff we spoke with told us they had input into the care planning process through the key worker system. The key worker system meant that all people living at the home had a named nurse and member of care staff who took a specific interest in their care and support.

The assistant manager told us people had access to the full range of NHS services and staff worked closely with community based healthcare professionals in specific areas of people's care. We saw evidence of this in the records and reports we looked at.

During our inspection we witnessed a person being prepared to attend an out-patient appointment. We saw that the accompanying member of staff ensured they had all relevant information with them. This included daily activity and care information and the person's current medication records. This meant that people could be

confident that when they needed to access other services staff would ensure all relevant information was available for other health care professionals to make informed decisions.

We looked on the registered providers website and saw one of the aims of the service was to "Create a home with a dynamic atmosphere and opportunities with positive outcomes where service users can develop, grow and, where possible, move-on towards greater independent living elsewhere, if they so wish."

However, although we saw that some people had a regular routine other people appeared not to have any structure to their days and sat around neither engaging with other people or staff. We saw little evidence of staff interaction that would lead to a stimulating or therapeutic environment being available or staff taking the opportunity to encourage people to participate in either spontaneous or planned activities. This was discussed with the assistant manager who told us people were encouraged to participate in a variety of activities but many showed no interest in doing so, but acknowledged more could be done to create a more stimulating environment.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with. The clinical lead nurse told us the complaints procedure was discussed with people at every "residents meeting" however the service had only received one formal complaint since the last inspection in July 2014.

The clinical lead nurse confirmed that the service was to become more pro-active in encouraging people to make complaints if they were unhappy with the service provided by ensuring everyone had a copy of the complaints procedure and the contact details of other healthcare professional involved in their care.

The majority of people we spoke with told us they were aware of the complaints procedures and knew how to make a complaint. One person told us, "I would tell the nurse in charge if I had any concerns and I am sure they

Is the service responsive?

would sort it out.” Another person told us, “I have never made a complaint but I have spoken with staff about one or two things I was unhappy about and they quickly sorted them out for me.”

Is the service well-led?

Our findings

During our inspection in July there was evidence that senior management did not share a common understanding of the key challenges, concerns and risks associated with managing the service. On this occasion we found that the lack of a shared vision continued and there were no clear lines of communication or accountability within the senior management team.

For example, the clinical lead nurse told us the service was unable to provide safe care and support to people who used the service without the additional nursing hours agreed with the manager/provider at a meeting held in September 2014. They felt it was the responsibility of the assistant manager to make sure the hours were consistently covered on the staff rota. However, the assistant manager who did not have a nursing background felt the clinical lead nurse should have allocated the hours to ensure the service was managed effectively and in people's best interest. When we discussed the matter with the manager/provider they were unsure who was responsible for allocating the hours and were unaware they had not been covered on a regular basis.

The manager/provider told us that although they visited the service most days they only worked about 10 hours per week in total. In addition, they told us when they did work they only carried out administrative tasks and took no responsibility for the day to day management of the service or the care, treatment and support people received. This meant the day to day management of the service was the responsibility of the assistant manager and clinical lead nurse although we saw evidence that the manager/provider did meet with them periodically to discuss service provision.

We asked staff if they received appropriate and timely directions from the management team which allowed them to deliver safe and effective care. Staff told us that their main problem was the variable responses they received to their requests for advice on the delivery of care. For example, they told us that there was little consistency between the registered nursing staff in the help and advice given. This led to confusion when one registered nurse gave advice and then another nurse gave conflicting advice.

We saw the assistant manager and clinical lead nurse had recently carried out a self-assessment of the service which

had highlighted where the service was meeting current regulation and any shortfalls in service provision. The clinical lead nurse confirmed this was still work in progress but the self-assessment process had focused their attention and would assist them to formulate an action plan to improve service delivery.

We looked at the policies and procedure file and found many of the policies and procedures had not been reviewed or updated for several years. For example, the medication policy, the infection control policy and the procedure for safeguarding vulnerable adults had not been reviewed since 2009, the whistle blowing policy had not been reviewed since 2008 and the complaints procedure had not been reviewed since 2010. This meant we could not be sure staff were working in line with good practice guidelines or within current legislation.

We also looked at the records completed for accident, incidents and untoward incidents which occurred at the service and found the last monthly analysis of the information had been completed in May 2014. The clinical lead nurse told us they had been completed up to November 2014 but they were unable to evidence this on the day of inspection.

In addition, the internal audit policy dated 2009 showed that the assistant manager was responsible for scheduling and coordinating internal audits and the coordination of any corrective actions required arising from the audits. However, when we spoke with the assistant manager about this they were unaware that this was part of their duties.

This demonstrated the registered provider did not yet have suitable systems in place to assess and monitor the quality of the services provided or to identify, assess and manage risks to the safety and well-being of people who used the service.

We found that the registered person had not protected people against the risk of not operating an effective quality assurance monitoring system. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how management gathered the views and opinions of people who used the service and their relatives

Is the service well-led?

and how they used the information to improve the quality of the service. We saw both resident and staff meetings took place, which gave people an opportunity to air their views and opinions of the care and facilities provided.

In addition, the assistant manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to people who used the service, their relatives, staff and other healthcare professionals to seek their views and opinions of the care and support they received. The assistant manager confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made.

We looked at the responses from the most recent survey carried out for healthcare professionals in October 2014 and found saw the majority of comments were positive about the service provided. Comments included, “Excellent sharing of information” and “very happy with staff input and the way they communication with myself.” The assistant manager confirmed that the staff and relatives survey had been carried out in October 2014 however the information had not yet been collated. The survey questionnaires for people who used the service had not been sent out at the time of the inspection. We therefore asked the assistant manager to forward us the results of all the surveys once available.

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
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The registered person did not ensure people were protected against the risks associated with medicines.

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 registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The registered person did not have suitable arrangements in place to ensure staff received the supervision and support they required to carry out their roles effectively.