

# The Sisters of the Christian Retreat

# Kearsney Manor Nursing 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was carried out on 4 and 5 April 2017 and was unannounced.

Kearsney Manor Nursing Home is a care home operated by Sisters of the Christian Retreat, a Roman Catholic order. The service provides accommodation for persons who require nursing or personal care for up to 47 older people who have nursing needs and who may be living with dementia. The bedrooms are located on two floors and accessed by a lift. There are communal rooms on each floor. The gardens are well maintained with scenic views and parking is available. On the days of the inspection there were 44 people living at the service.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run.

We last inspected this service in April 2016. We found significant shortfalls in the service. The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people and managing behaviours that might challenge. Environmental risk assessments had not been updated, a legionella test had not been completed. Accidents and incidents had not been analysed to identify any patterns or trends to reduce the risk of them happening again. There was a lack of safe and effective systems to ensure that people's medicines were managed as safely as possible. Staff were not recruited safely. The staff training programme was not up to date, staff had not received regular supervisions and appraisals. The service was not working within the principles of the Mental Capacity Act 2005. There was a lack of oversight of the service, quality assurance systems were in place but no quality assurance surveys had been sent since 2014.

We asked the provider to provide an action plan to explain how they were going to make improvements to the service. At this inspection we found that some improvements had been made. There were, however, three continued breaches in regulation in the safe management of medicines, guidance to staff to mitigate risk and using feedback to improve the service and staffing.

People's medicines were not managed and recorded accurately. People received their medicines when they needed them.

People told us that they felt safe living at the service. However, not all risks assessments gave detailed guidance on how to manage risk including how to support people with behaviours that challenge.

There were not sufficient staff consistently on duty, to provide safe, effective and person centred care. People told us that staff did not always treat them with dignity and respect, they felt this was due to not having sufficient numbers of staff on duty.

There were systems in place to receive feedback from people, relatives and staff. Feedback received had not been acted on to improve the service. Checks and audits completed were not effective as they had not identified the shortfalls found at this inspection.

The Care Quality Commission is required to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the last inspection, not all staff had received mental capacity training and not all mental capacity assessments were in place. There was a lack of information to show that people had agreed to their care plan.

At this inspection, there had been some improvements. People and their relatives had agreed to their care plan and decisions that had been taken were made in people's best interests. The registered manager had applied for DoLS authorisations when required and staff had an understanding of the Mental Capacity Act.

Improvements had been made in the recruitment of staff and their development. Staff were recruited safely and received training to perform their roles. Staff received supervision and appraisals to discuss their development. We made a recommendation that nurses receive training in how to supervise staff and complete appraisals.

Staff told us that the management team and nurses were approachable. There was a culture of openness within the service; however, staff felt that their views were not always taken into consideration.

Staff assisted people with their daily routine and were attentive while they were with people, encouraging conversations about areas of interest.

Care plans included people's preferred routines, their wishes, preferences and abilities. Care plans were reviewed and if people became unwell or their health deteriorated the staff contacted their doctors or specialist nurses.

People told us that they felt safe living at Kearsney Manor Nursing Home. Staff received safeguarding training and were aware of how to recognise and protect people from the risk of abuse. Staff knew about the whistle blowing policy and they were confident they could raise concerns with the registered manager or outside agency if needed.

There was an activity programme of in house and outside activities for people to enjoy. This included visits by the activities co coordinator to people who remained in their rooms.

People told us they were satisfied with the meals. People had a choice of food and specialist diets were catered for. Staff understood people's likes and dislikes, dietary requirements and promoted people to eat a healthy diet.

People and their relatives said they were able to raise complaints with the staff and registered manager, who would listen and take any action if required.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

We found three continued breaches and an additional breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of

the full version of this report.

## 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 always safe.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure people were safe.

People's medicines were not recorded and managed safely.

There was not always sufficient staff on duty to keep people safe and provide person centred care.

Staff were recruited safely.

Staff knew signs of abuse and received training to ensure people were protected from harm.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff received supervision and appraisals, however, nurses had not received training to complete supervisions and appraisals.

Staff received training to complete their roles.

Staff were working within the principles of the Mental Capacity Act 2005.

People were provided with food and drink to meet their needs and were able to access healthcare services when required.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Staff did not always treat people with respect.

Staff were attentive, kind and caring when providing support.

Staff supported people to maintain their independence.

**Requires Improvement** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care plans did not always reflect people's wishes and preferences. The care plans were reviewed regularly and updated with changes in people's health.

There was an activities programme of group and one to one activities.

People and their relatives said they were able to raise complaints with the staff and registered manager, who would listen and take any action if required.

### **Is the service well-led?**

The service was not always well led.

The provider did not promote a culture that was person centred, inclusive and empowering.

Systems were in place to gather feedback from people, staff and relatives, this had not been used to improve the service.

Checks and audits had been completed, these had not been effective as they had not identified the shortfalls found at this inspection.

Staff told us that the management team were approachable and visible within the service.

**Requires Improvement** 

# Kearsney Manor Nursing Home

## **Detailed findings**

### Background to this inspection

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

The inspection took place on the 4 and 5 April 2017 and was unannounced. It was carried out by two inspectors and an expert by experience who spoke with people who use the service, families and relatives. Our expert by experience had knowledge and understanding of residential services or caring for someone who uses this type of care service.

A Provider Information Return (PIR) was submitted by the service before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we held about the service before the inspection, this included notifications. A notification is information about important events which the provider is required to tell us by law.

We looked around areas of the service, talked to 12 people who live at the service. Conversations took place in people's rooms. We did not use the Short Observational Framework for Inspection (SOFI) as people were in their rooms and were able to talk to us. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We reviewed records including four care plans and risk assessments. We looked at a range of other records including staff files, staff induction records, training and supervision records, staff rotas, medicine records and quality assurance surveys and audits.

We spoke with four relatives who were visiting people, the registered manager, deputy manager, the chef,

training co-ordinator, nurses, care staff and domestic staff. We spoke with two health care professionals before the inspection.

The previous inspection was carried out in April 2016. There were five breaches of regulations identified at this inspection.



# Is the service safe?

## Our findings

People felt safe living at the service. One person said, "I feel really safe here because I fall. If I fall there is always someone here to pick me up." Another person said, "Everything is done for me, I don't have to worry about remembering to take my medicines because staff give them to me."

At the last inspection in April 2016, the provider did not have sufficient guidance for staff to follow to show how to mitigate risks when moving people, managing people who had behaviours that could be challenging and how to safely support people living with epilepsy. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make. However, this plan had not been fully implemented to comply with the regulations.

Risks to people had been assessed but there was no detailed guidance in place to manage risks. When people displayed behaviours that could be challenging, there was no clear guidance in place to direct staff on how they should respond and what action they should take to try and prevent the behaviours from reoccurring.

There were behaviour charts in place; staff had completed these when behaviour had been observed. The charts did not have information about what happened before the behaviour or how the behaviour was managed. There were a number of behaviour charts completed for different people. There was no evidence that these charts had been analysed to identify triggers or patterns to help prevent the behaviour happening again. For example one person's care plan stated, 'Changing mood for no apparent reason.' Another person's stated, 'monitor behaviour and take appropriate action.' Some staff had recorded the action they had taken, this was not consistent. There was no information recorded to show that the response had been effective. There continued to be a risk that staff would respond inconsistently to people's behaviours as there was no guidance to follow.

Staff used hoists regularly to move people, at the end of each person's bed there was information about the hoist and type of sling to be used. There was no detailed guidance for staff about how to position the sling and move the person. Staff were able to explain how they moved people safely, they told us the information had been communicated to them verbally. There was a risk that without written instructions, staff would not move people safely and consistently.

Staff supported people living with epilepsy. One person had a treatment device fitted to help manage their epilepsy. The care plan did not contain detailed instructions on how to activate the device, when to activate the device or when to call for assistance if the device did not work. Staff told us that the information would be given to each nurse verbally at handover. There was no record that the nurses were competent to use the device. The service employed agency nurses, there was no record of how the provider ensured that agency nurses were competent to activate the device and were informed of when to activate the device. There was a risk that the device would not be used safely and consistently.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated including

when supporting people with behaviour, moving people and managing health conditions. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection people had not been fully protected against the risks associated with the unsafe use and management of medicines. At this inspection some improvements had been made, however, medicines were still not managed safely.

Some people were prescribed 'as and when' medicines like pain relief or medicines for anxiety. People told us that they were asked if they needed pain relief and received medicine when they needed it. There was no detailed guidance for staff about how and when to give these medicines. There was a risk that people would not receive their medicines consistently and safely.

Most medicines were ordered each month, medicines that are prescribed on an 'as and when' basis may not need to be ordered regularly. The balance of medicines in stock should be 'carried forward' to the next medicines administration record (MAR) chart so that staff know when they need to order more stock. This had not been completed; there was a risk that people would run out of medicines. Without knowing how many medicines were in stock, an audit would not be accurate to check people were having their medicines as prescribed.

Some instructions had been hand written onto the MAR chart. It is best practice for the instruction to be signed by two people to confirm it is correct. Handwritten instructions had not been consistently double signed to confirm it was correct and to reduce errors.

People's medicines that were in use were kept securely in their rooms, there was no rotation of stock for 'as and when' medicines. One person had medicines in their room that should not have been used after June 2016. There was a risk that people would receive medicines that were out of date and not effective.

Some medicines have specific procedures for storage and administration. The medicines require one person to administer the medicine and another to witness. A book has to be signed after the medicine has been given by both people to ensure it is given to the person it is prescribed for. We observed that two nurses signed the book before the medicine was given. There was a risk that the medicine could be given to the wrong person, not be given at all or given twice.

There was a lack of safe and effective systems to ensure that people's medicines were managed as safely as possible. This is continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the cupboards in the clinical room were overstocked and contained out of date medicines. Improvements had been made, the cupboards now had minimal stock and medicines were all in date. The temperature of the room and fridge had been recorded and were within the range that medicines remain effective.

There was not always sufficient staff on duty to meet people's needs. People and staff told us there was not always enough staff. One person said, "I'd like to get out of my room more but I need hoisting and the staff are always busy." Staff told us, "We can do so much more with five staff in the morning and four in the afternoon." The deputy manager said the provider did not use a dependency tool to assess staffing levels, "We know every day of any changes and the number of people requiring the support of two staff doesn't change." The majority of people had complex needs and required two staff to support them at all times.

The deputy manager showed us duty rotas for the previous three weeks and for the next four. The staffing numbers were not consistent. The target number of care staff on duty had been met on occasions, most days it had not. Agency staff were used to cover sickness and annual leave, during the inspection agency staff were on duty to cover sickness. The registered manager told us that care staff had been employed for night shifts to increase the number of care staff from three to four.

During the inspection we observed that staff were completing essential care such as personal care but did not have time to spend with people to chat or attend to additional requests for support once essential care had been given. We observed people being asked to wait for assistance when they rang their bell; staff did not finish giving essential care until lunchtime. The activities coordinator was observed giving people their drinks instead of being able to complete activities. Staff told us this was because care staff did not have time to give people their drinks. Some people required assistance with their meals, we observed staff assisting people. Staff appeared to be rushed and did not give people time to enjoy their meals. There was a risk that people would not receive consistent safe and person centred care.

The provider had not consistently deployed sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in April 2016, the provider had not completed checks to ensure that new staff were suitable to work with people. At this inspection improvements had been made and the regulation was now met.

Staff were recruited safely. At the previous inspection, the provider had relied on CV's, now applicants completed an application form. Previously references had been accepted via email, these had not been signed or verified. References were now followed up with a telephone call to ensure the reference was legitimate. Interviews followed a fixed format and notes were taken, any gaps in employment were discussed. The provider completed checks such as the Disclosure and Barring Service (DBS) to show that applicants were not barred from working with people. There was proof of people's identity and their right to work in the UK. The provider used a computer system to ensure that all the information for a person to start work had been obtained before they start work.

At the inspection in April 2016, the provider had not completed fire drills, had not reviewed environmental risk assessments, not completed a legionella test or analysed accidents and incidents to identify trends and patterns to try to stop them happening again.

Improvements had been made. There were now environmental risk assessments in place, legionella test had been completed to ensure water was safe. Accidents were recorded and tracked on a computer system, they were analysed and plans put in place to try to reduce the risk of them happening again. Incidents linked to behaviour had not been recorded in the system.

Staff received training in how to safeguard people. Staff understood what abuse was and who to report concerns to if they were concerned about people's safety. Staff were aware of the whistle blowing policy and were confident to take any concerns to the registered manager and outside agencies if needed. The registered manager was aware of when to refer concerns to the appropriate agencies.

There was a contingency plan in place to manage emergencies such as fire or flood. The service kept personal emergency evacuation plans (PEEPS) for each person in a cabinet near the fire panel. There was evidence they were maintained to always reflect the needs of the people living at the service.

## Is the service effective?

### Our findings

People and relatives told us that they thought the staff were well trained and knowledgeable. One relative told us, "They look after (my relative) well, they call the doctor if needed."

At the previous inspection the provider had not ensured that care and treatment had been provided with the consent of the person and had not acted in accordance with the Mental Capacity Act 2005. At this inspection improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether conditions were being met.

Care plans showed that people and their relatives had read their care plans and agreed to the care documented. There was evidence that staff had assessed if people had capacity to make decisions, these were decision specific. The registered manager had identified people who were under constant supervision and were unable to consent to their care and applications for a DoLS authorisation had been made. No DoLS applications had yet been authorised. Decisions made in people's best interests such as the use of bedrails, were documented and relatives had been involved in the decision.

We observed staff asking people their consent before giving care. Most people's doors were open and people told us that this was with their permission.

At the inspection in April 2016 staff had not received appropriate training, supervision or appraisal to enable them to carry out their duties. The provider had made improvements, staff were now receiving training, supervision and appraisal.

There was an internal trainer who had undertaken a qualification in education and training. They now provided face to face training across a number of subjects, external trainers were used when appropriate. Some staff had completed a train the trainer course in moving and handling, to be able to provide training and support to other staff. The trainer was attending a train the trainer course to be able to provide further training such as pressure area care for care staff. Care staff had been booked to attend first aid courses in May 2017.

New staff received induction training, including three days of basic training which included MCA, safeguarding people, moving and handling and fire awareness. Staff shadowed more experienced staff to

learn about people's choices and preferences. New staff received supervision throughout their probation period; this was confirmed by records and by a member of staff.

All care staff had or were working towards a adult social care vocational qualification. These are worked based awards that are achieved through assessment and training. Staff must prove that they have the ability (competency) to carry out their job to the required standard.

We observed staff using moving and handling equipment safely and adhering to best practice guidance.

Staff had received supervisions every two months and yearly appraisals. There was a system in place for nurses to complete supervisions and appraisals for care staff. Nurses told us that they were not sure what they needed to include and staff told us they were not sure the nurses knew what was required. Nurses had not received any training or guidance on how to supervise and appraise staff. We recommend that nurses receive supervision and appraisal training.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to be as healthy as possible. When a person was unwell their doctor was contacted. When people had problems eating and drinking they were referred to dieticians and speech and language therapists.

Specialist health professionals such as the respiratory nurse and specialist dieticians visited the service regularly. Their guidance was recorded and followed by staff; records showed that staff had contacted them if there was any concerns.

We observed the lunch time meal time. People ate in their rooms, there was not a designated dining room. A communal room had a small table that people could use. A relative told us, "I don't think they are encouraged to eat at the table, I think it's easier for staff if they stay in their rooms." People appeared to be content to eat their meals in their rooms but there was no evidence that people had been consulted and asked if this was their preference.

There were mixed opinions about the food, one person told us, "The food is lovely." Another person said, "It's not very hot or imaginative. Sometimes it's better than others but we don't go hungry." People told us that they had a choice of meals, including a cooked breakfast and jacket potato or salad if they did not like the main meal. People had equipment to support them to be independent with their meals.

When people required different diets these were catered for. Some people required a puree diet, each element of the meal was presented separately. Diabetic puddings and cakes were offered to ensure that people who were living with diabetes had the same choice.

Nutritional assessments were completed to make sure people were receiving the nutrition they needed to keep them healthy. People received nutritional supplements and fortified meals with extra milk and butter, if required to maintain a healthy weight. The amount of food and drink people had was monitored and people were offered snacks and extra drinks throughout the day if needed.

## Is the service caring?

### Our findings

People and relatives told us the staff were kind and caring. People said, "The staff are kind and compassionate and I feel very cared for." A relative said, "They treat (my relative) with dignity." However, there were occasions when people felt staff were not able to perform their duties to the standard they would like.

People told us they thought staff were rushed and there was not enough staff. People told us, "They have so much to do. One or two can be a bit 'short' at times." "At night, if I need the toilet, some of the night staff refuse to hoist me onto the toilet. I have to use the bedpan, I am not at all happy about that." "The staff are very good, very respectful but I think they are stretched."

During the inspection a person called us into their room. They told us that they needed the bathroom. We told a member of staff who said, "(The person) doesn't, they wear pads." The member of staff did not go into the room to check the person was comfortable or not. We observed that one person who required assistance with personal care had their blouse on inside out and this had not been noticed by staff.

During the inspection we observed some staff and they appeared to be working to a routine to ensure that people received essential care. There was no time to concentrate on people's personal preferences. Staff were unable to provide additional support to people once they had left the person such as being assisted to use the bathroom when they wanted. In response to a survey about the care they received, people stated that they were not able to go to bed and get up when they wanted to. The registered manager had organised a staff meeting to remind staff that choice should be offered, however, there was no follow up to confirm if people felt there had been any improvement.

The provider had not ensured people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and relatives told us that visitors were welcome at any time. During the inspection there were friends and relatives visiting. Staff had knowledge of people's needs, likes and dislikes. Staff spoke with people in a warm friendly way as they went about their day.

People's rooms were personalised with their own belongings, one person had their own bedding, so that they felt at home. We observed staff knock on people's bedroom doors before entering. We heard staff ask people if they were alright and if they needed anything. Staff told people what they were doing and asking people for their consent to continue.

Staff were able to describe how they maintained people's dignity, such as ensuring the door was closed when giving personal care. One person told us, "They treat me with dignity and respect; they always make sure that the door is closed when they come to wash me."

Relatives told us that they were involved in any changes to their loved one's care. Nurses were aware of

people's nursing needs and spoke with relatives when changes had occurred.

People were supported to be as independent as possible, at lunchtime some people were given 'guards' on their plates so that they were able to eat independently. Staff supported people to make some decisions, such as what they wanted to eat or wear.

People's beliefs were respected and there was chapel in the building for people to use. One person said, "There is a chapel here and they take me to church. That's very important to me."

The service provided end of life care which was planned in advance when people were near the end of their lives. Staff worked with the local hospice palliative care team to support people to have a dignified and pain free death.

## Is the service responsive?

### Our findings

People told us they received the care and support they needed. One person told us, "I have absolutely everything I need, I have no complaints." Relatives told us that staff involved them in any change of care to their loved one.

Before coming to live at Kearsney Manor, people had an assessment of their needs completed by the registered or deputy manager. This was done so that the managers could check whether they could meet people's needs. People and relatives said they were involved in planning their care. Assessments provided information about people's life as well as their health conditions and medical needs. These helped staff understand about people and their lives before coming to live at Kearsney Manor. People who were unable to verbally communicate had information about their life in their room for staff to refer to.

Each person had a care plan. The detail about people's choices and preferences was not consistent. Some care plans included detail about people's preferences and choices, to help staff support people in the way they preferred. Care plans contained information about what people could do for themselves and when they needed support from staff. Care plans contained information and guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. For example, one care plan stated 'cut up food into pieces, uses fork or spoon in their left hand. Requires a beaker without a lid.' Another person's communication needs were explained, 'use picture and alphabet cards, (the person) points at cards.' Other care plans did not contain these details about people's preferences and choices. There was a risk that people would not receive the care they preferred. The need for detailed care plans for everyone was an area for improvement.

Staff knew people well and were able to explain their care and health needs. Some people were unable to change their position in bed and were at risk of their skin becoming sore. There was guidance in place for staff to follow to support the person to change their position. When people were at risk of developing pressure sores, they had specialist equipment such as mattresses and cushions which helped to protect their skin from breaking down. Staff told us about the signs they would look for to identify if people's skin was becoming sore, and how they would respond. The nurses responded quickly if any concerns were identified, and made sure people received the intervention and care they needed to keep their skin as healthy as possible.

When people received their nutrition directly into their stomach by a special tube there was guidance on how to do this and what signs staff should look for and the action to take if there were problems. Nurses had referred people to specialist health professionals when there had been problems with their tube, to ensure that they continued to receive nutrition to keep them healthy.

Staff had a verbal handover at the beginning of each shift. The handover detailed any changes that occurred with people's health and care needs. Notes were made in the communication book, for staff to refer if required.



There were activities for people to take part in. The majority of people remained in their room through choice or because of complex nursing needs. The activities co-ordinator worked Monday to Friday and was joined by another member of staff in the afternoon. The activities programme included outside musicians and small animals being brought in for people to see. In the afternoons there were activities such as bingo, movie afternoon, quizzes and exercise to music. In the mornings the activities organiser spent time with people in their rooms, chatting to people and offering hand massage.

Kearsney Manor has large grounds and gardens that people can enjoy. When the weather was good people were encouraged to spend time in the grounds, some people told us that they would like to go out into the grounds more, but there was not always staff available to take them out. The service organised a fete each year that the public was able to attend.

People told us if they had any complaints they would speak to staff. One person told us, "I don't really have anything to complain about. There are a few niggles but I usually speak to the nurse and it gets sorted."

The service had a complaints procedure on display in the entrance hall. The provider had introduced a new system in August 2016 to plan and track the progress of complaints. There had been two complaints this year. The registered manager had followed the provider's policy, the complaints had been investigated and referred where appropriate to outside agencies

## Is the service well-led?

### Our findings

People and their relatives told us that the registered manager was approachable, very kind and friendly and that she 'was around a lot'. People felt sure that if they wanted to speak to the registered manager they could do.

The registered manager had worked at the service since October 2016 and registered with CQC in March 2017. The registered manager was a registered nurse; they were supported by a deputy manager, a registered nurse who had worked at the service before taking their present role.

At the previous inspection in April 2016, the management team had acknowledged that there were shortfalls within the service. There were plans in place at the time to improve the service, at this inspection, some had been implemented.

Audits and checks on the service had been carried out. When any shortfalls had been identified in the maintenance of the building, an action plan had been completed with dates for completion. Audits to assess the quality of the care provided had been completed but had not identified the shortfalls identified at this inspection. For example, the shortfalls in the management of medicines and the lack of guidance to mitigate risks to people.

At the last inspection, there was a quality assurance system in place but surveys had not been sent out to people, relatives and healthcare professionals. At this inspection people had been sent questionnaires in February 2017 and a relatives meeting had been held. Healthcare professionals had not been contacted for feedback.

Responses from people highlighted they were not receiving care as they preferred. For example, five people said that they could not get up or go to bed when they wanted and to seven people said that they could not have a bath or shower when they wanted. When asked about if they had time to discuss any concerns with the management, seven people replied no. An action plan was in place, and actions identified were to hold a staff meeting and ensure people were given choice. There was no date to check if the action plan had been successful, or an investigation into why people felt this way.

A staff survey had been sent out in July 2016. This had identified that staff felt there was a shortage of staff, giving examples of rushed meals, a heavy workload and no time for meaningful interactions with people. During the inspection, we observed that staff rushed when giving assistance at mealtimes and not being able to spend time with people. There was no action plan in place to address these concerns.

Checks and audits were not effective; shortfalls found at this inspection had not been identified. Feedback from people and staff had not been used to improve the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were now receiving supervisions and appraisals to discuss their development and training needs.

Training that staff received was now up to date and relevant. Accidents were recorded correctly and analysed to look for any patterns.

The registered manager acknowledged that there was still work to be done at the service. There were plans for the building to be developed and increase the number of bedrooms and to provide communal space and move the kitchen.

Regular staff meetings had been held every two months, and were held on consecutive dates to ensure attendance. There was evidence that specific staff groups meetings were held as needed and were effective.

Staff told us that they were supported by the management team and that they were approachable. They felt that they could talk to the registered manager but there were lots of changes happening and their concerns had not always been listened to.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider had not ensured people were treated with dignity and respect.

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	The provider did not have sufficient guidance for staff to follow to show how risks were mitigated including when supporting people with behaviour, moving people and managing health conditions. There was a lack of safe and effective systems to ensure that people's medicines were managed as safely as possible.

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	Checks and audits were not effective; shortfalls found at this inspection had not been identified. Feedback from people and staff had not been used to improve the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not consistently deployed sufficient numbers of staff to meet people's needs.

