

Indigo Care Services Limited

# Lymewood Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 02, 07 and 12 September 2016. This inspection was unannounced.

Lymewood Court is a purpose built service, all bedrooms and communal areas are located on the ground floor. There is a car park to the front of the building and gardens to the rear. There were 45 people using the service at the time of this inspection.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission in 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.

The last inspection of the service was carried out in May 2014 and we found that the service was meeting all the regulations that were assessed. However this was the first inspection under the current provider who was registered in June 2016.

At this inspection we found a number of breaches 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 the report.

People's health and safety was put at risk because parts of the environment were unsafe. Pathways were uneven and had pot holes and a build-up of moss which posed a slip trip and fall hazard. Items of equipment which were stored in communal areas obstructed fire exits and people's access to areas of the service. Staff removed the equipment after we raised our concerns with them. Some fire doors to people's bedrooms failed to close properly putting people's safety at risk in the event of a fire. The fire doors had been repaired by the second day of our inspection.

The management of medication was not always safe. An open medication trolley was left unattended on a corridor and people who use the service and visitors could have accessed the content of the trolley. Medication administration records (MARs) were not always signed at the right times. Medication for one person was pre dispensed and placed in a pot half an hour before they were due to be administered to the person. Handwritten entries made on some people's MARs had not been countersigned to check the accuracy of the record made.

Food items were not always safely stored and foods which had exceeded their use by date were kept. Pureed foods were put in the freezer without a label displaying what the content was and without dates to show when it was stored and a use by date. The system for labelling pre prepared foods which were put in the fridge was unreliable because staff were unclear about the information provided. Sauces in the dining room and other food items which were kept in the food stores had passed the use by date. All unlabelled

food items and out of date food had been disposed of by the second day of our inspection.

People's confidentiality, dignity and privacy were not always respected. Some people's bedrooms could be viewed from the car park at the front of the building. Although bedrooms were fitted with curtains there were no nets curtains or blinds which could be used to promote people's privacy when they occupied their rooms with their curtains open. People in bed could be seen from the car park outside. The doors to offices where care plans and other personal records belonging to people were stored were left open. In addition staff communication books and monitoring records detailing personal information about people were stored in communal areas.

Although there were systems in place for checking on the quality of the service they did not always identify areas for improvement. When areas of improvement were identified the registered provider failed to act upon them to ensure the health and safety of people who used the service and others. Action plans developed in conjunction with the registered manager and operations manager highlighted ongoing concerns with regards to the outside of the premises, however no action was taken to rectify the concerns and they remained outstanding since the service was newly registered in June 2016. It was only after we raised the concerns as part of this inspection that action was taken to address the concerns.

We have made a recommendation about records. Monitoring records were completed for some people who required aspects of their care monitoring, however some of the records did not provide important information about people's needs. Fluid charts did not show the amount of fluid a person needed to consume each day and daily checks carried out on the pressure settings of air flow mattresses was not kept.

People who used the service were safeguarded from abuse and potential abuse because the registered provider had taken steps to minimise the risk of abuse. Staff had completed safeguarding training and they had access to information about how to prevent abuse and how to respond to an allegation of abuse. They recognised the different types and indicators of abuse and were confident about reporting any concerns they had.

Staff received the training and support they needed. Training relevant to people's needs was provided to staff on an ongoing basis and their competency was checked to make sure they understood and benefited from the training undertaken. Staff were provided with opportunities to explore their training needs and discuss any additional support they needed.

People and family members had been provided with information about how to complain and they were confident that any complaints they raised would be listened to and dealt with.

## 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 ●

The service was not safe.

Parts of the premises were unsafe, including garden areas, pathways and fire doors.

Equipment such as hoists and wheelchairs were not safely stored.

The preparation and storage of some items of food was unsafe.

People's medicines were not always managed safely.

### Is the service effective?

Good ●

The service was effective.

Some monitoring records did not include important information about people's needs.

People received care and support from staff that were appropriately trained and supervised.

People's rights were protected in line with the Mental Capacity Act 2005.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

People's confidentiality was compromised because their person records were not always securely stored.

Some people's bedrooms were overlooked from public areas which compromised their privacy.

Gardens and patio areas were unkempt making them unattractive and uninviting for people's use.

### Is the service responsive?

Good ●

The service was responsive.

Care plans described people's needs and how they were to be met.

People had the opportunity to engage in activities which they enjoyed.

People had information about how to complain and they were confident about complaining should they need to.

**Is the service well-led?**

The service was not always well-led.

Systems for monitoring the quality of the service and making improvements were not always effective.

The registered provider failed to mitigate risks to people's health and safety.

People described the registered manager and deputy manager as approachable and supportive.

**Requires Improvement** 

# Lymewood Court 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 first day of the inspection visit was undertaken by two adult social care inspectors and the second day and third day was carried out by one adult social care inspector. During this inspection we spoke with eight people who used the service and nine family members. We spoke with the registered manager, deputy manager and seven staff who held various roles including nurses, care staff, domestic staff, and the chef.

We looked at the care records, including medication administration records (MARs) belonging to five people who used the service and records for five staff. Other records relating to the management of the service which we looked at included, staff rotas, minutes to meetings, audits and safety certificates for equipment and systems used.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. Their comments included; "Definitely safe", "Oh yes I feel very safe", "I've no worries". Family members told us that they had no worries about their relative's safety. Their comments included, "We feel she [relative] is safe here, much safer than when she was at home" and "I'm confident she [relative] is safe".

Some parts of the environment posed a risk to people's safety. A number of fire doors leading into people's bedrooms failed to close properly into the recess. This meant that the doors would not provide the occupants with full protection in the event of a fire. We immediately brought this to the attention of the deputy manager who contacted the relevant department to arrange repairs on fire doors. On the second day of our visit we checked faulty fire doors and found some had been repaired and arrangements had been made to repair others. Within 48 hours of our inspection we received confirmation that all fire doors had been repaired and were in full working order.

Areas outside of the service which people had access to posed a trip, slip and fall hazard. A patio area directly outside a lounge had a number of obstacles which posed a risk to people, including a discarded paddling pool and signage no longer in use. Pathways to the back and sides of the building had a build-up of moss, a large number of pot holes and uneven surfaces. Some flag stones leading onto the pathways were also uneven. As well as posing a risk to people who wished to access these areas at their leisure, there was also a risk if people needed to be evacuated from the building in the event of a fire. This was because there were seven fire exits leading out of the building directly onto these areas. The car park directly in front of the building which was the designated fire assembly point was severely uneven due to wear and tear of the surfacing. On the second day of the inspection work had commenced to rectify some of the safety issues to the outside of the building which we raised on the first day of our inspection. This included the filling of pot holes and the cleaning of moss on pathways. We were also provided with evidence which showed other works to make outside areas safe had been commissioned to take place within 48 hours of our second visit to the service. We received confirmation from the registered manager that the work to rectify uneven surfaces outside the building had been completed within the time specified to us.

Equipment which people needed to help with their mobility such as wheelchairs and hoists were stored in communal lounges. The deputy manager explained this was because there was a lack of storage space at the service for this type of equipment. Whilst staff made every effort to store equipment safely and discreetly there were occasions throughout our inspection when equipment was obstructive. For example, we saw one person struggling to gain access to a corridor from a lounge due to a wheelchair blocking the door way. We also saw a hoist, trolley, easy chair and wheelchair which obstructed a fire exit. Staff cleared the obstructions after we raised them.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service were not protected from unsafe premises.

The management of medication was not always safe. On the morning of the first day of our inspection a

nurse left an open medication trolley unattended on a corridor for over five minutes whilst they entered a bedroom to administer the person with their medication. We also saw that another nurse signed several people's medication administration records (MARs) at the same time as opposed to signing each person's record following administration of their medication. Half an hour before a person was due to have time specific medication a nurse dispensed the medication into a medicine pot and added a written label which with the person's name on. The nurse also signed the persons MAR although they had not been given their medication. Items of medication and instructions for use had been handwritten onto some people's MARs and signed only by the author. These practices were unsafe and not in line with national guidance (NICE) which states; medicines should be stored securely. A record of medication given should only be made after the person has taken their medication, and handwritten entries should be signed by a second person to check the accuracy of the record.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service were not protected from the proper and safe management of medicines.

The storage and preparation of food was not always safe putting people at risk. Items of food which had exceeded its use by date was stored in food cupboards, including a box containing packets of dried soup, condensed milk, marzipan, curry powder and arrowroot. Sachets of sauce which were in pots on a side board in the dining room were over a year past their expiry date. Pureed foods had been prepared by the chef, placed in clear bags and stored in the freezer. The bags were not labelled to show what the food was, when it was prepared and a use by date. Other items of cooked food including vegetables and fish were stored in containers the fridge. The chef told us that the food in the containers had been pre prepared for pureeing and freezing for meals for people who required a soft diet. The containers of food displayed a handwritten label with a date; however the chef and two care staff provided different explanations as to what the date meant. For example, the chef told us that the date showed when the food was prepared, one member of staff said it was the use by date and another member of staff told us they were not sure. On the second day of our inspection we saw that foods including unlabelled purred foods, pre prepared items in the fridge and those which were out of date had been disposed of. In addition a check of the food stores had been carried out to ensure all food items were within their use by date and safe for people to eat.

Staff had completed safeguarding training and they had access to the registered provider's safeguarding policy and procedure and those set out by the relevant local authorities. Staff also had access to a step by step guide describing what they were required to do if they witnessed, suspected or were told about abuse. Staff knew the different types and indicators of abuse and they said they would not hesitate to report any concerns they had. The registered manager and deputy manager had a good understanding of how to manage allegations of abuse or suspected abuse. They knew that they were required to inform relevant agencies such as the local authority safeguarding team, police and the Care Quality Commission (CQC). Records showed that safeguarding concerns were dealt with promptly and that appropriate action had been taken to reduce further risks to people.

The recruitment of staff was safe and thorough. Appropriate checks had been undertaken on applicants before they commenced work at the service. Staff whose files we looked at showed they had completed an application form, attended interview and provided photographic evidence of their identity. A series of pre-employment checks were also carried out before an offer of employment. This included a check carried out by the Disclosure and Barring Service (DBS). A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. A minimum of two references were also obtained in respect of staff including one where possible from their most recent employer. This helped the registered provider to make safer decisions about the recruitment of staff. There was a process in place for ensuring regular checks were completed with the



registered nurses employed to ensure their registrations were being maintained and kept updated. A record of the checks was kept.

There were sufficient numbers of suitably qualified and experienced staff to keep people safe. The staffing rota which was developed in advance took account of the occupancy level and the needs of people who used the service. People who used the service, family members and staff told us that they thought the amount of staff on duty each day and night was sufficient to keep people safe. The manager confirmed that staffing levels were regularly reviewed to ensure they were sufficient to safely meet the needs of people who used the service. All staff including ancillary staff had undertaken training in topics of health and safety such as fire safety and first aid and they were aware of their responsibilities to keep people safe.

## Is the service effective?

### Our findings

People told us they received all the care and support they needed and that they thought the staff were good at their job. Comments people made included, "They [staff] look after me well" "They [staff] come when I need them" and "Oh yes, they [staff] are very good to me and attend to all my wants". Family members told us they thought their relative was well cared for and had all their needs met. One family member said "Very happy with the care, can't fault it" and another said, "They [relative] are looked after very well as far as I'm concerned.

People's healthcare needs were assessed and planned for and where required aspects of people's health and wellbeing were monitored. This included the maintenance of charts to monitor people's skin integrity, weight, food and fluid intake. However, fluid charts did not identify the recommended amount of fluid the person was required to consume in a 24 hour period and this information was not recorded in the person's care plan. This meant there was no way of knowing whether the person had consumed sufficient fluid, putting them at risk of dehydration. Some people had an air flow mattress on their bed to minimise the risk of developing pressure sores. The deputy manager told us that the pressure of the mattresses were checked daily, however no record of the checks were kept. This meant that there was no guarantee that the settings had been maintained at the correct level. Whilst we did not find any negative impact on people as a result of these records not being kept, it could result in people not receiving the right care and support. We recommend that the service maintain the records required in relation to people's care to show they have received effective care and support to meet their needs.

Staff had access to information which guided them to what action they needed to take should they note a decline in a person's health. For example, weight charts included guidance about the amount of weight loss in a set period of time which required staff to initiate a referral to a dietician. A variety of assessments were used to assess people's care and support needs such as their mental and physical health, mobility, moving and handling and nutrition and they were reviewed regularly. Changes in people's needs were recorded within their care plan. Referrals were made to external health and social care professionals when it was noted that people had additional health needs.

There were effective systems in place for communicating information about people's needs. Staff handovers took place during each shift change and a record of them was kept. The records showed that staff had communicated essential information about the progress and ongoing care of each person. For example, the records included a brief summary of significant observations made, changes to people's routines and any actions staff were required to take to ensure people received ongoing care and support. For example, if a person had experienced a fall, the outcomes of professional visits which had taken place and any planned visits, refusal of medication or any other care intervention.

People's health care needs were assessed, identified and met. People's healthcare needs were recorded in their care plans along with the names and contact numbers of external health and social care professionals involved in their care. People had accessed health and social care professionals when required including GPs, consultants, specialist nurses, dieticians and opticians. A written record of the of the contact was made

and included details of any intervention, the outcome and any follow up care which staff needed to provide people with.

Staff were provided with a range of training to help enhance their knowledge and skills in relation to their role and meeting people's needs. New staff commenced a 12 week induction programme when they first started work at the service. Staff were assigned a mentor who provided them with ongoing guidance and support throughout their induction. During the first part of their induction new staff were given an orientation of the environment and introduced to people who used the service and the staff team. They were also made familiar with the registered providers vision, values, policies and procedures. Training which staff completed during the course of their induction consisted of topics which the registered provider considered mandatory such as infection control, moving and positioning and safeguarding. Other training completed during induction was linked to The Care Certificate. This is a set of standards that social care workers should adhere to in their daily working life. New staff worked a minimum of six shifts alongside more experienced prior to them working independently. Staff confirmed that they were inducted into their role and that they said they had benefited from it.

Training for all staff was ongoing. This included refresher training in topics covered during induction and others topics relevant to people's needs. For example Dementia awareness, fire safety, infection control, emergency first aid and diet and nutrition. Training was delivered in a number of ways including face to face training delivered by accredited and e learning (on a computer). The e learning method of training had recently been introduced to staff by the registered provider. Staff described it as a much more flexible way of completing training as it allowed them to complete the training at home if they wished. Training was delivered in a dedicated training room at the service which was suitably equipped for the purpose, including a computer for access to e learning. Following each training session staff underwent a competency check to test their knowledge and understanding of the training completed. If staff failed to meet the requirements of the competency check, they were required to undertake the training again. The registered manager kept a record of training which enabled her to monitor each individual staff member's progress in relation to the training they had completed. Records confirmed that training which staff were required to undertake had been completed or had been planned for. Staff told us they had undertaken regular training.

Staff received the support they needed for their roles. Staff told us they felt well supported by the registered manager and deputy manager. They said they had no hesitation in approaching any of them if they had concerns about people who used the service or any other matter. Staff had the opportunity to meet with their line manager on a one to one basis to discuss things such as their performance and training and development needs. Staff meetings were also held which enabled staff to meet as a group and discuss their work and any changes made to the service.

Some items of food were out of date and pureed food which had been frozen was unlabelled. This meant that people were at risk of not receiving food which was nutritious. We raised this with the deputy manager who immediately arranged for unlabelled and out of date food items to be disposed of. A check of the food stores was also carried out to ensure all items were in date. Food stores were stocked with tinned, dried and fresh food items. Menus were developed based around people's nutritional needs, food preferences and the time of the year. Records and discussions with people showed they had been consulted about their food preferences, likes and dislikes. Kitchen staff held information about people's food dislikes and dietary needs and they were knowledgeable about them. For example the cook and kitchen assistant knew people who had food allergies, those who required a soft diet and those who had diabetes and required a low sugar diet.

Peoples nutritional and hydration needs were assessed and planned for. A nationally recognised tool was

used to assess people's nutritional needs and identify any associated risks. A care plan which was put in place based on the outcome of the assessment instructed staff on how to support people with their food and fluid intake. For example, care plans described required food textures and the use of thickeners in food and drinks for people who were at risk of choking. They also described the type of assistance people needed such one to one support, prompting, encouragement and the use of any adaptations to eat independently. People who required them were provided with the aids they needed to help them eat and drink independently, for example plate guards and adapted cutlery and cups.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

There were processes in place to protect the rights of people living at the service. Staff described their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to their day to day practice. Staff gave examples of practices that may be considered restrictive. Relevant staff including the registered manager and deputy manager understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who used the service had been made to the relevant supervisory body, and authorised at the time of our inspection. New documentation which the registered provider had recently been introduced to the service was in the process of being completed to assess and plan for best interest decisions for people who used the service.

## Is the service caring?

### Our findings

People told us that they thought the staff were kind and caring towards them and that staff were respectful. Their comments included; "The girls [staff] are so nice and very polite indeed", "They are like my family, very caring. I love them all. I can't think of a bad word to say about any of them" and "They [staff] always knock before coming in [bedroom]".

People's confidentiality, privacy and dignity were not fully protected. Two small offices situated on the ground floor were used to store people's personal records including care plans, however the doors to both offices were wide open, despite them having a lock. Some records including a staff communication book and monitoring records detailing personal information about people were left on top of a book shelf in the activities room which was accessed by people who used the service and their visitors. This meant personal records were accessible to anyone entering the room putting people's confidential information at risk.

This is a breach of Regulation 17 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014, as records in respect of people were not stored securely.

The privacy and dignity of people spending time in their bedrooms and in bed during the day was compromised. People could be seen in their beds by people walking through the car park. These bedroom windows had curtains fitted however the curtains were left open in rooms where people were in bed. The windows did not have any other privacy screening such as nets or blinds, therefore people's privacy and dignity was compromised.

Garden and patio areas surrounding the building were unkempt making them unattractive and uninviting for people who used the service and their visitors. There were cigarette butts, empty cigarette packets and other general litter scattered around patios. Flower beds had not been maintained and they were overgrown with large weeds. Windows on some external doors were dirty and the doors were covered in cobwebs. On the second day of our inspection we found that some improvements had been made to outside areas including the removal of litter and cigarette butts.

People had a choice of where to sit for meals, however on the first day of our inspection people's dining experience was not always positive. For example, people were escorted into the dining room for lunch at 12:10 pm however their meal was not served until 1:05 pm. People were not offered a drink during their wait or given an explanation as to why there was a delay with their meal. In addition staff presence in the dining room during this time was limited and some people had little or no interaction with anyone. In the middle of assisting a person with their hot meal a nurse left the table to administer medication to another person. The nurse did not consult with the person who they were assisting prior to leaving the table and they returned ten minutes later. The nurse continued to feed the person their meal without giving any apology or explanation as to why they left and they did not check with the person the temperature of the meal.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people were not treated with dignity and respect.

People were encouraged to personalise their bedrooms as they wished such as with family photographs and ornaments. Some people had pieces of furniture in their bedrooms which they had brought from their previous home. Staff knocked and obtained people's permission before entering bedrooms and people told us this was usual. When assisting people with personal care staff made sure curtains and doors were closed over. People told us that staff were patient, discreet and thoughtful when providing them with personal care. One person said "I never feel embarrassed because they [staff] are so nice when they help me" and another person said "I never feel rushed, they [staff] always take their time when helping me to wash and dress".

People were provided daily with clean towels and their bed linen was changed weekly or when required. Linen cupboards had a good stock of clean bed linen, pillows and towels which was of good quality. People and their family members told us that clothing was nicely laundered and usually returned within a day or two.

Staff spoke about people in a kind and caring manner and they knew people's preferred routines, likes and dislikes and things of importance. For example, they knew people's preferred gender of staff to assist with personal care and people's preferred title. Staff knew where people preferred to sit, how they liked to spend their time and who with. Staff told us that care plans provided them with good background information about people; however they said they had learned a great deal more about people by talking to them and their family members.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These were put in place where people had chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves. A GP and other individuals with legal authority had made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible. This information was also highlighted to staff during handovers so that staff knew what action to take in the event of a person's death.

## Is the service responsive?

### Our findings

People told us that they had no complaints about the service and if they did they would tell someone. People said they received all the care and support they needed. People's comments included, "I have nothing to complain about at all they [staff] are all marvellous," I've got to say they [staff] look after me very well" and "Oh yes I'd most definitely tell someone if I was unhappy about anything". Family members told us if they had a complaint they would not hesitate to raise it. Family members of one person who used the service told us that they were more than happy with the care that their relative received. Their comments included; "We are more than happy about the care and attention mum gets here. They keep us in touch and let us know about things" and "Mum gets all the care and attention she needs". Another family member told us that they had raised some concerns with the registered manager about their relatives care. The family member went on to tell us that action had been taken in response to their concerns and they were happy with the outcome.

People's needs were assessed and planned for. The registered provider had recently introduced to the service new documentation for planning people's care. The documentation had been completed for a number of people and for others the completion was ongoing. Before people started to use the service a pre admission assessment was carried out, or within 48 hours following an emergency admission. The assessments considered a range of information about people and their care need requirements, including any risks they faced. Assessments covered areas of need such as; personal care, mobility, eating and drinking, communication, medication, social interests, hobbies, religion and culture. Assessments in relation to people's needs were also obtained from other health and social care professionals and used to help plan peoples care. Care plans were developed based on assessments of people's needs and they were routinely reviewed each month or following a change in a person's needs.

People were given opportunities to engage in both one to one and group activities. An activity co-ordinator was employed at the service who organised and facilitated a range of activities, including art and craft, board games, reminiscence and relaxation sessions. There were dedicated areas at the service where organised activities took place or where people could spend time alone if they wished. This included an activities room which was equipped with various items including books, board games, a key board and art and craft materials. There was also a room which had been designed to replicate an early twentieth century kitchen, dining room and lounge. The room which was used by people to reminisce was furnished and displayed ornaments and other items to remind people of their past. People told us they enjoyed the activities which were offered to them. Two people said they particularly enjoyed spending time reminiscing.

The registered provider had a complaints procedure which was made available to people. The procedure detailed those responsible for managing complaints and their contact details. People and family members said they would complain if they were unhappy about any aspect of the service and they said they were confident they would be listened to and action would be taken. The registered manager maintained a record of complaints which detailed the nature of complaints made and any action taken in response. One family member told us they had made a complaint and that it was responded to in a timely way and to their satisfaction.

## Is the service well-led?

### Our findings

People and family members had a good understanding of the management arrangements at the service. They knew that the registered manager had overall responsibility for the day to day running of the service and that in her absence the responsibility lay with the deputy manager and nurses. People and family members raised no concerns about the way the service was managed. They described the registered manager and deputy manager as approachable and supportive.

The systems in place for monitoring the quality of the service and making improvements were not always effective. The registered manager, deputy manager and nurses were responsible for carrying out checks at various intervals on things such as the environment, care plans, medication and staff training and performance. However, some of the checks had failed to identify improvements needed in relation to; the storage of people's personal records, ill-fitting fire doors, unsafe storage of food and trip, slip and fall hazards. Outcomes of the checks carried out were recorded and analysed by an operations director who visited the service each month. The operations director produced a monthly action plan which provided details of any areas which were highlighted during checks as requiring improvement. Actions required were assessed and coded using a traffic light system, for example areas of high priority were highlighted in red. We obtained a copy of the action plan from August 2016 and saw that concerns assessed as high and medium priority were identified with regards to the safety of outside areas of the service dated back to June 2016, when the service was newly registered. This included pot holes on the car park, garden maintenance and broken boundary fences. Despite this no action had been taken by the registered provider to make improvements and the concerns remained outstanding as detailed in the safe section of this report. The lack of action to rectify areas for improvement meant people's health and safety was put at risk.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

On the first day of our inspection visit after we raised the concerns regarding the premises with the operations manager an estates manager for the registered provider visited the service. They carried out an assessment of the works required and gave assurances that prompt action would be taken. On the second day of our inspection visit remedial repairs had been made to fire doors and arrangements had been made for a full check to be carried out on all fire doors within the service. Work was also underway to repair pathways and fences surrounding the building. In addition some general cleaning had been carried out to improve the appearance of patios and garden areas, including the removal of litter and cigarette butts.

The service had two floors, a ground floor and an upper floor, however accommodation for people who used the service was only provided on the ground floor. The registered manager occupied an office on the upper floor and an administrator occupied an office on the ground floor near to the main entrance. This meant that the registered manager was not always easily accessible to people who used the service, visitors and staff. We discussed this with the deputy manager on the first day of our inspection. On the second day of our inspection the registered manager told us that they had swapped offices with the administrator so that



they were more visible and accessible to people.

Throughout the inspection staff freely approached the registered manager, deputy manager and nurses for guidance and advice and to update them as required on matters regarding people who used the service. Staff described an open and supportive culture amongst the team. They said they had no concerns about approaching the management team with any questions or requests for advice or if they had a personal issue which impacted on their work.

Staff demonstrated they were aware of whistleblowing procedures and they said they would not hesitate to use them if they needed to. Whistleblowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to the numbers they needed to use to raise any of these types of concerns, including the contact details for the relevant local authority safeguarding teams and the Care Quality Commission.

Staff had access to key contacts such as the registered provider, registered manager and deputy manager should they need to contact them outside of their usual working hours for advice and support. Staff told us that they were notified about who would be on call and that the on call person had always responded when they called upon them.

The registered provider had a set of written policies and procedures which were accessible to staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. The documents were reviewed regularly to ensure that the information contained within them was relevant and up to date with current legislation and codes of practice.

There was a system in place for reporting and recording any accidents or incidents which occurred at the service. The records were analysed as part of the registered provider's quality monitoring process and any trends or patterns were used to learn lessons and help prevent any future occurrences.

The registered manager and registered provider had informed us promptly about any untoward incidents or events which occurred at the service. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations. For example we had received statutory notifications in relation to accidents and safeguarding concerns raised by the registered provider.

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	People were not 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	People using the service were not protected from unsafe premises. People using the service were not protected from the proper and safe management of medicines.

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	Records in respect of people were not stored securely. Insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.