Westgate Healthcare Limited

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

Summary of findings

Overall summary

The inspection took place on 03 October 2016 and was unannounced.

Kingfisher Nursing Home provides residential nursing care for up to 22 older people, some of who may live with dementia. There were 20 people accommodated at the home at the time of this inspection.

There had not been a registered manager at Kingfisher Nursing Home since July 2011. A new manager had been in post for twelve weeks at the time of this inspection and had started the process of applying to become registered with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we last inspected the service on 04 April 2016 the service was in breach of regulations 09, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to provide people with opportunities for engagement and stimulation and there were concerns relating to the management of medicines, the management of pressure area care and diabetes care. The provider's governance and quality monitoring systems had not been effective in identifying these areas.

Following the comprehensive inspection in April, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements to meet the previously identified shortfalls however, further areas for improvement have been identified during the course of this inspection.

Staff had not received the training necessary to give them the skills and knowledge to support people's individual health conditions. The provider had arrangements to regularly monitor the quality of the care and support provided for people who used the service however; this was not always effective in identifying areas of shortfall.

People and their relatives complimented the staff team for being kind and caring. However, we found that the staff spoke of tasks they did for people in terms that did not honour people's dignity. People's personal and private information was not always maintained securely to promote their confidentiality; however the provider has made plans to secure the area where people's personal and private information is stored. The environment was tired and in need of refurbishment in order to provide a dignified home for people. The provider has acknowledged this and an extensive refurbishment plan is in place to commence this month.

People felt safe living at Kingfisher Nursing Home. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people

were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

Staff were knowledgeable about individuals' basic care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were able to describe what constituted abuse and said that they would not hesitate to escalate any concerns however, they were not all were clear about how to report safeguarding concerns to external agencies.

People who used the service told us they felt safe at Kingfisher Nursing Home.

Risks to people's health and well-being had been identified and management plans had been developed to guide staff how to provide safe care for people and mitigate the identified risks to their health and well-being.

There were sufficient numbers of staff on duty to meet people's needs.

The provider operated robust recruitment processes.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

People were supported to enjoy a healthy, varied and balanced diet.

People were supported to access a range of health care professionals to help ensure that their general health was maintained.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not always use language to promote dignity and

respect.

People's personal and private information was not always stored securely.

The environment was tired and in need of refurbishment in order to promote people's dignity.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff did not always receive training about people's specific health conditions to enable them to meet their individual needs.

People's concerns were listened to and acted upon.

People's care was planned and kept under regular review to help ensure their needs were met.

People were supported to engage in a range of activities to provide them with engagement and stimulation.

Is the service well-led?

Requires Improvement

The service was not always well led.

There had not been a registered manager at Kingfisher Nursing Home since July 2011. A new manager had been in post for twelve weeks and had started the process of applying to become registered with CQC.

The provider had a range of systems in place to assess the quality of the service provided in the home however; these were not always effective in identifying areas that require improvement.

Kingfisher 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.

This inspection took place on 03 October 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, four staff members, representatives of the senior management team and the manager. We spoke with relatives of three people who used the service to obtain their feedback on how people were supported to live their lives. Subsequent to the inspection we spoke with a further five relatives by telephone.

We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection of Kingfisher in April 2016 we had found that people's medicines were not always managed safely and that we could not be confident that people had received their medicines in accordance with the prescriber's instructions. At this inspection, we found that whilst some improvements were still necessary in the overall management of medicines within the home, people did receive their medicines in accordance with the prescriber's instructions.

We checked a random sample of boxed medicines and found that stocks agreed with the records maintained however, further work was needed to ensure that medicines were managed properly when received into the home from the pharmacy. People were supported to take their medicines by trained staff, and the manager informed us that all staff members responsible for the administration of medicines had been scheduled for a competency assessment shortly after this inspection. People told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely.

The room where medicines were stored was warm and a free standing fan was in use to cool the ambient temperature. The provider's representative was able to confirm to us that this had been identified and an air conditioning unit had been requested in order to help ensure that medicines were maintained at an appropriate temperature to promote their potency.

At the previous inspection in April 2016 we found that management plans had not always been developed to guide staff how to provide safe care for people and reduce risks to their health and well-being. For example, in relation to pressure area care and the management of diabetes. At this inspection, we found that where potential risks to people's health, well-being or safety had been identified, these had been assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the risk of developing pressure ulcers, risks associated with living with diabetes, the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety together with guidance to mitigate risk.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Training records indicated that 19 of the 24 staff employed to work at Kingfisher Nursing Home had up to date training and five staff members were awaiting refresher training in this area. Information and guidance about how to report concerns was displayed in the home accessible to staff and visitors alike. Staff were able to confidently describe to us how they would report any concerns within the organisation. This showed us that the provider had taken steps to help ensure that people were protected from abuse and avoidable harm. However, as had been identified at the previous inspection in April 2016, all staff we spoke with still lacked the understanding of how to report concerns outside the organisation to the local authority safeguarding team. The manager undertook to include reporting procedures as one of the topics in the next staff meeting to help re-inforce staff awareness in this area.

The visitor's book was positioned on the nurse station which occupied a position central to the home. We noted visitors coming and going and that they did not pause at the nurse station to sign the book to indicate

that they were on the premises. We discussed this with the manager who told us they would look at different ways to make the system work because currently in the event of an emergency such as a fire they could not be confident they would know who was in the home.

Relatives of people who used the service told us that they felt the home was not as clean and fresh as they would expect. One relative said, "Cleaning is a bit hit and miss. For example, used drinking glasses can be there all day; staff just get another glass leaving the used one in the room." Two other relatives advised us that urine bottles are not always removed from people's rooms in a timely manner and were not always properly rinsed out after use. We noted some areas of the home that were not clean and fresh, for example a bathroom had a residual odour and some of the furniture was damaged due to age and no longer 'wipe clean'. The provider monitoring visit of September 2016 and had identified these issues along with others and an action plan had been developed to monitor the cleanliness of the environment.

People and their relatives told us that people were safe living at Kingfisher Nursing Home. A relative of a person who used the service told us, "It is perfectly safe there, [Person] is really well looked after." Another relative said, "It is lovely here, they are very nice, [relative] is safe here."

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from an armchair to a wheelchair. The staff members reassured and talked with the person throughout the transfer which helped them to feel safe and relaxed.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Records were available to show that staff checked people's mattress pressures daily to help ensure that they were maintained at the correct pressure for people's needs. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw records to confirm when people had been assisted to reposition in accordance with their agreed plan of care.

People and their relatives told us that there were enough staff available to meet their needs. Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their care and support when they needed and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. The manager told us that permanently recruited staff numbers had increased since our previous inspection in April 2016 reducing the need for agency staff cover which had a positive impact on the standard of care delivered. The manager did tell us that night staff were feeling under pressure and that introducing a twilight cover and additional cover first thing in the morning would serve to alleviate this pressure. The manager said that discussions were on-going with the provider in relation to this matter.

Recently recruited staff members told us that they had a face to face interview as part of the recruitment process and that they had not been able to start to work at the home until satisfactory references and criminal record checks had been received. This showed us that safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service.

Good

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Kingfisher Nursing Home was appropriate to meet people's needs. A person who used the service told us, "It's brilliant, the staff are excellent." A relative said, "The food is good. The staff are good."

Staff received basic core training to support them to be able to care for people safely. The manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. These elements included moving and handling and safeguarding as well as specific training modules such as end of life care.

Staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and said they could approach the management team for additional support if needed. The manager told us that all staff members had had a one-to-one with them since they had started their role at the service as part of, "getting to know you." At these meetings issues discussed included training, any concerns and continued professional development. The manager told us that they had shared their expectations in relation to the service and told the staff what they could in turn expect in terms of support.

The provider has developed a five day induction programme for nursing staff which reflected the learning from clinical outcomes and to include the critical clinical areas where poor compliance had been previously noted such as medication management. The provider had appointed a clinical nurse manager to lead the nurse induction programme as well as to meet with all the nurses on a regular basis to support, coach and identify any further learning and development needs. To further support the nursing team the provider has invited applications from senior health care assistants to develop their role further and become care practitioners. Successful applicants would have a five day structured class room based induction that dovetailed with the newly revised nurse induction.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Of the 24 staff members employed to work at the home 17 had completed the relevant training and seven had yet to receive it. During discussion with the management team it was acknowledged that the staff team may need further support to embed understanding of their role in protecting people's rights in accordance with this legislation. A member of the senior management team informed us that they were in the process of developing a training module

together with a flowchart to capture the spirit of the MCA.

The manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection seven applications had been made to the local authority in relation to people who lived at Kingfisher Nursing Home and six were pending authorisation.

People told us, and our observations confirmed that staff explained what was happening and obtained people's consent where possible before they provided day to day care and support.

We reviewed weight records for people who used the service and these confirmed that people's weights were regularly monitored and were stable. Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs.

The manager told us that the chef had re-developed the menu as a result of listening to people's views at a residents meeting. A representative of the senior management team advised us that since the previous inspection of the service there had been changes made in relation to food in that people were now offered the option of a cooked breakfast daily, and there was always a hot option provided at supper time. The manager told us that the chef also spoke with the resident of the day to help ensure that the menu choices were appropriate to meet the needs and wishes of the people who used the service. The chef also reviewed people's weight records so that he was able to take fast action in the event of identified weight loss. For example to fortify foods using milk instead of water and full fat milk and yoghurt. We were also told that the provider had appointed a regional chef to provide cover for periods of sickness and annual leave and also to help increase the hospitality standards across the provider's portfolio.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. One relative said, "[Relative's] health needs are met, the GP is contacted when necessary and hospital admissions had been made when needed." We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Requires Improvement

Is the service caring?

Our findings

At the previous inspection in April 2016 private and confidential information relating to people's health and welfare needs was not securely stored. At this inspection we noted that some action had been taken towards protecting people's privacy and respecting confidentiality by the provision of two lockable filing cabinets at the nurse station. However, on the day of this inspection these cabinets were not locked and files containing personal information were still accessible on the desk at the nurse station. We saw a sign at the nurses station which read, "Please do not leave confidential resident paperwork unattended and on display."

When staff were supporting people in their private rooms or elsewhere within the home the information left on this table was not protected. A report from a monitoring visit made on behalf of the provider in September 2016 stated, "The front desk had resident information on the surface, easily accessible and in breach of data protection." To address this concern we noted that the provider's refurbishment plan included a proposal that had been agreed by the senior management team to enclose the nurse station for confidentiality purposes. The plan indicated that quotes were to be obtained by the end of November 2016.

We observed that the use collective terms by staff when they referred to aspects of their role did not engender a culture of respect within the home. For example, we heard staff members referring to, "Doing the feeding" to describe when they were supporting somebody to eat their meal. Another staff member said, "I need someone to help me but they're all feeding." This use of this language does not serve to value and respect people as individuals.

People and their relatives told us they were happy with the staff that provided their care. A relative told us, "Respect and caring is top-notch, can't fault it." Another relative told us, "The staff are marvellous, all [Person's] needs are taken care of, they are nice people."

At the previous inspection in April 2016 we noted that the environment was tired and we were told that there were plans for refurbishment to make the home a more pleasant environment for people to live in. At this inspection we noted that some redecoration had taken place in the communal hallway and the manager told us that redecoration of individual rooms was planned. The manager told us that they had ordered tablecloths, mats, new clothing protectors, jugs and glasses in order to make people's dining experience more pleasant and had ordered side tables for people to use in the lounge areas.

Relatives told us they were disappointed with the environment, one relative said, "The decor is still as tired and depressing as it was." Another relative told us, "The furniture is pretty dire and shabby, which gives a poor impression of the home. For example, doors and drawers don't shut on the chest of drawers and wardrobes and they are falling apart." A further relative said, "There are not enough chairs or even enough space in the communal lounge for everyone to sit." We discussed these issues with a representative of the provider who confirmed to us that the need for general refurbishment had been identified including curtains, flooring, furnishings and redecoration to brighten and freshen up the entire home. The provider shared the painting, decorating and refurbishment action plan with us which showed that work is scheduled

to start on 20 October 2016 to decorate all areas of the home. The plan showed that there was a rolling programme of replacement of furniture such as armchairs and bedroom furniture which was due to commence in November 2016. This showed that the provider was committed to delivering the improvements needed to create a pleasant environment for people to live in.

People were not always supported to make meaningful choices about food. We heard staff asking people for their meal choices between roast lamb or ham salad during the course of the morning. Later we found that these meals choices were being taken in preparation for Wednesday, some 48 hours ahead. There were no menus available for in the dining room to remind people of the meal options provided on the day. We saw staff meeting minutes from 26 July 2016 which stated, "People may have forgotten menu choices or change their minds since the day before. The purpose of the nursing home is caring and offering choices." We discussed this with the manager who said they were not aware of the practice of asking people for their choices so far in advance and undertook to look into it.

Staff respected people's dignity and made sure they supported people in the way they wished while encouraging them to remain as independent as possible. During our inspection we observed that staff were courteous and kind towards people they supported. We saw staff promoting people's dignity and privacy knocking on people's doors and waiting before entering people's rooms. Throughout the day we noted there was good communication between staff and the people who used the service and people were offered choices in their daily lives that were respected which contributed towards people feeling that they had control in their lives. For example, we heard a staff member tell a person that, "It is lunchtime soon, would you like to go to the dining room or eat here?" The person chose to eat in their own room and staff accepted this choice.

The staff team was fairly new however; we noted that staff had developed positive and caring relationships with people. People were relaxed and comfortable to talk with care staff and domestic staff alike. We observed staff interacting with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

People who used the service appeared well groomed. We were told that the hairdresser had recently been and the ladies said that having their hair done made them feel good. We saw that gentlemen had been supported to have a shave and that people's clothes were clean, ironed and coordinated.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted that there was a regular flow of visitors into the home.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection of Kingfisher Nursing Home in April 2016 we found that people did not have sufficient opportunities to take part in meaningful activities and engagement according to their personal preferences and individual needs. Since the last inspection an activity coordinator had been appointed who had started to work at the home in this role in July 2016. A representative of the provider told us that the activity hours provided at the home had increased from 20 hours per week to 25 hours and that the senior management team were considering a further increase to 30 hours as currently there was no activity provision at the weekend.

During the course of the inspection we saw photographs of people engaged in activities, a quiz took place during the morning and in the afternoon we saw people sat out in the pleasant gardens enjoying the late summer sunshine with visiting relatives. Records showed that people were involved in such past times as painting, hand massages, listening to music, quizzes, manicures, Pets as Therapy (PAT) dog visits, watching films, playing board games, doing origami and playing garden skittles. An external entertainer had visited the home to play instruments and sing for people. The manager told us that they were looking into providing trips to local places of interest and outings to local pubs.

People told us that there were many more things going on in the home nowadays however, some relatives told us that the activities provided were generic and were arranged around group needs as opposed to people's individual needs and wishes. The home manager acknowledged this and confirmed that the activity provision was an area that was developing and gathering momentum.

Staff had not always received the training necessary to meet people's specific health conditions. A person had been admitted to the home with a specific condition that manifested in psychiatric problems and difficulties with behaviour, feeding, communication and abnormal movements. The staff team lacked the knowledge and understanding of this specific condition which had the potential to have a negative impact on the person's health and wellbeing. For example, the person lacked cognitive awareness and when staff offered them a drink they would respond either yes or no but this was just a conditioned response and had no meaning. This meant that if the person said, "no" to a drink the staff would accept their response and relatives told us this meant the person may not have a drink all day. The home manager confirmed to us that staff had not been provided with training to meet this person's specific health needs but told us they had accessed information from the internet to circulate around the staff team.

The provider had failed to ensure that the staff team had the skills and knowledge necessary to meet people's specific health needs. This was a breach of regulation 9 of the Health and Social Care Act (Regulated Activities) 2014.

Care plans provided staff with the information they needed to meet people's needs. For example, a person who used the service had their fluids and medicines administered by means of a Percutaneous Endoscopic Gastrostomy tube (PEG). There was clear instruction for the staff to support giving the person their medicines by this route, including dealing with tube blockages, cleaning and things to look out for such as

redness at the entry site and how to rotate the tube regularly to prevent it from getting stuck.

We saw minutes of residents meeting held on 15 July 2016 and we noted that the majority of people's concerns had been about how the food was cooked and presented. We discussed this with the manager who confirmed that the chef had been involved with re-developing the menu as a result of the feedback received. On the day of the inspection people appeared to enjoy the food provided.

Satisfaction surveys were distributed regularly to people who used the service and their relatives. An action plan was developed from the feedback received from people and their relatives. For example, it had been identified through the most recent survey that people felt there was a need for better communication. To help address this we saw that the notes of the meetings had been provided in a clear format, 'what you said, what we will do' and it was agreed to send communications directly to the nominated relative, by way of email and or post to help ensure they were aware of forthcoming meetings, events and updates.

The service operated a 'resident of the day scheme'. The manager had developed a template into which the nurses, the care assistants, the activities co-ordinator, the maintenance person, the chef, a housekeeper and admin staff all contributed to. We saw that people's relatives had been invited to attend and contribute to the monthly reviews of people's care plans. This helped to ensure that all aspects of a person's care and well-being were reviewed at least once a month to confirm that their individual needs were being met. The manager informed us that this system was very new and had only been operating a short while.

There was a record of communication with people's relatives. For example, we noted that one person's relatives had been telephoned by staff to update them when the person had a fall, had lost their hearing aids or was refusing foods.

People who used the service did not share their views with us about raising complaints. Relatives told us they were not completely confident that complaints would be taken seriously and acted upon. This was because the home had three managers in the past six months which meant that relatives had lost some confidence in the overall management systems. The manager told us that there had been no written complaints received in the 12 weeks they had been in post. There had been two verbal complaints which had been managed in accordance with the provider's policy and procedure for dealing with complaints. We noted that the provider's monthly monitoring systems included a report of complaints and concerns raised in the home.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection at Kingfisher Nursing Home in April 2016 we found that record keeping in the home did not support staff to provide safe and consistent care in respect of pressure area care and diabetes care. At this inspection we reviewed records for people who had developed pressure ulcers and who lived with diabetes. We found that staff had access to clear guidance to support them to provide people with safe and effective care.

At our previous inspection people who used the service and their relatives told us that they were not confident that their views were listened to and that actions would be taken as a result. At this inspection we saw that the manager had taken steps to address issues that people raised. For example, people had voiced their dissatisfaction with the food provision and we noted that actions had been taken to address this.

At the previous inspection we had found that the provider's quality monitoring and governance systems had not always been effective in identifying shortfalls in the service provision. At this inspection, we noted that there was a clear system in place to enable the provider to monitor such areas as falls, infections, skin integrity, complaints and weight loss. However, there remained some areas of shortfall in the home that had not been identified by the manager or the provider's monitoring systems. For example, the lack of training for staff to meet people's specific health conditions, people's privacy and confidentiality not being respected and the use of institutional terminology by staff members.

The provider's continuous improvement plan (CIP) stated that managers must be able to evidence that service specific training had been requested using the provider's training request process. This had been documented as having been completed however this was not our finding at the inspection. The CIP also stated that, "Menus must be easy to read and in an appropriate format and displayed appropriately." This had been documented as completed by 31 July 2016. At the inspection there were no menus available for display.

The provider had taken actions to address shortfalls identified by the previous inspection in April 2016 however the governance and monitoring systems had failed to address ongoing issues identified within this report. Therefore this was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014 Regulations.

There had not been a registered manager at Kingfisher Nursing Home since the July 2011. A new manager had been in post for twelve weeks at the time of this inspection and had started the process of applying to become registered with CQC.

People who used the service recognised the manager because they had seen them around the home but were not aware of the manager's name or their role within the home. People's relatives gave us mixed feedback about the management arrangements in the home. They told us that it was unsettling because there were continuous changes. One relative told us, "The manager is fine, very good and lovely, always around and about." However other relatives told us they had not seen the manager. One relative said,

"Seldom seen the manager, which is surprising because we have visited at a variety of times." Another relative said, "I have not met the new manager, they have not introduced themselves."

The manager told us that they had arranged two meetings for relatives of people who use the service since they had been in post but that these had not been well attended. To support better communication a newsletter had been developed which was regularly sent to family members to help keep them up to date with activities and events in the home. Relatives we spoke with said they were not aware of these meetings, one person said, "I am not aware of any meetings held for relatives, I have never been invited to one." In response to feedback received from the quality assurance survey relative's meetings had been booked for the year ahead, newsletters had been sent to all relatives to ensure they were kept informed of forthcoming meetings, newsletters were posted to notice boards in the communal areas of the home and a copy had been placed in each person's room. This showed that the provider listened and took actions in respect of people's feedback.

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. The service had experienced considerable instability in the management team having had three managers in the past six months. Staff reported that they had struggled but that they were now settling in under the new manager. We saw minutes of a staff meeting from July 2016. The manager had taken this opportunity to introduce themselves formally to the staff team and issues discussed included sickness management, meal breaks and general staffing issues.

There were meetings held between the manager and members of the senior management team to discuss such issues as recruitment, the performance of the service and any matters arising.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that the staff team had the skills and knowledge necessary to meet people's specific health needs.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance and monitoring systems had failed to address issues identified as part of this inspection.

The enforcement action we took:

Warning Notice