Sai Care Limited

Safe Harbour Dementia Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 24 February and 2 March 2017 and was an unannounced inspection.

The home had 47 bedrooms over two floors; there was access to each floor via a lift. Upstairs on the first floor the home provided nursing care for 26 people, on the ground floor the home provided residential care. At the time of our inspection 45 people were living at the home.

The home was clean, well maintained and tastefully decorated. Design factors had been added so that people with dementia may find it easier to navigate around the home. People told us they liked their rooms and the building. One person told us, "I like it here, it's a lovely room". People had been supported to personalise their rooms with family pictures, items of furniture and personalised signs on their doors.

The home had a registered manager; the registered manager had been registered with the CQC since September 2016. 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.

During our inspection we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not always effectively assessed and monitored the safety, risks and quality of the service provided to people. You can see what action we told the provider to take at the back of the full version of the report.

A high percentage of nursing care was provided by agency nurses from three different agencies. The newly appointed clinical lead nurse was responsible for overseeing nursing care plans and monitoring nursing practice at the home. The clinical lead at the home did not have the allocated time to be able to do this effectively. There was no system in place or plan outlining how the clinical lead would fulfil their role of overseeing the nursing practice of the agency nurses used at the home. This meant they were not able to do so effectively and this could increase the risk of people not receiving appropriate care.

We were concerned with how agency nurses were introduced into the home and of the information available to them. The registered manager had limited information about many of the agency nurses. The registered manager told us that the current use of agency staff for nursing care was not a long term plan. We saw that recruitment was underway for the home to employ more nursing staff.

The registered manager undertook audits and checks to monitor and improve the standard of care provided at the home. We found that these audits had not always been effective in assessing and monitoring the quality of the care provided. For example in assessing the communication with and oversight of agency nursing staff that the home relied upon. Also audits of staff files had not highlighted that safe recruitment practices had not consistently been followed. Audits of people's care plans had not highlighted problems

with screening tools not been used correctly; which meant that the resulting score was not a true indication of the level of support the person needed. Audits had not highlighted some gaps in the supervision and appraisal given to staff. We spoke with the registered manager who told us they would review these areas of the home.

Some people at the home were at high risk of falling. We saw that each fall was recorded and action was taken by the managers and staff to reduce the risk of falls happening again. We saw people using protective equipment to reduce the impact of a fall and some people also had adaptations to their environment in place to reduce risks. The home made use of assistive technology to alert staff if people started moving independently, so they were able to assist promptly. Some people had increased support levels if they were at high risk of falling. The home worked in partnership with outside professionals in their approach to supporting people.

People's medication was stored safely and clearly identified in people's medication files. Medication was audited by the registered manager by selecting a rotating sample. We found that medication was not always administered safely. We found some recording errors; one person's stock of medication was incorrectly recorded and there were three blanks where a nurse should have signed to record medication was administered.

Staff had not always been recruited in a safe way. We spoke with the manager about the need to be more robust with regard to obtaining references from previous employers, particularly those in health and social care.

The home was clean and fresh smelling. There was good hygiene and infection control practices at the home. The home had scored 94% on an infection control audit in February 2017. The building was safe and regular, tests, servicing and repairs of the services and equipment had been made and records kept of risk assessments and safety audits.

People told us they felt well cared for. One person said, "I find it perfect, excellent staff, they are very good". Another said, It's great, the staff are lovely". People's relatives told us that they liked the approach of the staff at the home. One relative told us, "Here it's excellent. Staff are very pleasant and they have always got time for my mum. Nothing is too much trouble for my mum".

We saw and people told us that they had been supported to maintain their faith and celebrate special occasions in the way they wanted to. People were communicated with in a variety of ways, for example by having a picture of their keyworker so they could recognise them.

People and their relatives told us that they found the staff, the deputy manager and the registered manager approachable and helpful. Relatives told us when they had reason to speak with the manager they were happy with his approach.

We saw that people were offered regular drinks and snacks throughout the day both in the lounges and in their rooms. People told us they liked the food offered to them and that there was a varied menu and choices available.

When we spoke with people's relatives told us they were involved in care planning for their family members. Care plans contained important personal information about the person, including their care and support needs and preferences. The plans we looked at were person centred and contained appropriate detail

about the person.

People and their relatives that we spoke with told us that they liked the activities offered at the home. There was a mix of individual and group activities both in and outside of the home. The home had recently recruited a second activities co-coordinator to be able to offer more variety of activities.

During our inspection the registered manager was open, candid and was keen to make improvements. He had taken or started to take considered action on information that he became aware of before and during the inspection. He held daily update meetings at the home. The registered manager kept in communication with people's relatives through monthly relatives meetings. People relatives told us they were well communicated with in significant and day to day matters.

We saw records that showed that the owners of the home made periodic unannounced visits and completed audits to help them remain up to date with how the home was operating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medication records had not consistently been completed correctly.

The home had not consistently recruited staff in a safe manner.

Support of people who had experienced falls helped to reduce future risks.

The building, environment and equipment used were clean and safe.

Is the service effective?

Good

The service was effective.

There were some gaps in staff supervision meetings and annual appraisals.

Care was provided in line with the Mental Capacity Act 2005. People's choices were promoted by the staff supporting them.

People were well supported with their health care needs.

People told us they liked the food and were offered choices. Drinks and snacks were available throughout the day in the lounges and in people's rooms.

Is the service caring?

Good

The service was caring.

People and their relatives told us the staff were caring, friendly and approachable.

People were treated as individuals and their preferences were sought and acted upon.

People's information was treated respectfully and records were stored securely.

Is the service responsive?

Good

The service was responsive.

People had individualised and person centred care plans.

There was a range of individual and group activities available to people who lived at the home.

People told us they found the managers approachable and were confident in going to them with any concerns.

Is the service well-led?

Requires Improvement

The home was not always well led.

The registered manager had not always effectively assessed and monitored the safety, risks and quality of the service provided to people.

The registered manager held daily head of department meetings.

People relatives told us that communication from the registered manager was good.

During our inspection the registered manager was open, candid and was keen to make improvements.

Safe Harbour Dementia Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 February and 2 March 2017, this was an unannounced inspection. The inspection was completed by an adult social care inspector and a specialist advisor. The specialist advisor was a registered nurse.

Before the inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. A notification is information about important events which the provider is required to send us by law. We checked that we had received these in a timely manner. We also contacted the local authority quality assurance team for their feedback.

We spoke with eight people who lived at the home. We also spoke with five people's relatives. We spoke with the registered manager and deputy manager, two nursing staff including agency nurses, seven carers including agency carers, an activities co-ordinator, domestic and catering staff. We spoke with one visiting health professional.

We observed people's care and staff interactions with people who lived at the home. We looked at the care plans for four people and tracked the care of these people to see if they received the support they needed. We also looked at the staff files of four members of staff and documents relating to medication administration, health and safety, staff rotas and the management of the home.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives if they felt the home was a safe place to live, they told us that they did. One person said, "I feel safe here". People's relatives told us, "Its secure here" and "I believe [name] is safe here". One relative told us they felt confident because the front door was secured with a key code and that visitor's identities were checked by staff and they were asked to sign in.

The home had a nurse on duty at all times, the majority of nursing care was provided by agency nurses. The number of care staff had increased at the home during recent months; the registered manager used a monthly dependency tool to decide the correct staffing levels. We looked at staffing levels on the nursing unit on the second day of our inspection. We saw that a high percentage of care staff were from an agency. We spoke with the registered manager who told us they move staff when necessary to ensure they have a good mix of experience and skills at the home. The deputy manager helped out when needed as they worked in addition to staff on the rota.

Some people living at the home were at a high risk of falling. Every fall a person had at the home was recorded in detail and treated as an incident, this included a body map of any mark or bruise a person may have. People's families were informed of falls and a notification was sent to the person's GP. Medication reviews had been prompted for some people who experienced frequent falls to see if medication was having an impact.

Two staff members at the home were designated 'falls champions', we spoke with both of them and they told us they had received training in reducing the risk of people falling. People who had experienced falls had a care plan in place to mitigate the risk of any future falls. The staff at the home sought advice from professionals and from the local falls team. We saw that some people used protective equipment to reduce harm caused by a fall. Some people had one to one support during the day; some people had crash mats and sensors in their room which alerted staff if they walked unaided. Some people had profiling beds which could be positioned very low to the floor, if there was a risk of a person falling out of bed and causing an injury. The home had recently taken delivery of additional beds as other people had been identified who may benefit from this support.

One person's relative told us that their family member was at risk of falling in the night if they got out of bed. They told us, "Mum stumbles a lot, but the [sensor] matt is brilliant, staff are here quickly. Mum told me, 'No sooner as I get my feet out of bed and someone is here.' That's reassuring." We tested the sensor matt in one person's room and staff attended quickly. This helped to keep people safe and to reduce the risk of falls. We saw that people had call bells in their rooms and bathrooms, so they could alert staff quickly.

We observed staff using safe practices when helping a person move with the aid of a hoist. The person was supported by two staff members; in a safe, caring and dignified way.

Medication was safely stored in two locked medication trolleys which were secured to a wall when not in use. The trolley was moved into the room where the person took their medication. Nobody at the home was

currently using controlled drugs. The nurse or carer administering medication wore a red tabard asking not to be disturbed during the medication round, to prevent distraction. We observed a medication round, we saw that the nurse washed their hands and wore disposable gloves. The nurse approached each person in an unhurried and dignified manner offering them water in a beaker. They stayed with each person until they had finished taking their medication.

Each person had a medication record which contained a photograph of them to aid identification, along with a record of any allergies people may have. There was a record of any 'as required' medication a person took and guidelines for staff on when these could be used. The registered manager completed a weekly audit of medication by checking eight people's medication on a rotating basis along with auditing 'as required' medication.

We checked a sample of five people's medication; we found that a stock of one medication for one person was incorrect, which would indicate records had not been completed correctly. For two other people the records had three unexplained blanks where the nurse should sign to say the medication had been administered. One staff member told us that sometimes agency nurses forget to sign the administration records. We spoke with the registered manager about this, who investigated the errors before the second day of our visit.

Staff told us they received training in safeguarding vulnerable adults, longer standing staff told us they had received refresher training. One staff member told us that this included watching videos that they described as being "very powerful". Staff that we spoke with had a good knowledge of safeguarding vulnerable adults and what actions they would take if they suspected anybody was at risk of abuse. The home had a safeguarding policy in place; however the policy did not provide the contact details for the local authority or CQC for staff to use.

Staff had an understanding of whistle blowing and who they could contact outside of the organisation if they had the need to do so.

We saw that staff had not always been recruited in a safe way that ensured they were suitable to work with vulnerable adults. People's identification was checked and a DBS (Disclosure and Barring Service) check had been completed for each staff member. However we found that the correct process had not always been followed after the return of DBS checks. One person's references had not been verified and for another staff member a reference had not been obtained from their last employer who was within health and social care, as required. We asked the registered manager to give regard to ensuring safe recruitment practices were robustly applied, he told us he was taking action on these points.

The home was clean and fresh smelling. There was appropriate hygiene equipment available for staff to use, such as gloves, aprons, wipes and cleaning gel. Waste was disposed of in a safe manner and good practices were followed in caring for people's laundry. Infection control information was on display in the entrance for visitors. The home had scored 94% on an infection control audit by the local authority in February 2017.

The home was well maintained, staff made requests to the maintenance person that were logged and attended to. There had recently been new flooring fitted upstairs and there were plans to replace other areas of flooring.

The staff member in charge of maintenance at the home kept records relating to the safety of the building. We found good records of repairs, regular tests, calibration and servicing of equipment and services at the home. We saw that any recommendations made by professionals completing tests had been acted on

quickly. The records showed that; equipment used to lift people safely, pressure mattresses and cushions, profile beds and rails, gas and electric installations, PAT testing, boilers, the sluice, laundry equipment, the passenger lift, fire sensors and alarms, emergency lighting, firefighting equipment, hot water temperatures, communal area and people's room temperatures had been checked appropriately.

A monthly health and safety audit was completed of each person's room. There was a fire risk assessment in place, a weekly test of the fire alarm and also periodic fire drills, each producing a report. As part of their induction new staff were trained in fire drills. The home had an environmental risk assessment which was regularly reviewed. The maintenance lead completed a daily walk around the building and any risks identified were addressed. Each entry and exit door of the building was secured with a key code.

Good

Is the service effective?

Our findings

Staff we spoke with had a good knowledge of people living at the home, however some staff told us that they would like more training in how to support people living with dementia. Staff told us that they received training both in house and by professionals outside of the home. At times staff had been trained in specific areas to be able to support people with specific support needs. Some staff told us that they had been supported by the home to obtain professional qualifications.

The registered manager told us that care staff received a supervision meeting every three months and an annual appraisal. We were provided with records that showed that only 40 percent of care staff had received a supervision meeting in the previous three months. The records also showed that many staff had not received an annual appraisal. Staff told us they felt well supported in their roles and the registered manager told us they were working towards the target set by the home.

One relative told us that when their family member was ill, "I was kept up to date with their illness". Another relative told us they were happy with the support their relative had received. They added, "Mum's been weighed today, she has put a bit of weight on after being ill".

We saw records that showed the staff at the home worked closely with other medical professionals in supporting people with their health needs. This included the speech and language team, dieticians, people's GP's, the falls team and working alongside tissue viability nurses in treating and preventing any skin breakdown.

We saw that appropriate referrals had been made when people may benefit from specialist input.
On one of our visit days the nurse on duty had arranged a visit by a person's GP as they had concerns. One visiting GP told us that they had no concerns about the home and that the person they had visited was, "Well cared for and well treated".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home cared for people who were experiencing dementia. Because of their support needs most of the people at the home had the protection of a DoLS in place. Staff we spoke with were knowledgeable about people who had capacity and fluctuating capacity. Some staff told us that they had received training in

DoLS and how they applied this to their role caring for people.

Some people had a 'do not resuscitate' instruction in place. We saw that these had been completed by the person's GP at the home involving the person's family and other relevant people. Staff told us that they supported people to make as many day to day choices as possible. For example what activities to get involved with, clothes and make up styles, food menu choices and asking people about their preferences with their care. One staff member told us it was, "Important to respect people and for them to decide whenever possible, to promote independence".

People were offered hot and cold drinks with biscuits and yoghurts regularly throughout the day. People who chose to spend time in their rooms were served drinks and biscuits in their rooms for them and any visitors they may have.

We observed one mealtime. There were dining rooms upstairs and downstairs; most people were supported to use one of these. People who preferred were brought their meals to their rooms. The dining room was well laid out with fresh flowers, menus, tablemats, table cloths, napkins and condiments. One person's relative told us, "There is a nice dining room; it's always well set out".

The menu was fish and chips or fried eggs and chips and a dessert. People told us they like the food. One relative told us, "[Name] always has a clean plate". Another person's relative told us, "[Name] goes back for seconds". Staff recorded people's weight monthly or weekly if at risk of losing weight. We were told that the kitchen staff made fresh fortified drinks which were tailored to people's needs.

The kitchen staff kept a record of people's dietary needs, allergy information and preferences. They told us that they thought they served food of good quality. The kitchen was clean and had been awarded the highest rating of five stars by the local authority.

The home had two main lounges, one upstairs and one downstairs. Each had a television and they were used by many of the people living at the home. Each person had their own room with a 'front door' style door, each painted a different colour with a number and door knocker. Some people's rooms were en-suite. Some people wanted to show us their rooms and told us they liked their rooms. One person told us, "I like it here, it's a lovely room". Another person said, "It's a nice room, ideal really with a nice bathroom". People had been supported to personalise their rooms with family pictures, personal items of furniture and personalised signs on the door. One person showed us that they had been helped to put birdfeeders on the window as it attracts birds they like to watch. They told us about their room, "Once you get used to it, it's nice. It's quite comfy".

There were bathroom facilities on each floor, conveniently placed for people to use. Some had adapted baths and others had walk in showers. We saw that there were thermometers for checking bath water temperature and the temperature of the room ensuring people's safety and comfort whilst using the bathroom.

Good

Is the service caring?

Our findings

One person told us about the home, "I find it perfect, excellent staff, they are very good". Another said, It's great, the staff are lovely". People's relatives told us that they liked the approach of the staff at the home. One relative told us, "Here it's excellent. The staff are very pleasant and they have always got time for my mum. Nothing is too much trouble for my mum". A recent letter that had been received by the home praised staff for being courteous and responsive. The staff at the home had recently received a card which read in part, 'All the care and compassion you showed, even when you were very busy, really made a difference to mum'.

We observed interactions between people and staff; we found these to be positive and courteous. Staff spoke and interacted with people in a kind and dignified manner. For example we observed one staff member who was kneeling on the floor beside a person assisting them with a cup of tea.
Staff we spoke with were positive about their role and this contributed to the friendly atmosphere at the home. One staff member told us, "I love my job. I thrive of it. I love helping people". One person's relative told us how their family member was initially hesitant at the home. However with encouragement from staff they have, "Started going into the lounge. Someone [staff] is always available, it's quite good."

People's relative's told us that they found the staff at the home friendly and approachable. One relative said, "The staff and nurses. I can go and talk to them and they discuss [name's] needs with me. They are very approachable". Another relative told us, "The staff are great, very approachable".

We saw that people looked comfortable at the home, there was a relaxed atmosphere and people were clean and well dressed. People's friends and relatives were free to visit at any time. People's relatives told us they were made to feel welcome. One relative told us, "We are always made to feel welcome here". Another told us, "They are very accommodating; if children come they are very child friendly".

People were treated as individuals and were supported in ways that were meaningful to them. For example, one person had brought their cat with them when they moved into the home; the staff supported them in caring for and looking after their cat.

Also people were kept up to date with information as the home took steps to help keep them with information. For example in people's rooms there was a picture of their key staff member and their name. Some people told us that they had been supported to make friends at the home. One person said about their neighbour in the next room, "She's chatty; she's a very nice lady". The home had a selection of the day's newspapers on a side table for people to use.

One relative told us how they appreciated that staff made efforts to celebrate special occasions and people's birthdays. They told us, "The dining room is laid out nice for special occasions, such as Valentines, it's always lovely. A contrast from some other homes".

People were supported to maintain their faith. For example one person told us their faith was very important

to them. Their relative told us, "Sister [name] comes in to do communion each week with mum, she sees other people as well".

People's information was treated respectfully and records were stored securely. There was a nurse's room that could be used along with people's personal rooms for appointments and visits in private. There was information at the home of advocacy services people could use if they needed to in making important decisions.

Good

Is the service responsive?

Our findings

We saw from their interactions with and knowledge of people that staff knew people who lived at the home and visiting family members. When we spoke with people about their care we saw that the care they received matched the care outlined in their care plan. We asked people's relatives about the care their family member received and asked with the person's permission if the staff involved them in planning their relatives care. Most relatives told us they had been involved. One told us, "The staff here involve me". Another said, "I was included in care planning and the whole process. I helped put an emergency care plan in place".

We found care files to contain a lot of information about the person and the care they received. Some people had a document called 'The story of my life' which gave a brief background of a person that they or their family wished to share with carers. This included people's family and working history and details such as what a person likes to be called.

Each care file had a photograph of the person and a profile containing important information about them. For example contact details of family members and other people involved in their care, their preferred language, faith, allergies, current medication and medical history and how they communicated. Care plans contained details that were important to people. For example one care file had recorded that the person liked to have, 'Smart clothes and well-manicured nails'. Another care file had recorded that what they liked on TV and their interests and hobbies. We saw that staff at the home had completed a pre admission assessment of people's needs to ensure they would be able to meet them safely.

Some people had an emergency health care plan. We saw care plans that outlined how the home supported people with specific needs. For example we looked at the care file for a person who had experienced frequent falls. There was a plan to reduce this risk and mitigate any harm caused if the person did have a fall. We observed the person's care and support and saw that this plan was in action. Other care plans involved supporting people with their mental health, care and grooming, as and when required medication and people's socialising needs and preferences.

There was a dependency assessment for each person which was reviewed monthly – for some people this had indicated an increase in their needs and appropriate actions had been taken, for example an increase in the person's support. Some people had been assessed as needing hourly checks; we saw that charts were in place for staff to record their checks and any actions taken.

There were screening tools that were completed and regularly updated; for example for people's risk of pressure sores, falls or malnutrition and weight loss and care plans were put in place as necessary if people's support needs required this. Some people had diet and fluid charts in place for staff to record that people had taken sufficient food and fluids. We saw that there were recording errors on some people's screening tools which meant that the resulting score was not a true indication of the level of support the person needed. For example a person who was at high risk of falls was showing on the assessment as not being at high risk of falls. Sometimes mistakes were copied into the next review or staff had not questioned why

different reviews had scored so differently for the same person. People had appropriate falls care plans in place. We highlighted this to the registered manager who told us they would review with staff the use of assessment tools.

The home had an activities co-ordinator. The registered manager told us that a second activities co-ordinator had been appointed and were about to start their role. This enabled the provider to offer an activities schedule at the home covering seven days a week and the times of two activities co-ordinators present which would allow for supporting more people in their community. There was a schedule of activities on notice boards throughout the home.

People at the home and their relatives told us that they liked the activities offered at the home. One relative told us, "The activities are very good; the memory box is very good. The activities are well attuned to people". Another relative said, "Mum likes the quiz and other activities such as crafts. The summer fair was good, good turnout, it was a great event". People told us they had been on mini bus trips and enjoyed pet therapy sessions.

During our visit we saw people engaging in group activities, on one afternoon a local band visited to perform live music. We saw that some people were also supported with one to one activities, in particular people who spend time in their own rooms. The activities co-ordinator told us, "There is a lady who wouldn't communicate or join in, so I read through her notes and found that she loves Coronation Street. I now tailor my time with her around Coronation Street and she is now very talkative and enjoys my time with her."

There has been recent fundraising organised by the activities co-ordinator. Recent funds have been allocated to providing a hairdressing salon were the visiting hairdresser can work from. The activities co-ordinator told us, "This will make a big difference for people".

Upcoming activities were highlighted on the notice board; for example there was a manicure afternoon and local singers were coming to the home to put on a performance.

One person's relatives told us, "I've had to speak to the manager and it's been fine, only minor things and they have been sorted. Another relative commented, "The deputy manager is lovely. I'd be happy to go to anybody here with a concern". We saw that the registered manager kept a record of any complaints they had received along with a record of outcomes. The home had a relative's notice board which contained useful information about how to raise an issue at the home.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager, a deputy manager and a nursing clinical lead. The nursing clinical lead had been recently appointed and was the only registered nurse employed by the home. Both the registered manager and the deputy manager were not registered nurses.

A high percentage of the nursing care provided at the home was provided by agency nursing staff from three different agencies. The registered manager told us he aimed to use the same registered nurses to provide continuity of care for people. However with not directly employing these nurses he had limited ability to be able to ensure this continuity.

The clinical lead was responsible for overseeing nursing care plans and monitoring nursing practice at the home. The clinical lead at the home did not have the allocated time to be able to do this effectively. The clinical lead typically worked three nursing shifts at the home over three days, had very little interaction with many of the agency nurses and did not have sufficient supernumerary time allocated to fulfil their role as clinical lead. There was no system in place or plan outlining how the clinical lead would fulfil their role of overseeing the nursing practice of the agency nurses. This meant they were not able to do so effectively and could increase the risk of people not receiving appropriate care.

We were concerned with agency nurses introduction at the home and the clinical leads communication with them. One nurse told us; "It was not a structured induction. I would have liked a structured induction, part by part and for this to be signed off". The nurse wasn't entirely sure where he could access a copy of the home's policies, they told us that they would phone the deputy manager if they had any questions and that this had worked in the past. We asked the nurse how they were brought up to date with people's care needs. They told us that, "Carers share things with me" and also showed us a daily handover sheet. There was recent information about people on the handover sheet, for example people who had recently experienced falls. However information on equipment worn by people to prevent injuries from falls was not mentioned. The nurse told us it would be helpful if he knew this. One staff member told us that the nurses had a hand over time; however communication can be difficult from agency nurses to other agency nurses or other staff members. They told us, "Agency staff don't always let me know when medication stocks are running low". There was a nurse's communication book in place; however this was not being used.

We asked the registered manager how he was assured that the agency nurses providing care at the home had the skills and competencies to do so. The registered manager had information confirming that each agency staff member was a nurse that were registered with the Nursing and Midwifery Council (NMC), the regulator for nurses in England and he had assurances that the three agencies provided supervisions for their staff. The information known about many agency staff was limited to this.

The registered manager told us that the current use of agency staff for nursing care was not a long term plan. We saw that recruitment was underway for the home to employ more nursing staff. The registered manager told us that he would give attention to the systems in place for the oversight of nursing practice in the meantime.

The registered manager undertook different audits and checks to monitor and improve the standard of care provided at the home. We found that these audits had not always been effective in assessing and monitoring the quality of the care provided. For example in assessing the communication with and oversight of agency nursing staff that the home relied upon. Audits of staff files had not highlighted that safe recruitment practices had not consistently been followed. Audits of care plans had not highlighted problems with screening tools not been filled in correctly; which meant that the resulting score was not a true indication of the level of support the person needed. Audits had not highlighted some gaps in the training and ongoing supervision and appraisal given to staff. We spoke with the registered manager who told us they would review these areas of the home.

These were breaches of Regulation 17 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not always effectively assessed and monitored the safety, risks and quality of the service provided to people.

Some other audits had been effective and had a positive impact on the care provided. For example we saw a room by room cleaning audit, with daily, weekly and monthly tasks which ensured the home environment remained clean. There was a monthly audit of who engages with activities, to help plan future activities and to ensure people at the home are not isolated.

People we spoke with knew who the manager was and were comfortable around him. The manager was knowledgeable about people living at the home. People's relatives told us that the manager communicated with them and was approachable. Comments from family members included, "He seems very nice. He always lets you know what's going on"; "He's very approachable"; "I would feel comfortable going to him with any concerns" and "I felt like the home was well managed. They pay attention to us".

Most staff that we spoke with told us they thought the registered manager and deputy manager were both supportive. One staff member told us, "He's approachable; you can see him anytime you want and he helps out if needed". We saw that the home had an employee of the month award in place. The registered manager told us that was a way of saying thanks to the staff and recognising good work.

During our inspection the registered manager was open, candid and was keen to make improvements. He had taken considered action on information that he became aware of before and during the inspection.

At the entrance to the home there was a 'who's who' of all staff at the home with a photo of all staff, their names and roles. This helped visitors to be familiar with staff, their names and their roles. The registered manager told us this was to encourage relatives to approach staff.

The home held monthly relatives meetings. We saw the minutes from the previous month's meeting that were displayed on the relative's notice board along with the date of the upcoming meeting. One relative told us, "I find the family meeting informative and useful… it has kept me in the picture". A suggestion from the meeting was to have a relatives committee which could get involved in certain aspects of the home. The first relatives committee meeting was held during one of our visits, which discussed upcoming activities for people during the spring and summer and the use of the garden. People's relatives contributed to the meeting and expressed their opinions and took on roles working alongside staff at the home to organise events.

One relative also told us that the owners had recently attended a relatives meeting. They told us, "The relatives' meeting was really informative. The owner was present at one of them. They were quite informative; there is usually a good turnout". The registered manager told us that the owner of the home

also visits each month and meets with the managers.

People's families told us that the home communicated well in day to day matters also. One person's relative told us, "I was told last week about an accident, staff responded quickly and they were really helpful". Another said about the staff at the home, "They are very informative, recently mum had a fall and they rang me. They call me about any health needs".

Each weekday the manager held a head of departments meeting. One staff member who attends told us, "They are useful and very thorough, I also find out about other people's priorities". We observed part of one meeting; staff updated the manager with relevant information about their role or team. On-call cover for the upcoming weekend was discussed; food menu options planned, staff coverage for the upcoming days on the rota and shadowing was arranged for new staff.

Any people who used the service who were unwell were discussed and an update provided for the manager of actions taken. Anyone experiencing weight loss and the home's response to this were discussed. The home had two 'policies of the month' these were discussed, to be disseminated to staff teams. There was a 'resident of the day', which meant that this person's care was focused on and reviewed by the responsible people in partnership with the registered manager.

There was a review of people's monthly weights, safeguarding alerts, accidents, minor injuries sustained by people. The manager reviewed accidents and incidents and looked for patterns for individual people; no analysis was made for overall falls and incident information for the home. We spoke with the registered manager about the possibility of patterns with accidents. He told us that he would look into this in more detail to find out possible causes and mitigate any risks identified.

There were periodic night time visits to the home by registered manager and deputy manager. This was to check mid shift that records had been completed and that people were receiving appropriate care as outlined in their care plans during the night. We saw records that showed that the owners of the home made periodic unannounced visits and completed audits to help them remain up to date with how the home was operating.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not always effectively assessed and monitored the safety, risks and quality of the service provided to people.