Mrs Liza Sabrina Khan & Mr Nasar Khan & Mr Ahmed Isaac Beeharry & Mrs Anne-Marie Antoinette Beeharry

Slate House Residential Home

Inspection report

26 Wellington Road
Sandhurst
Berkshire
GU47 9AN
Tel: 01344 773358
Website: www.slatehouse.co.uk

Date of inspection visit: 27 October 2014
Date of publication: 12/02/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This was an unannounced inspection which took place 27 October 2014.

At the last inspection of Slate House Residential Home in October 2013 we found no concerns.

Slate House Residential Home is registered to provide accommodation for up to 13 people. The home specialises in the care of older people, some of whom may be living with dementia. At the time of the inspection 9 people were living at Slate House Residential Home.

Summary of findings

The home has a 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.

Although people and their relatives told us they felt safe and did not raise staffing levels as an issue in the day to day running of the home we found there were insufficient staff to ensure people's safety. We looked at the provider's duty rotas and found there were a number of shifts understaffed.

In their training and development policy the provider stated emergency first aid was a core module for all staff. We found that five out of eleven members of staff had either not completed the training or their training was out of date. There was a risk that people would not receive appropriate support in the event of a medical emergency.

Whilst medicines were stored and disposed of safely we saw that the care staff responsible for administering medication were also expected to manage a mealtime activity. There were seven people eating and minimal assistance was available from other care staff. There was a risk that the care worker would be distracted and a medication error could occur.

The provider had not reviewed the Statement of Purpose for Slate House since appointing the registered manager. Therefore we could not be assured current information was available for people and relatives.

Staff were knowledgeable about protecting people from harm and knew what they should do to report abuse or raise concerns if people were at risk of harm. The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. However, they were not aware of recent changes in practice following a Supreme Court ruling in regard to the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager said they would make contact straight away with the local authority DoLS team to seek advice.

People and their relatives were positive about the staff and the care provided. One relative said: "staff are excellent" and another commented on staff consistency and low staff turnover. We saw staff supporting people in a kind and caring manner. We found staff were attentive to people's needs. Relatives told us staff understood the needs of the people they supported. One relative commented: "Whenever you go, the staff are so kind and genuinely care" and another referred to Slate House as: "home from home."

Staff received induction training when they began work. Core training was provided however, we saw some staff had not been provided with this training. Staff received regular supervision from the registered manager. They told us they found the registered manager supportive and approachable. However, there was no evidence of the provider conducting annual staff appraisals to provide an opportunity to discuss their work and development.

The décor of the home was tired and worn. We found there was a 'musty' smell in the entrance hall and some carpets were stained and in need of replacement. The environment of the home was not designed to be 'dementia friendly' and there had been no specific adjustments made for people living with dementia.

People enjoyed their food and relatives told us it was: "absolutely fabulous." We saw food was fresh, plentiful and served attractively. Special diets were catered for and staff were knowledgeable about people's nutritional needs.

People had their health risks assessed, these included pressure ulcers, malnutrition and falls. Identified risks were managed with such things as pressure relieving equipment, special diets and mobility aids. However, risks were not always managed appropriately due to insufficient staffing levels at night and people had developed moisture damage. Where necessary health and social care professionals were contacted for advice and support. Professionals were positive about the way staff responded to people's changing needs.

People, and where appropriate their relatives were involved in planning and making decisions about their care. Staff were provided with guidance to meet people's individual needs and preferences. People were treated with dignity and respect.

Summary of findings

There were systems in place to encourage people to give feedback on the service. Residents meetings were held and satisfaction questionnaires had recently been sent. Relatives said they could post comments in the 'comment box' and everyone we spoke to said they would have no hesitation in talking to the registered manager or any of the staff if they had concerns. No-one had cause to make a complaint since the last inspection.

Regular health and safety checks were carried out as well as some audits of the service. However quality assurance systems were not always used effectively to identify areas of the service which may need improvement and there were no records of how the provider monitors the service or the registered manager.

Although a programme of activities was available to people at Slate House we were told activities could not always take place as planned due to staffing levels. One person and several relatives commented on the lack of activities outside of the home and said they would like to see more outings provided. However links to the community were maintained with visits from the mobile library, a minister of religion, the local primary school and a visiting 'pat dog'.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

There were some aspects of the service which were not safe. Although people and their relatives told us they the home was safe there were times when there were not enough staff to ensure people's safety.

Some staff did not have the required training to ensure they had the skills to keep people safe in a medical emergency. We could not be satisfied that medicines were always managed safely.

The provider had systems in place to protect people from abuse and staff were knowledgeable on how to identify and report concerns. Robust recruitment checks and procedures were followed.

Is the service effective?

Requires Improvement

The service was not always effective. At the time of the inspection no-one using the service was subject to Deprivation of Liberty Safeguards. However the registered manager was not aware of changes in legislation to protect people's rights or ensure they were not being deprived of their liberty unlawfully.

People were not fully protected by well trained staff as they had not received the required training. However, they felt supported by the registered manager and received regular supervision.

People were referred to healthcare professionals when required and their advice was acted upon. Food was plentiful, nutritious and well presented.

When people were unable to make decisions about their care, relative's and other healthcare professionals made decisions in their best interests in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People and relatives were positive about the care they received. We saw staff responded to requests for assistance and anticipated people's needs.

Staff knew the people they cared for well, they showed respect in the way they spoke about people and we saw people's dignity being preserved.

People were given explanations in a way they could understand and their wishes were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive. Although activities were planned they were not focussed on the individual. People and their relatives were not always happy with the level of activity.

Summary of findings

People had been assessed and their preferences, likes and dislikes had been recorded. Staff were provided with information that enabled them to support people with their wishes.

People were comfortable raising a complaint or concern if they needed to and were confident action would be taken if necessary. No complaints had been raised since the previous inspection.

Is the service well-led?

Requires Improvement

The service was not always well-led. There were some systems in place to monitor the quality of the service however, they were not all recorded and used effectively.

People, relatives and staff all said the registered manager was approachable and promoted an open culture in the home.

The Registered Manager led by example working alongside staff, discussing best practice and promoting team work.

Slate House Residential 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 checked 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 27 October 2014 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert involved in this inspection had expertise in care of older people and dementia care.

Before the inspection visit we looked at previous inspection reports and notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We also reviewed the Provider Information Return (PIR) which gave us information about the service, what it does well and the improvements planned for the future. We received feedback from one local authority commissioners and safeguarding team as well as the community pharmacist and one healthcare professional who works with the provider.

During the inspection we spoke with four people who use the service, three members of staff, three relatives, the registered manager and a visiting healthcare professional. We observed the lunchtime activity, observed people in the communal lounge and attended the shift handover between morning and afternoon staff. We reviewed four people's care plans, three staff recruitment files, staff duty rotas and a selection of policies and procedures relating to the management of the service.

Inadequate

Is the service safe?

Our findings

People and relatives told us they thought the home was safe. They said staff responded promptly when called to assist and did not raise staffing levels as an issue in the day to day running of the home. However, one person and two relatives said they or their family member would like to go out of the home more but realised this was difficult due to numbers of staff on duty at any one time.

We spoke with two care workers who expressed concern over staffing levels. For example, they told us they had concerns during the morning shift and made particular reference to lunch time. One explained that a care worker was always on kitchen duties as the home had been without a chef for over a year, they said: "when we spend time in the kitchen we don't' spend time with people." They went on to say another care worker was required to assist one person with eating who preferred to remain in their room to have their meals, whilst a third care worker was needed in order for the dining room to be supervised and assistance given to anyone who required it. They told us there were not always three people on duty during lunch time making this period of the day difficult to manage. On the day of the inspection we saw the registered manager assisted during this period of the day and staff with confirmed that this was common practice. However, they told us the registered manager was sometimes required to cover shifts and this meant they would be on the duty rota as the second care worker for that shift and therefore a third care worker would not be available.

The registered manager confirmed that to meet people's needs safely, three staff were required on a morning shift. However, they told us there were not always sufficient staff available so they helped out when they were on duty but this led to some managerial duties being delayed. They also confirmed they were expected to cover shifts as a second care worker when there were staff on leave or absent. We reviewed the duty rotas for the previous six weeks. We saw that on 20 days only two members of care staff were working the morning shift. On each of these shifts the registered manager was either considered as the second care worker or off duty, therefore no additional help was available. This was a breach of Regulation 22 Health and Social care Act 2008 (Regulated Activities) Regulations 2010. The duty rota indicated that just one member of staff worked at night. We asked the registered manager and the care workers, if one care worker was sufficient to meet people's needs at night. They told us they were concerned that due to recent changes in people's needs there were now three people in the home who required the assistance of two staff to stand and move about the home. As a result, these people were assisted to bed before day staff left at 9pm and remained in bed until day staff arrived the following morning at 7am. Staff told us they were concerned that incontinence pads were not changed at night for these people as there was only one member of staff on duty. The registered manager confirmed this was the case and told us skin damage due to moisture had been noted on two people in the last week. This had been reported to the district nurse who had assessed and given advice on promoting healing. The registered manager commented that "staffing levels now need to consider people's changing needs" and said they would discuss this with the provider as soon as they returned from leave. There was no evidence of how current staffing levels had been assessed. The provider was not taking steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff. This was a breach of Regulation 9 Health and Social care Act 2008 (Regulated Activities) Regulations 2010.

We could not be sure that people would receive the support they required in a medical emergency. We reviewed the providers training policy and the staff training records. The provider's policy states first aid is one of the core training modules which all staff had to undertake. Training records showed that five of the eleven staff employed had not received first aid training or their training was not current. The duty rota for the previous six weeks showed 30 shifts had care staff on duty who did not have current first aid training. Of these, twenty-two were night shifts when the care worker would be working alone. This is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed the lunch time activity and noted the care worker on kitchen duty assisted the care worker overseeing the dining room to ensure people were safely seated at the tables before returning to kitchen duties. Seven people took their meal in the dining room, one chose to remain in their room and another wished to stay in the lounge. The care worker who assisted people in the dining room also had the responsibility for administration of medicines. This was in addition to serving meals, ensuring people had assistance to eat if required, preparing and serving drinks

Inadequate

Is the service safe?

including those which required thickening for people assessed as being at risk of choking. We were told this was usual practice. Although the medicines were administered safely on the day of the inspection we could not be satisfied that if the care worker was distracted by something during the meal, medicines would be administered safely. This is a breach of Regulation 13 Health and Social Care Act 2008 (regulated Activities) Regulations 2010.

We reviewed the medication policy and found it was robust, we found medicines were ordered, stored and disposed of safely. Staff told us they received medication training and the manager observed them to assess their competency before they administered medication alone. We asked the registered manager if there were records of the competency tests. The registered manager told us that although they carried out these tests they were not recorded. Therefore we could not be assured of the competency of staff administering medication.

Slate House is an older style residential property with ten bedrooms. Two of these bedrooms are located on the second floor at the top of a very steep staircase. Both of these rooms open onto a small landing with the stairs being in very close proximity. These rooms were currently not being used and the registered manager informed us that they were waiting for advice from an occupational therapist with regard to the safety of using these rooms due to the risks associated with the stairs. Staff told us people do not go up to the second floor however, there were no warning signs or adaptations to prevent people wandering to the top of the stairs on the second floor. During the inspection we saw one person who was unsteady and at risk of falling, start to climb the staircase from the ground floor and almost reach the first floor. A care worker realised and went to persuade them to come back down. The care worker distracted the person and was able to return them safely to the ground floor.

There were systems and processes in place to protect people from abuse. Staff were knowledgeable about signs to look for and the reporting procedures to follow. All staff had received safeguarding training. Staff told us that they reported any concerns to the registered manager who listened and took action if necessary. The registered manager told us any concern was treated seriously and they sought advice from the local authority safeguarding team as required. They confirmed no safeguarding incidents had been reported in the last year. We asked staff about how they would raise concerns about poor practice in the service. They told us they had read the whistleblowing policy and would report any concerns immediately to the registered manager.

The provider's recruitment practices were robust. We looked at recruitment files for staff including the most recently recruited. We saw appropriate checks had been undertaken before staff had begun to work. The recruitment files included evidence of pre-employment checks such as satisfactory Disclosure and Barring Service Check (DBS), health screening and written references.

Risks were assessed and guidance put in place to reduce risks in a way that protected people's freedom. For example, one person liked to go into the garden but was at risk of falling. The management plan directed staff to guide the person to an exit and accompany them outside. During the inspection we observed staff interpreting signs of this person wanting to go out. They spoke to the person and enabled them to spend time outside. People had individualised risk assessments which supported their care plan. Risk management plans addressed risks to people and staff alike, for example, one person's moving and handling plan directed staff to have two care workers when assisting this person to stand. We observed care workers carrying out these directions during the inspection.

Requires Improvement

Is the service effective?

Our findings

Relatives told us: "staff are excellent" and "I cannot fault the staff." They were very positive about the consistency of staff on duty and said there was not a high turnover of staff. Staff knew the people they cared for well. For example, they could tell us how people preferred their food prepared and what they liked to do during the day. These preferences were followed and one person who we were told likes to help and feel useful was encouraged to take part in some household tasks. They could be seen to be smiling whilst doing this and interacted with the care workers throughout.

We noted a 'musty smell' as you entered the home for which we could not identify a cause. The décor of the home was tired and worn with a number of carpets being badly stained and in need of cleaning. Doors throughout the home were scuff marked as were skirting boards. We spoke with the registered manager with regard to a programme of renovation and maintenance. They told us the provider had spoken about drawing up a programme but this was not available on the day of the inspection. Eight of the nine people at Slate House live with dementia. We saw there were limited adaptations for people to identify where they were or find their way to their own rooms if they wished. All bedroom doors were identical and coloured dark brown. Rooms were labelled with people's names typed on laminated paper and signage for communal areas was presented in the same way.

An induction process was in place for new staff which included reading policies, being introduced to the service and shown around the building. They then shadowed more experienced staff for a number of shifts. There was a system to provide staff with training, topics such as food hygiene, infection control, moving and handling and fire safety were included. However, we noted from the records that some training had taken place a number of years ago and update training had not been provided. This meant staff may not have the latest knowledge and skills to enable them to deliver effective care.

The provider's training policy did not identify specific training relating to people's needs. However, staff told us they felt they had sufficient training to enable them to do their job well and people and relatives told us they had no issues with the skills and experience of the care staff. The registered manager explained a mixture of training methods were employed, e-learning, social care TV and classroom based. They told us they were aware that some core training was outstanding and that needed to be addressed. They also explained that every member of staff including the housekeeper was being enrolled onto a dementia awareness certificate course. Staff were encouraged to gain qualifications from time to time. Five staff had previously gained National Vocational Qualifications and currently another five including the registered manager were undertaking nationally recognised qualifications.

The registered manager told us the provider conducted the annual appraisal programme. However, there were no annual appraisals in the staff files we reviewed and staff with could not remember having an annual appraisal. However, we saw a programme of regular supervision was in place and there was evidence of staff receiving supervision at least quarterly. Staff confirmed they received supervision and found it useful. They also told us they found the registered manager supportive and could approach them for advice at any time rather than waiting for a supervision session.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had received training in DoLS and the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. However, they were unaware of the recent changes in practice following a Supreme Court ruling which had broadened the definition of deprivation of liberty. Therefore people may have been deprived of their liberty unlawfully. The registered manager said they would make contact straight away with the local authority DoLS team to seek advice and make applications where necessary.

Records showed that none of the care staff other than the registered manager had received formal training in MCA. However we spoke with staff and they were able to tell us about the principles of the MCA. We asked them how they sought consent from people they care for. One care worker

Requires Improvement

Is the service effective?

said: “Always, we ask the residents before doing things; if they refuse we allow them some time, leave them for a while, give them some space then retry, this usually works.” They told us if people could not make decisions due to lack of mental capacity a best interest decision would be made and this would involve professionals and family members of the person.

People and relatives said they liked the food and there were good choices. One relative said they had joined their family member for lunch several times and the food was: “absolutely fabulous.” We observed the lunch time activity and saw food was served hot, presented well and the portion sizes were good. People were served the food they had chosen earlier in the day and it was evident from the smiles and the empty plates that they had enjoyed their meal. Care staff told us they all took turns to be on ‘kitchen duties’ and prepare the food. They said that food is prepared from fresh every day and we saw fresh vegetables were served with lunch. Special diets were catered for such as ‘fork mashable’ and clear instructions on how to prepare them were available on display in the kitchen for staff to refer to.

Drinks were available throughout the day and we saw people were offered a choice and encouraged to drink plenty of fluids by the care staff. When necessary drinks were thickened appropriately in accordance with people’s individual care plans and the advice received from health professionals such as the Speech and Language Therapist team (SALT).

There was regular contact with visiting health professionals. People told us they could see a GP when they needed to and the District Nurse (DN) visited the home regularly. We spoke with the DN during the inspection. They told us the registered manager and the care staff were: “quick to report any changes in a person, for example, red marks. They’re really up on pressure area care.” We saw from people’s records referrals were made to other professionals when necessary and appointments with dentists, chiropodists and opticians were arranged regularly.

Good

Is the service caring?

Our findings

We observed people being cared for in a kind and compassionate manner. People and relatives were positive about the way staff treated them and told us staff were attentive and caring, one said they felt Slate House was: "home from home". On a recent quality questionnaire one relative commented: "I am really pleased with the care and attention given to my (relative). It is nice to know that the staff are so considerate and caring, top marks for this." Other relatives had made comments such as: "Whenever you go the staff are so kind and genuinely care" and "when I leave (name) I know (they) have the utmost care, the staff are wonderful under the management of (registered manager)."

Most people living in Slate House were unable to tell us about their experience of care. This was due to the level of dementia they were living with. We spent time in the lounge area of the home and observed people being treated with dignity and respect. For example, one person got up and walked toward the door of the lounge looking a little lost. A care worker immediately approached them and discreetly asked if they wished to use the toilet before assisting them to the bathroom. Throughout our observation we saw how staff spoke as they approached a person either saying their name or giving a greeting such as: "hello". People responded to this with smiles and positive reactions. However, during the lunchtime activity we saw one person have ear drops administered whilst they were eating their lunch. They were not asked if they would like to wait until they had finished their meal or offered to be taken somewhere private.

There were shared bedrooms within the home. People and relatives were able to confirm people who shared bedrooms had chosen this arrangement as they liked company. We asked staff how they maintained privacy and dignity for people who shared a room. They told us they used screens to separate the room into two at night time and personal care was always provided either in a bathroom or behind the screens. One person was able to confirm this and we saw that screens were available.

People's wishes were respected and staff assisted people to make decisions. For example, at lunch time one person wished to stay in their room to have their meal whilst another chose to remain in the lounge. We found their wishes were respected and staff assisted by providing assistance to eat in their chosen area. We also noted one person had prescribed medicines which they initially did not wish to take. We saw a care worker sit next to the person and explain why the medicine was prescribed and how it would help them. The care worker gave the person time to think about what they had said and did not hurry them in any way to make a decision. After some time the person agreed to have the medication.

Staff knew people's preferences and needs very well. Staff were able to tell us people's likes and dislikes, they knew about significant and important information and events with regard to their past and told us how they used this to develop conversation with people. What they told us was reflected in people's individual records. During our observation of the handover activity we found people were spoken about with respect and empathy. We also noted that staff showed concern regarding one person who had not been themselves throughout the morning and discussed possible causes and what action would be taken.

The registered manager told us they involved people in their care by sitting with them to explain and discuss any changes. Relatives agreed their family members had been involved in making decisions about their own care whenever possible. Relatives also told us they were kept fully informed and were involved when necessary. One relative told us: "communications are good."

The registered manager told us there were no fixed visiting times but for security reasons asked relatives to tell them in advance if they would be visiting after 9pm. Relatives told us they could visit the home at any time and they were always made welcome.

Requires Improvement

Is the service responsive?

Our findings

People and relatives were not always happy with the level of activity available. Relatives commented that there were guests from time to time for example, musicians and singers but they would like to see more. Another commented they would like their family member to be able to have outings. On the day of the inspection there was a programme of activities displayed on the notice board. The first activity was an exercise programme which we did not see but staff told us took place. The second activity planned for the day was baking however, no one did any baking. We spoke with the registered manager about this and we were told that activities depended on staffing numbers. They said there were no staff employed specifically to manage activities and therefore they were carried out by the care staff on duty. They said it was not always possible to provide the planned activity if there were insufficient staff, but they would try to talk about the activity instead. For example, the baking activity involved discussing recipes and talking about baking. We also raised the point that people would like to go out more. We were told the provider would need to agree to the extra staff required to provide this type of activity. The registered manager agreed to discuss this with the provider.

During the inspection people were encouraged to join in household activities for example, folding laundry and washing dishes. We also observed a musical activity taking place in the afternoon. People spent most of the day in the lounge area where music or TV played, and people said they could go to their rooms if they wished. We observed care workers offering manicures to people and heard them discussing who had taken part in the morning exercise activity during the handover. We were also told by staff and relatives of people that a mobile library called in regularly, a minister came to the home monthly with Holy Communion for those who wished to partake and a 'pat dog' visited every Saturday.

Care plans provided information to guide staff to meet the individual needs of people, this information was detailed and recorded people's preferences and wishes. Staff were directed to promote and maintain people's independence whenever possible. Care plans were reviewed regularly. Changes were made to care plans whenever a person's needs altered. For example, following a fall, a review was undertaken and a referral made to a healthcare professional. The care plan was then amended to reflect the changes and advice received. Staff told us and our observation of a handover meeting confirmed, information was shared with regard to people's changing needs with the staff team.

We observed staff responding to people's needs. For example, one person approached a fire escape, the registered manager recognised this as an indicator this person wished to go outside. They approached the person and gently asked would they like to go out. They opened the patio doors and accompanied the person outside, where they were supported to spend some time in the garden.

People and relatives told us they had not made any complaints but knew who to talk to if necessary. They said there was no need to complain as they could approach the registered manager or the staff with any worries or concerns and were sure they would be listened to. Relatives were also aware they could post comments in the comments box if they wished to. We reviewed the complaints log and saw no complaints had been made since the last inspection.

Resident meetings were held and we reviewed the minutes of the meeting held 30 September 2014. People were asked about menus, staffing levels, activities and care. A record had been made of any comments people made and the registered manager told us these comments would be used to plan and discuss how to improve the service. However they acknowledged not everyone living at Slate House was able to contribute to the meetings due to having dementia. They said that it was important to speak with people and their relatives regularly on a one to one basis to get individual views. People and relatives confirmed they had opportunities for discussion with the registered manager and care staff.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in place as required as part of their registration with Care Quality Commission (CQC). We reviewed the Statement of Purpose on display in the entrance of the home and found it contained details of a previous registered manager. The registered manager confirmed the Statement of Purpose had not been updated since their appointment. Therefore people and their relatives did not have up to date information regarding who had legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager said they would submit an amended Statement of Purpose to CQC.

Staffing levels were not assessed against people's needs although the registered manager acknowledged this was required. We saw a number of shifts were understaffed when we reviewed the duty rota.

The registered manager explained how they monitored the quality of the service. We saw evidence that they reviewed the care plans monthly to ensure all information was up to date and relevant to each person. They told us they audited medication administration records (MARs) but did not record their findings. Although accidents and incidents were recorded, the registered manager told us they did not have a system of monitoring for trends. However, they were able to tell us about a trend in falls identified for one person. We saw evidence in the person's care plan of action taken and a relative confirmed that it: "was dealt with well." There was a programme of audits relating to the health and safety of the home such as identification of hazards, water temperatures and fire safety checks. Records showed these had been carried out regularly and recorded appropriately. However quality assurance systems were not always used effectively to identify areas of the service which may need improvement and there were no records of how the provider monitors the service or the registered manager. During the inspection we identified several breaches in the regulations of the Health and Social Care Act 2008.

Quality questionnaires were used to gauge people's and their relative's satisfaction with the service. A recent survey had been sent and three replies had been received so far. We reviewed the replies and found they were mostly positive. However, one relative did comment on the lack of community activities. The registered manager told us the results of the survey would be analysed and an action plan drawn up once all replies had been received.

The registered manager led by example and often worked shifts alongside her staff. People, relatives, staff and other professionals all said the registered manager was approachable and open. One care worker said: "(name) is a manager who listens to her staff" and a healthcare professional said: "the manager is hands on, open and welcoming, in all honesty I feel it's (Slate House) well run."

Staff told us they felt well supported and could speak with the registered manager for advice or raise concerns and they felt listened to. We saw evidence of team working during the inspection with good rapport between people, staff and registered manager. Staff had regular supervision with the registered manager and we saw from the records that discussions took place relating to such things as good practice and staff development. Staff meetings were held and the staff we spoke with said they attended whenever they could. They said they were able to voice their opinions and raise any issues they felt important at these meetings. Minutes were recorded and staff had access to the minutes.

Staff told us the registered manager maintained links with the community by inviting groups into the home for example, the local primary school had recently visited for harvest festival. Feedback from the local commissioning authority was mainly positive and they told us the registered manager was open to suggestions and co-operated with them when they investigated incidents or concerns making adjustments to the service as appropriate.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The provider had not protected people against the risks associated with unsafe use and management of medicines because the provider did not have appropriate arrangements for administering medicines. Regulation 13.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The provider did not ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced staff. Regulation 22.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The provider did not have suitable arrangements in place to ensure that staff were appropriately trained or that staff received an appraisal of their work. Regulation 23 (1)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The provider had not taken proper steps to ensure each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe.** **Regulation 9 (1)(b)**