

Bupa Care Homes (GL) Limited

Westcombe Park 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 28 and 29 June 2017. At our last comprehensive inspection in April 2016 we had found concerns around aspects of monitoring the quality of the service as staff training and recruitment records were not effectively managed. We carried out a focused inspection in October 2016 and found improvements had been made to these areas but further improvements were needed to ensure nurses' competencies were effectively recorded.

At this inspection there was no registered manager in place. The previous manager was still registered at the service at the time of the inspection, but, no longer worked as manager of the home. A relief manager, who had previously managed the home, and, was therefore familiar with it, had been brought in to manage the home and register as manager until a new permanent manager was recruited. We had been notified about these changes as required. The relief manager was aware of their responsibilities as registered manager. 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 on 28 and 29 June 2017, we found a breach of regulation as systems to monitor risk were not effective in ensuring recommendations from fire risk assessments were implemented in a timely way to ensure all staff had received relevant fire safety training.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We found two other breaches of regulations as staff did not always follow the guidance in people's care plans about how to monitor and support people effectively to reduce risk. People's preferences and needs were not always identified or care provided in line with their care plan. People told us and we observed that their need for stimulation and social interaction were not always met.

The relief manager and regional manager took immediate action to address the issues we identified in relation to some specific risks and sent through an activities action plan following the inspection.

There were some good aspects about the way the home was run. People told us that they felt safe and well looked after, that staff were kind and caring and their dignity was respected. They told us staff knew them well and that they were responsive to their needs. Most risks to people were identified and assessed and staff were given guidance about how to reduce risks. Staff spoke with a sense of shared responsibility and enjoyment of their work and we observed some warm interactions between staff and people living at the home. People's nutritional needs were met and they had regular access to health professionals. Night staff were involved in planned meetings to ensure they felt part of the team and were knowledgeable about people's needs.

People had an assessed plan of care which they and their relatives told us they were consulted about and this plan was reviewed regularly to ensure it was accurate. There was an effective complaints process in place for people to use.

People's views were sought about the running of the home and they told us the relief manager was very approachable and listened and acted on any issues. Staff also told us they felt well supported by the management team. There were a series of meetings to monitor the quality and safety of the service and audits were used to track quality and identified learning; some of these auditing systems worked well.

Medicines were safely managed. There were enough staff to meet people's needs. Staff recruitment was managed effectively.

There were some areas for further improvement. Although staff worked within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards some improvement was needed to ensure that they always sought the consent of people before they provided care. Staff had also not received dementia training, even though some people at the home were living with dementia. Aspects of the quality monitoring had not identified the issues we found at the inspection, although action on the issues we identified was taken at or following the inspection. The system to record and monitor training needed some improvement to ensure it was effective. We will follow up on these issues at our next inspection.

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 home was not consistently safe.

Guidance to reduce risks was not consistently followed by all staff. However, overall, risks to people were identified, assessed and guidance provided to reduce risk.

People told us they felt safe. Staff knew how to protect people from abuse or neglect. ☐

Medicines were safely managed and stored.

There were sufficient numbers of staff to meet people's needs. Effective recruitment processes were in place.

Is the service effective?

Requires Improvement 

The home was not consistently effective.

Staff received an induction and refresher training across a range of areas. However, staff had not received dementia training to enable them to support people knowledgeably.

People were provided with a range of food and choice of drinks. The meal time experience required improvement to ensure it as a consistently enjoyable experience for everyone.

Some improvement as needed to ensure that staff consistently sought consent from people before they provided care. The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People had access to a range of health care professionals and we saw staff acted in line with any recommendations.

Is the service caring?

Good 

The home was caring.

People told us they were treated with dignity and respect and

involved in day to day decision making about their care.

People and their relatives told us staff were kind and caring.

Is the service responsive?

The home was not consistently responsive.

Most people's care plans reflected their needs but staff were not always aware of some people's needs or preferences and staff did not always provide care in line with the care plan.

The activities provided required improvement to meet people's needs for stimulation and social interaction.

There was an effective complaints process in place.

Requires Improvement 

Is the service well-led?

The home was not consistently well led.

Systems were in place to assess and monitor the quality of the service; however they had not always been operated effectively.

Other aspects of the quality assurance system helped drive improvement in service provision.

People's views about the home were regularly sought and considered to drive improvements. They told us the manager was very approachable and would act to address issues.

Staff felt well supported by the management team.

Requires Improvement 

Westcombe Park 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 28 and 29 June 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience on the first day and a single inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we looked at the information we held about the service including any notifications they had sent us. A notification is information about important events that the provider is required to send us by law. The provider completed 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 any improvements they plan to make. We also asked the local authority commissioners for the service and the safeguarding team for their views of the home. We used this information to plan for our inspection.

At the inspection we spoke with 14 people and six relatives. We observed staff and people interacting and tracked that the care provided met their needs. We spoke with three senior care workers and four care workers, three nurses, the activities organiser, the maintenance person and visiting maintenance person from another site, the deputy manager, the relief manager and the regional manager. We looked at eight care records of people who used the service, seven staff recruitment records and ten staff training records. We also looked at records related to the management of the service such as fire and maintenance checks and audits.

Is the service safe?

Our findings

At this inspection we found a breach of regulation as not all staff followed guidance in care plans to reduce identified risks from choking. On the first day of the inspection two people, whose care plans stated they were at high risk of aspiration or choking with drinks, were observed with drinks within their reach and in use. There were no staff continually present in the lounge to monitor for possible risk. There was therefore a possible risk to their safety. For one of these people they were observed to slip down in their chair and were therefore also at possible risk of injury.

We found for another person there was no risk assessment in relation to their use of the lift to ensure they and staff understood what to do in an emergency.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the relief manager and the regional manager. They told us all staff were aware of what actions in respect of these known risks in relation to choking and took immediate action to remind staff about the care plan. They told us refresher training would be provided to all staff to remind staff of the need to support and monitor people with drinks who were at high risk of aspiration and that they would increase the staffing level on that floor to ensure there was a constant staff presence to monitor for possible risks in relation to mobility and support people's other needs. A referral was made to the occupational therapist for an assessment for a new chair to reduce risk. The risk assessment for the use of the lift was sent to us following the inspection.

We tracked that other care given in relation to these people's dietary risks followed their care plan. On the first day, staff were knowledgeable about the specific risks in relation to food and we observed that drinks were thickened to reduce choking risks, in line with people's care plans. Staff on the second day were fully knowledgeable about all possible risks and described the actions they took to ensure these risks were reduced. We found no concerns on the second day of the inspection in relation to these risks.

Other risks to people's health and safety were identified and assessed to understand their nature and severity, and, care plans provided staff with detailed guidance on how to reduce risk. This included guidance from health professionals, where this was relevant. For example, risks to people's skin integrity were identified and assessed, suitable pressure relieving equipment identified and used to reduce risk and there was guidance for staff on how people should be supported to reposition. Wounds were closely monitored and tracked for healing or deterioration and dressed in line with the wound care plan. Where people were at risk of falls, there was a falls prevention care plan in place; possible equipment to reduce risks was considered, for example, a lowered bed or mattress to cushion any impact from a fall, or, bed rails if they were appropriate and safe to use. For some people a falls diary to track frequency, or, any patterns of falls was used to help assess risk. Accidents and incidents to people were recorded and actions identified to try and reduce any risks and identify any learning for staff. There were regular clinical meetings for nurses to help track and monitor risks.

Risks in relation to the premises and use of equipment were reduced through a schedule of routine checks, maintenance and external servicing for areas such as gas and electrical safety, the lift, hoists, fire safety equipment, windows, water temperatures and legionella checks. People had emergency evacuation plans to help guide staff or emergency services on their safe evacuation in the event of an emergency. We identified concerns with the home's systems to monitor fire risk and found that the regulations had been breached. Further details about this can be found in the well-led section.

People told us their medicines were administered as prescribed. One person said, "Staff assist me with taking my tablets and reminding me. They watch me take it and I have it at the same time each day with or just after food." Medicines were safely and appropriately stored, including controlled drugs, which require additional security and medicines needing refrigeration. Medicines were administered to people in a timely and caring manner. Staff responsible for the administration of people's medicines had received training in how to administer medicines safely and had their competency to do so assessed by senior staff prior to administering people's medicines independently. We saw any medicine errors were followed up and discussed in clinical meetings to reduce the chance of reoccurrence.

People were protected from the risk of harm, abuse or neglect. People told us they felt safe at Westcombe Park. One person told us, "I feel safe and my things are well looked after." Another person remarked; "I do feel very safe and being here I don't need to worry about anything." A relative told us, "[My family member] is very safe here. I don't worry about anything. They take good care of [my family member] and their things"

Staff said they knew how to recognise the signs of abuse or neglect and how to report any concerns. They told us reported signs of abuse or poor practice would be taken seriously and investigated. Staff received regular safeguarding training to ensure their knowledge was refreshed. The relief manager knew how to raise safeguarding concerns with the local authority when needed and had referred an alert appropriately which was being investigated at the time of the inspection. The deputy manager had received recent training in this area to ensure they understood the processes involved in raising alerts.

People and their relatives told us there were enough staff to meet their needs, but, there were times when staff were busy and not able to engage with them to chat. One person told us, "The staff are busy, but there are usually enough." Another person said, "The staff are around when you need them. You can call them and they come quickly." A relative commented, "Staff are lovely but often too busy to talk." People gave a mixed response about how quickly their call bells were responded to. One person told us, "Bells get answered quite quickly and I understand that other people need help to and they are very busy here. I use my bell and they do come quickly night and day." However, another person remarked, "I try to be very patient but I have to say you do wait quite a while for assistance and especially in the morning." A relative said, "You do wait for assistance and even when you ring the bell, but the carer is lovely."

Our observations at the inspection were that call bells were promptly answered and people were not waiting unduly for attention. People who needed support to eat did not wait long to be supported. Call bell checks did showed only occasional delays longer than ten minutes and we saw call bell response times were now reviewed on a regular basis by the relief manager and any lengthy delays investigated. The relief manager told us they had recently increased the staffing levels at the home as the numbers of people living at the home had increased. Staff told us they thought there were enough of them to support people. One staff member said "There are enough staff for sure now; we work well as a team."

Recruitment processes were in place to reduce the risk from unsuitable staff. The service carried out full background checks on staff before they started work. These checks included details about applicants' employment history, references, a criminal records check, right to work and proof of identification. There

was a system to ensure suitable checks were completed by agencies on agency staff to ensure they were suitable for their roles.

Is the service effective?

Our findings

People's relatives told us they thought the staff were competent and knew what they were doing. One person told us, "I think they are very good and well trained." A relative said, "Yes, definitely I have confidence in their ability to look after [my family member]."

At the last comprehensive inspection in November 2016 we had found some improvement was needed to ensure staff received training across areas such as moving and positioning. At this inspection we found improvements had been made in the areas of moving and positioning training. Staff received training across a range of areas and where this was completed this was recorded on a training matrix. New staff received an induction which included training, and a period of shadowing more experienced staff members. There was a separate induction for nurses and care workers to cover their different roles.

There was still some room for improvement with the training provided. Staff did not receive training on dementia. The regional manager told us this was because the home was not a dementia nursing home. However, we found there were people at the home who had a diagnosis of dementia. Staff had not received training on understanding how to support people living with dementia or provide stimulation or reassurance in a meaningful way. We spoke with the regional manager and relief manager about this and they agreed to source this training as a priority. We will check on this at our next inspection.

There were some good aspects to the training provided. Senior care workers had received training on a range of areas such as medicines training to develop their skills and knowledge. We spoke with three senior care workers who told us how their learning and knowledge had been developed. They spoke with an understanding of their roles and responsibilities and pride about their work. Nurses' competencies were completed across a range of clinical skills to ensure they had the competence to carry out their role effectively and safely.

Staff told us they received regular supervision and support in their roles. One staff member told us, "There is plenty of support here. We get supervision. It's a good chance to talk about the job." There was a system for group and individual supervision and an annual appraisal. The relief manager told us this system had been introduced recently and they were a little behind in the appraisal scheme but we saw they had a plan underway to address this.

People's nutritional needs were met. People told us they had plenty to eat and drink but we found the meal time experience required improvement. One person told us, "The food is okay and you get to choose from a couple of things." Another person said, "I have a jug of water and squash and other things and I can always reach them." A relative commented, "The food looks quite nice and there are choices. There are a lot of options." There was a menu that offered a range of choices displayed in the dining room. We found some people ate in their rooms as a preference; however, there were only three people using the dining room at the inspection. One person told us, "I eat in the dining room but it's usually often just me so sometimes I stay upstairs in my room." Other people with possible risks from choking ate in the lounge area on the first floor where we observed they were supervised and supported by staff.

Our observations were that there was a lack of atmosphere and continual staff presence in the main dining room to encourage a sociable and enjoyable mealtime experience. People were able to assist themselves, but, there was no continual staff presence to help to ensure the mealtime was a pleasant and sociable experience. Music was played quietly but people were seated with their backs to one another so they had no opportunity to engage in conversation.

We saw the issue of the dining experience had been raised by the relief manager at a residents meeting on 2 June 2017 when people had been asked to use the dining room more. However, there were only five people using the service who attended this meeting. The relief manager said the dining room was supervised by the activities organiser, who, observed from the lounge when they were not in the dining room, because of its infrequent use. She had tried to encourage people to come to lunch through offering pre-lunch drinks but that most people had said they did not want to come to the dining room to eat.

People's dietary needs were identified. We saw that the kitchen had a list of people's dietary needs, cultural requirements and allergies and we tracked four people's food choices to ensure the food they received corresponded to their needs or preferences.

People's weight was monitored to identify any sudden weight loss or gain. Referrals were made to dieticians for advice where there were concerns about people's weight. Where people used specialist feeding equipment there was a detailed care plan. When this was required people's food and fluid intake was monitored and recorded to help identify any concerns.

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 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). We checked whether the service was working within the principles of the MCA, and, whether any conditions on authorisations to deprive a person of their liberty were being met.

There were some improvements needed to ensure that all staff consistently sought people's consent before care was provided. Most people told us that staff did ask for consent before they supported them. However, two people said this was not always the case. One person remarked, "They do ask if they can assist with personal things like toileting and as I do need this I notice if they ask each time. Some carers don't ask and just get on with it." We observed that staff did seek consent from people through asking them, or, demonstrating how they wished to support them. However, for one person we observed they were repositioned using a hoist without their consent sought first or any attempt to explain how they wanted to support them.

Staff understood the importance of assessing people's ability, to decide on each decision separately, and, to involve relatives and professionals as necessary in making best interests decisions. Decision specific best interests' decisions that involved family members where appropriate, such as for the use of bed rails, were recorded in people's care records. The deputy manager knew how to submit a request for DoLS authorisations and had a system to monitor them to ensure any conditions made in the authorisations would be met, and to ensure renewal applications were made in a timely way. However, we found one

renewal date had been missed due to an oversight and this application was submitted during the inspection.

People had access to support from health professionals when needed, for example a chiropodist, and optician. One person told us, "The nurse comes in and chats with you and checks you over and then will arrange for the GP to come. They arrange hospital appointments and dentist and things like that and ask you if the date suits you." We saw advice was recorded in people's records to enable all staff to see it and be informed about people's health needs. A nurse was assigned to accompany the GP on their rounds to ensure that any issues were promptly picked up and acted on. A relative remarked; "They are very good at keeping me informed. They discussed medication with me and care and any changes. They always tell me when they think [my family member] needs a GP or hospital visit and they call me straight away."

Is the service caring?

Our findings

Most people told us that staff were kind and caring and overall we observed this to be the case. One person commented, "They are lovely here and kind and encourage me to get better and stronger." Another person remarked, "The staff are really good here they look after me well." Two people commented that most staff members were caring but the occasional staff member could be off hand or rude. They said they would like staff to have more time to chat to them. One person said, "It would be nice if they had a time for just sitting with you and chatting, I would really like that." Other people said staff did speak with them, one person commented, "They do talk to you and have a chat about how you are what is it is you've had and things like that." Individual staff members were named as being particularly and consistently caring and helpful and we fed this information back to the relief manager. A relative commented, "Most of the carers are so lovely and we know them very well, I can't fault the care here."

Overall, we observed examples of positive and caring interactions between the staff and the people living at the home. Care staff and nurses spoke with people as they supported them in a sociable and calm way. People were not rushed but supported at their own pace. Staff we spoke with were familiar with people's needs routines and preferences. We saw that staff joined and supported people in the group activity in the afternoon. A relative commented; "They know what [my family member] needs and how to look after her and her main carer is excellent and tells people how they likes things done."

People's individual characteristics were supported with respect to any disability, spiritual or cultural needs and wishes. We saw any cultural preferences were recorded in people's care plans for example the time a person liked to be supported in the morning so that their spiritual needs could be met. One person told us, "I feel I'm listened to and acknowledged and respected in what I believe." A relative commented, "Everyone is treated equally here from what I can see."

People using the service and their relatives confirmed that they had been consulted about their care needs and preferences and were involved in any decisions made about the care. One person said, "I get to tell them how I like things and then make a note of it in my care plan. I know what's in my plan and if there is someone new I suggest to them that they read it because I am a little bit particular about certain things." Most relatives told us they had been involved and consulted about the care plan. One relative remarked, "I know all about the care plan and read it each day I come. They update me on anything new." Another relative commented, "I know about [family member's] care plan and we have discussed it all together. They makes their decisions and they all recorded including their views and requests for their care at the end of their life."

People confirmed they were consulted about day to day decisions in respect of their care and support. People were provided with appropriate information about the service when they started in the form of a 'service user guide' which was kept in their homes for reference. This was given to people when they started using service and helped inform them about what was available at the home and how to make a complaint if needed. This provided information about the running of the home.

People and their relatives told us they were treated with dignity and respect. One person remarked, "They respect me and the privacy I would like. They knock and call out my name before coming into my room. I still have my dignity here." A second person commented "I feel staff do listen and they are discreet." A relative said, "They seem sensitive and do listen and they are discreet. If you asked to chat with them they will shut the door." Staff showed an understanding of the need for confidentiality and explained how they would support people with personal care in a way that promoted people's dignity through covering them appropriately.

Is the service responsive?

Our findings

People and their relatives told us there was a plan for their care and support which reflect their needs and preferences. However, we found a breach of regulation as people's needs and preferences were not always identified or met. We found for one person, who was unable to communicate their preferences, their preferred form of address had not been established. We observed staff called them by different names at different times, including their surname, without a title prefix. Staff had not recognised the need to consider their wishes in respect of how they might want to be addressed. We asked one staff member about this and they told us, "It is easier to say than the full name." Another staff member was not aware of this person's spoken language when we asked them although this was detailed in the care plan.

The care plan for this person stated there were communication cards available, to assist staff to engage with them. However, two staff members we spoke with were unaware of these cards or where they were located. This meant this person's needs or preferences may not be identified. The relief manager told us an unsuccessful attempt had been made previously to establish their preferences using an interpreter. However, no further support had been sought to gain an understanding of this person's needs. Two staff members told us they were able to communicate with this person successfully but guidance on how they did this was not detailed in the care plan to help support other staff.

The care plan gave guidance on how staff should spend time with them for reassurance and to meet their need for stimulation to be brought down to the lounge for the entertainment. However, they were not brought to the afternoon entertainment and we observed little in the way of staff interaction or reassurance from staff during the first day of the inspection. Their identified needs were therefore not always met.

At the last two comprehensive inspections in November 2015 and April 2016, we had found that people's needs for stimulation and socialisation required improvement. At this inspection, although people all spoke positively about the activities co-ordinator, we found people's needs for stimulation had still not been addressed and sufficient stimulation was not always provided, nor were activities personalised to people's needs.

Most people and their relatives told us there was not enough to do at the home and they were often bored. One person commented, "There isn't an awful lot going on and I do get quite bored." Another person remarked, "We don't have many activities going on. I don't go out unless my [relatives] take me." A relative remarked, "The activities organiser is very nice but there isn't much going on." Another relative said, "There is no atmosphere at all and nothing happens until the middle of the afternoon. Then the entertainment is good and people spark to life and you can see them enjoying it but it is dead before then."

Our observations confirmed this as there was no activity in the main lounge until about 3pm on both days of the inspection. On the first day of the inspection the activities schedule displayed said board games at 11 am, a member of the inspection team sat in the main lounge for 35 minutes and there was no activity provided or staff presence. One person was asleep on the sofa and they had a board game for six people in front of them. On the second day of the inspection there was no morning activity observed although the

schedule stated craft activity. On the first floor lounge on the first day of the inspection there were three people sitting in the lounge all morning with the television on and there was no staff presence or activity provided to support them with their needs for stimulation or encourage socialisation. One person commented; "There could definitely be more going on as it's quite boring with no stimulation, I would like to go out more and have choices in where I spend my time." Another person remarked, "More activities and entertainment would be good because when they do it they do it well it's just quite sparse."

These issues described above were all in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the activities coordinator who told us they visited people in their rooms in the mornings and provided the group activity in the afternoons. There was currently no weekend activities coordinator at the home which meant there were no activities at weekends. We were told by the relief manager a new weekend coordinator was being recruited.

We spoke with the regional manager and the relief manager about the issues identified with activities. The relief manager told us they would increase the staffing levels on the first floor and ensure there was a staff member available in the lounge who could support people with these needs. Following the inspection we were sent the rota to confirm this was in place. They told us they had taken action to try and increase activities offered following visits from the commissioners of the service. The relief manager also sent us an action plan in relation to improving activities across the home and identified the areas they had already acted on. We will check on the effectiveness of this at the next inspection.

At the last comprehensive inspection in April 2016 we had found people's care plans needed some improvement to ensure they were consistently personalised to reflect how people's individual needs and goals could be met. At this inspection we found improvements had been made to address these issues and overall people's care plans were more personalised and reflective of their needs and preferences. People's needs were assessed through a pre-admission assessment prior to coming to Westcombe Park to check that the home could meet their needs. People had a detailed care plan of their needs. The care plans were up to date detailed and reflective of people's current needs across all aspects of their care and support.

There was an effective complaints process in place. People told us they knew how to make a complaint and that any issues were looked into promptly. One person said, "I would definitely go to the manager as she makes time for you. I did make a small complaint and she dealt with it very quickly for me." Another person commented; "I have complained to the nurse and she sorted my problem out quite quickly. She got advice from the manager and everything was dealt with and noted." The complaints policy was visible in the home so people knew what the policy was and where they could go if they did not get a response. We looked at the records of complaints and saw these had been dealt with in line with the policy.

Is the service well-led?

Our findings

People and their relatives told us they thought the home was well run. There were systems to monitor the quality of the home. However we found systems to monitor fire risk were not effectively operated and this posed a risk to people's health and safety. A fire risk assessment review had been completed in August 2016 and some findings from this review had been addressed but a significant finding remained outstanding. Not all staff had received training on how to use fire evacuation equipment and this had not been identified as needed in the fire risk assessment review. The provider's fire safety training had not been completed by all staff. Some staff had yet to be involved in an evacuation drill in line with the provider's fire safety policy. The home had not obtained assurance that staff would be able to respond to a fire effectively.

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

At our last comprehensive inspection in April 2016 we had found a breach of regulation in respect of quality monitoring of the home as staff records had not been adequately maintained. We followed up on this concern at an inspection in October 2016 and found improvements had been made with some further improvements required to the recording of staff competencies. At this inspection we found the provider had implemented a new system of managing and recording staff training. However, it required improvement in terms of staff understanding and practice to ensure it worked effectively to adequately monitor staff training. Some staff training was shown as overdue but the home's records did not clearly demonstrate how long overdue this was. For example, 40 staff were shown as overdue food hygiene training but the relief manager told us this training was via a booklet and staff were in the process of completing this. Staff were given knowledge checks but we found three papers that had been marked as failed and the home could not demonstrate any action taken to provide refresher training in these areas. The relief manager said they were sent reminders of when staff needed to complete training but they were unclear about how the system worked. Improvements were therefore needed to ensure it was understood by those staff using it and worked effectively. We did find action had been taken to improve the recording and range of nurses' competencies.

There was no registered manager in place. The previous manager was still registered at the service at the time of the inspection but no longer worked as the manager of the home. A relief manager who had previously managed the home and was therefore familiar with it had been brought in to manage the home and register as the manager until a new permanent manager was recruited. They were aware of their responsibilities as the registered manager.

There were other areas that required improvement. The system for providing information to the kitchen about people's dietary needs relied on verbal updates from the relief manager. While we found no gaps or inaccuracies in the information provided the lack of a written record of people's dietary needs was not robust to reduce possible risks. The relief manager told us they would introduce a record to evidence people's dietary risks needs and preferences had been passed to catering staff. We will check on this at our next inspection.

The issues we identified in relation to staff not following guidelines about risks had not been identified by the relief manager or provider. Additionally, while staffing levels were reviewed regularly this needed some improvement to ensure staff were always effectively deployed throughout the home to meet people's needs at all times. For example, the issues we identified in respect of the absence of staff in some communal areas had not been identified prior to the inspection.

There was a system to monitor quality across the service and much of this did work effectively. Medicines audits, infection control audits and care plan audits were completed to identify any issues. There was an up to date legionella risk assessment with identified actions completed to reduce risk. The relief manager did a daily walk around to check for any issues. There was an electronic auditing system which allowed the provider to monitor and track care across all aspects of care provided. The regional manager completed monthly home review audit visits across different aspects of the service and actions identified were followed up the following month to monitor completion.

Night spot checks had been previously carried out, but, these had been on nights when the relief manager was known to be staying in the building, so staff would be aware of their presence. However, the provider had recently introduced a more robust system of regular unannounced spot checks the first of which had been carried out the night before the inspection.

There were some good aspects about the management of the home. People told us they thought the home was well organised and that the relief manager was approachable, supportive and had an open door policy. One person commented; "The manager is very good and approachable, I like that and I quite like my room and have been able to furnish it how I like and decorate it." Another person remarked, "The manager is very approachable and proactive, she checks in on me now and again and if you ask her for things she does feed back to you on the progress."

We saw the relief manager held regular meetings with night staff to ensure they felt part of the staff team. There was a residents' food committee that met to ensure people's views were considered in terms of the food provided. The last meeting had been held on 2 June 2017 and we saw the menu had been discussed and more water jugs were being requested which had been acted on.

People's views about the home were sought through residents and relatives meetings and an annual survey. People's views were mostly positive although we saw that the last survey had only been completed by five people at the time.

Staff were all in agreement that the management team were supportive and approachable. They told us they felt there had been positive changes at the home and the team worked well together. One staff member told us, "I really like the manager. She is always approachable and will act on anything quickly." Another staff member said; "I think the manager and deputy make a good team. There is always support available here." Staff meetings were held at which staff could air their views and be provided with information about changes to policies at the home. We found most staff displayed a positive attitude to their work and to providing good and effective care to people.

There was a structure of meetings to monitor risk to ensure staff were made aware of any changes and identify people in needs of additional support or changes to their care. There were regular handover meetings to ensure new information about people's needs was passed on to all staff. We observed the daily information meeting and weekly clinical meeting and found these were effective and tracked concerns and ensured staff were aware of any changes.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Service users care and treatment was not always appropriate to their needs or preferences. Regulation 9 (1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to service users were not always identified or action to reduce risks not always followed by staff. Regulation 12 (1)(2)(a)(b)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor risk and the safety and welfare of service users were not always effectively operated and feedback from relevant persons about the running of the regulated activity was not always acted on. Regulation 17 (1) (2)(a)(b)(e).

The enforcement action we took:

We served a Warning Notice to be complied with by 1 August 2017.