

Countrywide Care Homes (2) Limited

Warneford House

Inspection report

Tenter Balk Lane,
Adwick-le-Street
Doncaster,
South Yorkshire,
DN6 7EE

Tel: 01302 337111

Website: www.countrywidecarehomes.co.uk

Date of inspection visit: 30 September 2015, 1st
October 2015

Date of publication: 13/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected Warneford House on 30 September 2015 and 01 October 2015. The inspection was unannounced.

Warneford House provides personal and nursing care and is registered for 40 older people including those living with dementia. The building is based on one floor and has two separate sides. Warneford wing accommodates people with nursing and residential needs. Adwick wing also accommodates people with nursing and residential needs as well as those with elderly mentally infirm (EMI) conditions. On the day of the inspection 36 people were

receiving care services from the provider. The home had a registered manager who had been in post since 2013, although on the days of our inspection they had been away from Warneford House for approximately three weeks due to illness. 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.

Summary of findings

People had positive views about the staff and the support they were given for their particular care needs. They told us staff were kind and caring in their approach and people and staff interacted in a positive way. People told us they found the staff to be approachable and relaxed in manner and they could speak to them at any time.

Care and support was planned with people, although their care and support needs were not always clearly identified in their care records. We found that the care records were not always reviewed with the expected frequency. The provider was not always responsive to the changing needs of people, in particular weight loss and dietary needs. Care plans did not always accurately reflect people's current needs. Call bells were not always in situ or within reach of people.

Staff knew how to support people in the ways that were explained in their care records. People were encouraged to make choices about how they were supported in their daily lives.

People were given their medicines when they needed them. There was a system in place to manage medicines in the home. However we found improvements were required in the storage of controlled drugs and the recording of PRN (as required) medication.

Systems were in place so that the requirements of the Mental Capacity Act 2005 were implemented when

required. This legislation protects people who lack capacity to make informed decisions in their lives. Deprivation of Liberty Safeguards (DoLS). DoLS applications are authorised to make sure that people in care homes, hospitals are looked after in a way that does not inappropriately restrict their freedom.

Most staff were properly supervised and supported in their work by the registered manager but not all staff received regular supervision. The staff also took part in a variety of regular training in matters that were relevant to the needs of people at the home.

There was a system in place to ensure complaints were investigated and responded to properly. People knew how to make their views known and they had access to up to date information to help them to make a complaint.

People told us the registered manager was approachable and was always available if they needed to see them although not always sympathetic or understanding towards requests.

The provider had ensured that regular checks on the quality of care and service were undertaken. When needed, actions were identified to improve the service, However these were not always done in a timely manner. Nor did the system identify all shortfalls within the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Care plans and risk assessments were not always reviewed with the frequency expected by the provider and did not accurately reflect people's current needs. Call bells were not always in situ or within reach of people.

There was a system in place to manage medicines in the home. However we found that there were omissions in the recording of administered medication.

People were supported by appropriate levels of staff who knew how to protect them from abuse. The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

Inadequate



Is the service effective?

The service was not always effective. We identified areas where improvements should be made

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

Staff were not always supported through a system of regular supervision and appraisal.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided. People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was not always responsive.

Not all people had call bells in their room or within reach. Care plans did not always reflect people's individual, up to date needs.

Requires improvement



Summary of findings

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Is the service well-led?

The service was not always well-led.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had formal quality assurance process systems in place to monitor the quality of the service provided although issues highlighted were not always acted upon, and the service's shortfalls were not consistently identified.

People who used the service and their families were asked for their views of the service. There were good systems in place for care staff or others to raise any concerns with the registered manager.

Requires improvement



Warneford House

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.

We carried out this inspection on 30 September 2015 and 1 October 2015, the inspection was unannounced. The inspection was carried out by an adult social care inspector and two specialist advisors, one of which was a pharmacist, the other was a registered nurse.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We also spoke to the local authority.

We also reviewed the information we held about the home, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We spoke with six people who lived at the home and two relatives. We asked people for their views and experiences of the service and the staff who supported them. We also spoke with four members of staff, the acting manager, the quality manager and the regional director. We looked at 11 people's care records.

We observed care and support in communal areas and also looked at records that related to how the home was managed.

Is the service safe?

Our findings

People and their relatives told us they believed people living at Warneford House were safe. However we found that people were not always protected from the risk of harm.

The care people received was not always regularly reviewed and evaluated to ensure it was safe. For example we found that the nutrition section of one person's care plan stated 'Weigh weekly.' and 'Good appetite.' The daily notes for this person had recorded that they had consistently refused all meals for a period of six days. On the seventh day there were entries regarding contact with the GP. However for the six previous days there was no documented action regarding the risks this person faced due to a lack of nutritional intake. This put the person at risk of harm from malnutrition, which the provider had failed to address for almost a week.

Another person's care plan documented a weight loss of 5.5kg over a period of 24 days. This weight loss had not been recorded on the malnutrition universal screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished or at risk of malnutrition. It also includes management guidelines which can be used to develop a care plan. Another person had lost 10.7kg over a period of five months yet there was no action plan in place to address the issue of weight loss. Again, the provider had failed to adequately address the health risks these two people were exposed to.

One person was identified as having type II diabetes. The care plan did not identify how often blood sugar levels should be checked. The last recorded check was 28 March 2015. Similarly, another person identified as having diabetes had their blood sugar reading taken in March 2015 but did not have a care plan for diabetes. In both these cases, this meant that the provider did not have adequate arrangements in place to meet people's health needs or provide care in a safe manner.

We discussed with kitchen staff the systems in place to ensure that those people with diabetes received menu options appropriate to their needs. The kitchen staff told us that they did not keep a list of those people who were

diabetic and said "they all get the same." Therefore people with diabetes at Warneford House did not get individual and personalised assistance to manage their condition through diet.

We looked in a number of people's bedrooms. We found that a number of call bells were not within reach of the person, for example one person was nursed in bed and had restricted mobility. Their call bell was on the floor underneath the bed and out of reach. Other call bells were coiled around the wall mounted unit and in four occupied rooms we found that call bells were not in situ. This meant that, should the people concerned require help, they did not have an effective system of summoning assistance.

This was a breach of regulation 12 (1)(2)(a)(b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they felt safe at the home. Examples of comments made included "Oh I don't think I'm in any danger", and "I definitely feel safe here".

There was a system in place to protect people from the risk of abuse. Staff were knowledgeable about the different types of abuse that could occur. The staff were also able to explain how to report concerns. They said they felt comfortable about approaching the registered manager, other senior staff or the local authority safeguarding team.

There was a copy of the provider's procedure for reporting abuse displayed on a notice board in the staffroom. The procedure was written in an easy to understand format to help make it easy to follow. The registered manager reported safeguarding concerns appropriately. Referrals had been made when required to the local safeguarding team and to the Care Quality Commission.

Staff told us they had attended training about safeguarding adults. Staff told us that safeguarding people was also discussed with them at staff meetings and individual supervision sessions. This included making sure that staff knew how to raise any concerns.

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported suspected wrongdoing at work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people who could safely contact.

Is the service safe?

On the day of our inspection the staff team consisted of five care staff and one senior care worker. There was also one nurse who was the deputy manager, although they were acting as manager due to the registered manager's sickness.

The acting manager and regional director told us the numbers of staff needed to meet the needs of people at the home were increased whenever it was required. There was staffing information confirming that staff numbers were worked out based on people's needs and how many people were living at the home. People we spoke with told us they felt there was not always enough staff to support them. One person told us, "Sometimes you can wait a while." The staff also told us there was not always enough staff on duty. One staff member said, "We used to have an additional member of staff for mealtimes but that stopped some time ago." Another staff member said, "It's really frustrating having to say 'I'll be back in a minute' when we can be much longer than that." We were told that agency staff were used if necessary.

We checked the arrangement in place for the storage of controlled drugs (CD). Entries in the controlled drugs book had two staff signatures, in accordance with good practice. The Controlled Drugs cabinet was situated within a medicine cupboard which complied with BS2881, the safety standard required for the safe storage of controlled drugs. However, we found that four packets of diamorphine injection, which is a controlled drug, were found to be stored in the outer cupboard. This meant that controlled drugs were not been stored safely, in accordance with legislation.

Medication received into the home was appropriately recorded medication administration (MAR) charts. Our pharmacy specialist advisor found several gaps on the MAR charts for the previous month where no signature or code had been entered to indicate if a medicine had been given. On the day of the inspection one medicine appeared to have been signed for the teatime dose later that day but it was still present in the blister pack. We found the management of 'as required' (PRN) medicines needed to be improved. For example, some PRN protocols had been provided but a number of people were prescribed several PRN medicines but only had a PRN protocol for one of them. The information on the protocol was not personalised instead it gave theoretical information about what a medicine is used for but did not explain, for

example, how staff would know that someone living with dementia was in pain. One person was prescribed sachets for constipation and also enemas for constipation. The protocols for this person did not indicate to staff when it was appropriate to use the sachets and when they should give an enema.

Keys to the medication room were kept on the person of a senior member of staff and spare keys were kept in the office where only the manager and deputy manager had access. However the maintenance staff had a key to the medication room. This should be reviewed as only staff with responsibility for medication should have access.

This was a breach of regulation 12 (1)(2)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Checks on the suitability of new staff were undertaken before they were able to commence work at the home. The records of newly recruited staff included references, employment history checks and Disclosure and Barring Service checks. These had been completed on all staff to ensure only suitable employees were recruited. We saw that one person had undergone a disciplinary procedure by their former employer. The provider had appropriately followed up on this information as part of the recruitment process.

The environment looked safely maintained in all areas that we viewed. Environmental health and safety risks had been identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, there was a system for staff to report repairs required. This would be addressed by the home's maintenance staff. We saw that issues reported had been addressed quickly. There were also checks undertaken so that electrical equipment and heating systems were kept safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked.

There were processes in place to maintain standards of cleanliness and hygiene in the home. For example, the kitchen had received a score of five at their last environmental health inspection. There was a cleaning schedule which was completed by housekeeping staff to ensure that all areas of the home were appropriately cleaned. However we saw some areas of the home were damaged. For example skirting boards and handrails were chipped and worn and door frames were damaged which

Is the service safe?

meant the cleaning of these areas was difficult and they could therefore not be maintained to a hygienic standard. The main corridor carpet was stained in several areas. Domestic staff we spoke with told us that the carpet cleaner at the home was a roller type and not effective in delivering the deep clean necessary to remove stains and offensive odours.

This was a breach of regulation 15 (1)(a)(e) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People were positive in their views of the way they were supported and assisted with their needs. One person said, “I think the staff do a good job”. Other comments included, “The staff are always there for you but they are very busy”, and “Most of the staff are very nice.”

Staff were observed assisting people in ways that showed they knew how to support people with their needs. For example, we saw one member of staff encourage a person to drink but did so in a gentle and un-hurried manner. The staff member interacted with the person by singing. The staff member told us, “He loves music and he likes it when I sing to him.”

Staff were observed supporting people in the ways which were set out in people’s care plans. For example one person’s care plan held detailed information about feeding which had been supplied by a speech and language therapist. We saw that staff assisting the person to eat were adhering to these instructions.

Some people’s files contained information about whether people were able to consent to their care. This had been considered in relation to all types of care and support provided and there were records showing where people could give consent to some care tasks but not others. This meant that some people’s capacity to consent had been assessed in a personalised manner. However we found care plans where documentation for consent was not signed. In one instance we found that the documentation for consent for photographs was not completed yet a photograph was on file. This meant that the provider was not always acting in accordance with people’s expressed consent.

Staff told us that communication amongst them was good. They explained that they received an effective and informative handover at the beginning of every shift which brought them up to date with any changes to people’s support and care needs. One member of staff told us, “Communication is not bad at all, we are brought up to speed with any changes quite quickly.” However relatives we spoke to did not believe that communication was effective. Two relatives told us that they were concerned that their brother had not eaten for sometime and had requested that the GP be contacted by staff. They repeated this request throughout the day. They were eventually told that the acting manager had called the GP sometime

earlier and was waiting for a return call. There was a significant delay in relaying this message to the relatives despite the relatives being in the building. The relatives told us that they found this frustrating.

Some staff files showed that staff received supervision and an annual appraisal took place. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service. Staff told us that they found supervisions helpful for their personal development as well as ensuring they were up to date with current working practices. This showed that most staff had the training and support they required to help ensure they were able to meet people’s needs. However one staff member’s file showed that the last documented supervision took place in May 2014. One staff member said, “Supervision should be about every four to six weeks but it’s not that often.”

Staff received training to enable them to support people effectively. Staff spoke positively about the training and learning opportunities they were able to attend. They said they had been on training in subjects relevant to people’s needs. The training records confirmed staff had attended training in a range of relevant subjects. These included health and safety, food hygiene, first aid, and infection control. One staff member told us, “We get quite a bit of training.”

The acting manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act’s provisions and how it affected the people they provided a service to. They were aware of people’s mental capacity to make day to day decisions about their lifestyle.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005. This is a legal framework to protect the rights of people who lack capacity to make certain decisions. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless a person had been fully assessed otherwise.

The acting manager told us how they would ensure Deprivation of Liberty Safeguards (DoLS) were used appropriately. We asked them how many people were subject to DoLS decisions on the day of our inspection.

Is the service effective?

They said, “I think there are eight.” However the file containing the documentation identifying those people subject to DoLS decisions could not be found. As this documentation was not available, there was a risk that some people could be unlawfully deprived of their liberty, as staff were not able to identify whose liberty is was lawful to deprive. The acting manager knew that the purpose of DoLS was to ensure that safeguards were in place to protect the interests of people in the least restrictive way. There was also DoLS guidance information available to help staff make a suitable DoLS application if required.

We checked records in relation to food, and talked to people using the service. We saw that people were given

information and choices in relation to the food offered to them, and the staff took time to understand people’s preferences. One member of the kitchen staff told us, “We do have a varied menu but we ensure that people get what they wish.” We saw that the dining room had a pictorial and written menu for the day. There was also a menu in reception which detailed the nutritional value of each meal. One person who used the service told us, “The food is nice.” Each care plan we checked contained detailed information about people’s food and drink preferences, as well as details about how they should be supported at mealtimes.

Is the service caring?

Our findings

People spoke positively regarding the care and support they received. Comments included “The staff are very caring, busy but caring”, “I can’t fault the staff, they are really good” and “The staff are very kind here, I can’t fault their kindness.” One relative told us, “The laundry team are good, we’ve never lost anything or had anything damaged”.

People were treated with kindness and compassion by staff. All of the staff we spoke with said they wanted to provide good care to people. They said “Staff here really do care, we want the best for people.”

We found staff were knowledgeable about people’s individual care and support needs. They were able to describe people as individuals. Staff knew about people’s likes, dislikes and preferences. One staff member told us “It’s all about people’s personal choices, it’s important that things are done with people as individuals.” Another member of staff said, “I like to get a rapport with people, I really want to get to know them.”

People’s privacy and dignity was maintained. Personal care was delivered behind closed doors or with curtains closed. One member of staff said “I always pull the curtains, make sure the door is shut, and keep people covered when I’m helping them get washed and dressed”. Another member of staff told us, “Personal care can be invasive so it’s important that we help maintain a person’s dignity.” One person said that when they were receiving personal care staff always made sure they were covered as much as possible. They said “Staff tell me what they are doing and make sure I’m covered up.”

We observed lunchtime on one day of our visit. Staff checked people had enough to eat and asked people if

they wanted any more when they had finished. We observed one person who had finished their lunch being offered a second helping. Those people who required staff assistance to eat were supported in a sensitive manner. Staff sat down with people and gave them time to eat the meal at their pace. One person did not want to eat either of the menu choices. Staff asked if they would like a sandwich.

We noted that music was being played in the lounge and people were being encouraged to sing along. People smiled when approached by staff and held out their hands to join in with a song. This indicated that people felt comfortable with staff. We saw most staff, when talking with people, got down to their level if they were in a chair or wheelchair. We saw one staff member kneel down to offer a person reassurance about joining in the music session. They afforded the person time to talk and reassured them they could go back to their room at any time they wished if they did not want to join in with the singing.

Staff understood what equality and diversity meant in their work with people. The staff told us that equality and diversity meant respecting that everyone is unique and supporting people to live life in the way they would prefer. The staff training records showed that the staff team had undertaken training to help them understand how to apply the principles of equality and diversity in their work.

There was also a policy in place to guide staff to ensure they always respected equality and diversity at work.

Visitors were unrestricted and we saw many people come to visit their relatives during the inspection. One relative told us “I come and visit when I like which is great.”

Is the service responsive?

Our findings

During our inspection we looked at 11 people's care and support plans. Whilst we saw that some plans were up to date and detailed this was not always the case. We found some plans were not always up to date and did not always reflect the needs of people. For example, two weeks after admission one person's plan did not have a completed waterlow document for a person who was nursed in bed. A waterlow score gives an estimated risk for the development of a pressure sore. The same plan had not recorded the person's personal possessions or completed a MUST score. The provider's admission policy stated that care plans should be completed within 72 hours and reviewed at least monthly. Failure to assess the person's needs in relation to pressure sores and malnutrition meant that the person was at risk of harm due to their care needs not being met.

Another person's nutritional plan stated that the person was on a pureed diet and had "Thick and Easy" powder in their drinks. This is a product which thickens liquids to assist people who have difficulty swallowing. It was not recorded how much Thick and Easy should be used. It was therefore not clear how much should be added to meet the person's needs or protect them from harm or injury.

We saw from one care plan that a person had fallen in April 2015, June 2015 and was currently in hospital following another fall in September 2015. The care plan did not contain any evidence of a referral to the falls team to assess their current needs and risks. This meant that the provider had failed to respond to the person's changing needs to ensure they received appropriate care and treatment.

We saw care plans had identified that people knew how to use the call bell and could ring for assistance. However, when we went to the people's rooms, we found that not all rooms had call bells and those that did were not always within reach of the person. We brought this to the attention of the regional director who assured us that this would be rectified immediately.

There were personal hygiene records in place for people, but these were not always up to date. For example, according to one person's record, they had not been bathed or showered for the whole of September. The provider had a system whereby when a person was

showered or bathed the water temperature was recorded on a chart in the bathroom. The chart also stated that the water temperature should be recorded in the person's care plan. One shower room had no activity recorded between 9 September 2015 and 28 September 2015. Another bathroom had last recorded bathing activity on 5 May 2015. Care plans had recorded little activity for bathing beyond bed baths and strip washes.

During our inspection we noted that two rooms which were occupied did not have the bed made. The bed contained a mattress with no bed linen, pillow or duvet. We saw that the bed remained unmade at 09.30hrs, 13.05hrs and 16.30hrs. The occupant's care plans did not record that this was out of personal preference. Therefore the occupants were restricted from returning to their room to lie down in comfort if they so wished.

This was a breach of Regulation 9 (1)(a)(b) (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The home had an activities co-ordinator who organised group activities throughout the week. They also offered people activities on an individual basis when they could. Activities included music, exercise, games and arts and crafts. They also invited outside entertainment to come in to the home to perform. We saw photographs displayed of a recent trip to York. The activities co-ordinator told us it was people's choice if they wished to join in. One person told us "I enjoy joining in the activities, it's fun."

There was a procedure in place which outlined how the provider would respond to complaints. The complaints procedure was displayed in the reception area of the building. People and their relatives told us they knew what to do to make a complaint if they were unhappy with any aspects of care they were receiving. Two relatives said they knew how to complain if they needed to. One person who lived at Warneford House said "I don't have any complaints but if I did they (staff) would sort it out for me." The complaints file held recent and historic complaints. Whilst we could see it had been recorded who the complainant was, the nature of the complaint and the outcome of any investigation, copies of the complaint, letters to the complainant and documents relating to any investigation were not on file.

Is the service well-led?

Our findings

There was a registered manager employed by the service although they were currently on long term leave. The home was being overseen by the deputy manager.

Whilst the provider had quality assurance and audit processes in place these were not always effective. We reviewed quality monitoring reports that had been completed by the registered manager, maintenance personnel and the provider's quality assurance manager. These covered the five domains used by the Care Quality Commission (CQC) and included areas such as infection control, care plans, staffing, the safe management of medicines, slings and hoists and premises safety.

The quality assurance manager conducted a monthly audit which looked at all aspects of the service but also focussed on one particular aspect of the service, such as nutrition. This focus changed topic at subsequent audits. We saw one of these audits dated 23 December 2014. It identified that bathing activity and water temperatures were not being filled in. It recorded that the registered manager had suggested that baths were happening but not being appropriately recorded. The improvement of recording baths formed part of the action plan to be undertaken by the registered manager. A similar audit in April 2015 recorded that, "Only 24 baths/showers have been recorded in the last month." Our inspection also identified a lack of bathing records for people. Therefore there had been no sustained improvement for this area of care for nine months. This meant that the quality assurance system was not effectively improving people's care.

Care plan audits were completed on a monthly basis by the registered manager. The last recorded audit was in August 2015. It had identified some areas for improvement but had failed to identify that one person's care plan had not been reviewed in July. It had also failed to identify the issues highlighted during our inspection. For example, One person's plan for nutrition identified the person as diabetic but did not specify how often to check their blood sugar levels. The last recorded check was in March 2015. The same plan identified that the person should be weighed weekly, however the last recorded weight was on 4 July 2015. The moving and handling section of this plan held contradictory information as it identified the person as

unable to weight bear and not independently mobile. However the latest monthly review read, "Requires observation when walking to the dining room as (person) can be quite quick in step."

This was a breach of Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people were documented and actions taken were recorded.

People and their families were involved with the service and their feedback was sought by the provider and the registered manager. We saw the minutes of a relatives meeting that had taken place in March 2015. Items discussed included activities, staffing and the presentation of the home. It was agreed that these meetings would be every three months. However there was no relatives meeting held in August.

A residents forum had been held in August 2015. The forum had discussed alternative meals for the menu and forming a 'natter group' where people could come together and chat. People could also leave feedback anonymously. We saw there was an ideas board prominently placed in the corridor outside one of the lounges. The reception area also had a notice board displaying a 'you said, we did' document. This identified the feedback from people and the changes the provider had taken in response. However this document was dated July 2014 and did not reflect the discussions held at more recent forums.

We saw that meetings were held with a variety of staff although these meetings were dated and did not occur frequently, for example, a staff meeting was last held on 14 May 2015, the nurses meeting was last held on 12 March 2015 and the cook, maintenance and domestic meeting was last held on 6 March 2015.

Staff were mostly positive about the support they received from the registered and interim managers. One member of staff told us "We are very supportive of each other, we have to pull together." Another said, "I think that the staff are supported and we are all clear that the residents are our priority." One staff member told us, "I don't feel particularly supported, I have requested training specific to my role for two years without success." Staff were aware of the organisations visions and values. They told us their role was to support people to be as independent as possible.

Is the service well-led?

Staff all understood the provider's whistleblowing policy and procedure and would feel confident speaking with management about poor practice. Staff identified that the whistleblowing policy was displayed in the staff room. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff told us "I would not hesitate to report any concerns I had about staff's working practices."

The service had appropriate arrangements in place for managing emergencies. There was a contingency plan which contained information about what to do should an unexpected event occur, for example a fire. There were personal evacuation plans in place in people's care plans.

This meant staff had guidance on how to support people from the building safely in the event of a fire. There were arrangements in place for staff to contact management out of hours should they require support.

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 9 HSCA (RA) Regulations 2014 Person-centred care
The provider had not consistently ensured that people's needs were assessed, planned for or met.
Regulation 9(1)(a)(b), (3)(a)(b).

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
Call bells were not always in situ or within reach of people.
Regulation 12 (1)(2)(a)(b)

The service did not ensure that all administered medicines were accurately recorded.
Regulation 12 (1)(2)(g)

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 operation of systems and auditing processes had failed to identify and mitigate risks to people's health, safety and welfare and continually evaluate actions required to improve the service.
Regulation 17 (1)(2)(a)
The registered provider had not ensured robust, contemporaneous, accurate records were consistently held for people.
Regulation 17 (1)(2)(c)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment were provided in a safe way, through assessing risks to the health and safety of service users and doing all that is reasonably practicable to mitigate such risks. Regulation 12(1) and (2)(a) and (b).

The enforcement action we took: