St Vincent's Charitable Trust

St Vincent's 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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an unannounced inspection of St Vincent's Nursing Home on 4 and 5 December 2018.

St Vincent's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Vincent's Nursing Home can provide accommodation and nursing care for up to 60 people with general nursing needs and end of life care. The service has four separate units, each of which can accommodate up to 15 people in single rooms with en-suite facilities. Each unit had communal living, dining and bathing facilities. At the time of the inspection there were 56 people living at the care home.

We inspected the service in October 2017 and identified breaches of two Regulation. These breaches related to safe care and treatment (Regulation 12) and good governance of the service (Regulation 17). The service was rated Requires Improvement in the key questions of safe and well-led with effective, caring and responsive rated as Good. The overall rating for the service was Requires Improvement. We then inspected the service on 7 and 8 June 2018 and found improvements had been made with the service being given an overall rating of Good.

At the time of the inspection the home did not have a registered manager. The previous registered manager had left the service in July 2018 and a person (the matron) was in the process of applying to become the registered manager for the home. 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 service had a matron who was responsible for all the care aspects of the service and a general manager who was overall responsible for the management of the home.

Incident and accident records were not always reviewed and actions were not always identified to reduce potential risks to people using the service. This meant the provider could not ensure the learning from the investigation into incidents and accidents was used to reduce the risk of reoccurrence. Risk assessment and management plans in relation to specific issues did not provide staff with all the necessary information to enable them to reduce the risks people faced appropriately.

The provider had a range of audits in place, but the audits in relation to care records had not identified the concerns we found in relation to care plans and risk assessments to ensure that appropriate actions were taken to make the necessary improvements.

Medicines were managed and administered safely with clear processes and procedures in place.

People told us they felt safe when receiving care and the provider had procedures developed to respond to any concerns relating to the care provided. Assessment of people's support needs were carried out before the person moved into the home.

The provider as a robust recruitment process in place and staff received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

People were supported to eat healthy meals that met their dietary, cultural and religious needs.

People were happy with the care they received and they felt staff treated them in a kind, caring way and respected their privacy and dignity.

The provider had a complaints process and we saw complaints were investigated and responded to in line with the provider's procedure. People were aware of how to raise concerns.

People's preferences were identified in relation to their daily routine and how they wanted their care provided. A range of activities were organised and we saw people enjoyed taking part in these.

People and staff we spoke with told us they felt the home was well led. All staff we spoke with told us they felt supported by the management of the home.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to safe care and treatment (Regulation 12) and good governance of the service (Regulation 17). 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?

Requires Improvement

Some aspects of the service were not safe.

Incident and accident records were not reviewed and actions were not identified to help reduce any potential risks to people using the service.

Risk assessment and management plans in relation to specific issues did not provide staff with adequate information to enable them to reduce the risks.

The provider had a robust recruitment process in place.

In general, medicines were managed and administered safely with clear processes and procedures in place but sometimes nurses did not record the administration of medicines at the time they were given.

Is the service effective?

Good

The service was effective.

Care workers received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

Assessments of people's support needs were carried out before the person moved into the home so the provider was clear they could meet their needs.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

People were supported to eat healthy meals that met their dietary, cultural and religious needs.

Is the service caring?

Good

The service was caring.

People were happy with the care they received and they felt staff treated them in a kind, caring way and respected their privacy and dignity.

People were supported with their cultural and spiritual needs.

Is the service responsive?

Good

The service was responsive.

Peoples preferences were identified in relation to their daily routine and how they wanted their care provided. People's wishes in relation to how they wanted their care provided at the end of their life were identified in their care plans.

A range of activities were organised and we saw people enjoyed taking part in these, according to their preferences.

The provider had a complaints process and people were aware of how to raise concerns.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The provider had a range of audits in place, but the audit in relation to care plans did not ensure appropriate actions were taken and reviews of the incident and accident records were not always completed to ensure appropriate actions were taken to reduce risks. The level of people's support needs were not always monitored to ensure staff were deployed.

People told us felt the home was well led. All staff we spoke with told us they felt supported by the management of the home.

St Vincent's 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 comprehensive inspection took place on 4 and 5 December 2018 and was unannounced.

The inspection was carried out by one inspector, a member of the CQC medicines team, a specialist advisor and two experts-by-experience on the first day of the inspection. One inspector completed the inspection on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR) on 30 October 2018. 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 the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with 17 people who used the service, eight visitors, the matron, the general manager, six staff, one activity coordinator and the chef. We also looked at records, including 12 people's care plans and the daily care records, five staff records, medicines administration records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

During the inspection we saw risk assessments and risk management plans were completed for people, for example in relation to moving and handling, skin integrity and nutrition. However, where risks had been identified at the pre-admission assessment, risk management plans had not always been developed to protect people from the risk of harm

We saw the records for one person who had recently moved to the home with an increased risk of falls and choking identified at pre admission assessment but the risk assessments to categorise the risks so appropriate plans could be drawn up to mitigate these risks had not been completed. The care plan identified that sensor mats should be used on the floor and an armchair in the person's bedroom but did not provide any guidance for staff in relation to managing the risk of falls in communal areas. We saw this person had experienced an unwitnessed fall in a lounge and the falls risk assessment had not been reviewed.

The records for another person indicated they were at increased risk of choking when eating but the risk management plan did not provide adequate control measures to reduce this possible risk.

We saw one person was living with diabetes which was diet controlled but there was no risk management plan in place providing guidance. Staff were advised to check the person's blood sugar levels if they appeared drowsy but there was no other guidance in place such as the action to take should there be any complications associated with the diabetes, such as high or low blood sugar levels.

Risk assessments and risk management plans providing guidance for staff were not in place for people who had been prescribed medicines with an increased risk such as medicines to thin the blood or to manage blood sugar levels. We saw one person had been prescribed a medicine with an increased risk of developing blood clots did not have a risk management plan in place for staff to support them in identifying related issues to the person's health.

This meant staff had not been provided with information about possible risks when providing care for people and how to respond to them and there was a risk that people's medical needs may not be met.

The provider had a process for the recording, investigation and review of incidents and accidents but this was not always followed by staff. We saw information relating to incidents and accidents that had not been recorded on the form and did not indicate what actions had been taken to reduce the risk of reoccurrence. For example, we saw staff had completed an incident statement describing an accident which resulted in a skin injury due to the position of the person in bed. The staff member had recorded the nurse on duty had been informed of the incident but the incident and accident form had not been completed and there was no further information relating to action taken. This meant incidents and accidents had not been monitored to ensure appropriate action was taken to identify trends and patterns so these could be prevented where possible. We spoke with the general manager who explained they had recently introduced a new incident and accident form and regular reviews would take place of the completed forms.

We did note the nurse was familiar with the people living in the wing so they did not take the medicines administration record (MAR) chart for each person when they were given their medicines. The nurse completed for MAR chart when they had administered the medicines for three to four people at a time. This was not in line with good practice and the provider's medicines policy and procedures.

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw at times during the day there were not always enough staff to provide the support required by people living in the wing. One person commented, "It is very nice here. Whole place is a wonderful place. Carers very good. When I get up I have to wait for help. They keep to time as much as they can but they are busy people especially in the morning. When I want carers in the night I don't wait long." The matron explained there were three care workers and one nurse on duty during the day on each wing who would be providing support for a maximum of 15 people. There was also a support worker who worked across the wings to provide additional assistance when required. The matron told us the number of staff allocated to each wing was based upon people's support needs. We saw the level of support required varied between wings with people in some areas being more independent and not requiring as much support from staff. During the inspection we saw the people living in one wing had a higher level of support needs which resulted in the staff being busier. We saw that care workers were very busy and people were often left on their own in the dining room and lounge without a staff member easily available. We saw a care worker ask a group of people in the dining room to "keep an eye on" another person while the care worker went to undertake other care tasks. One of the people in the lounge was asking for support to go to the toilet and we had to locate a staff member to provide assistance.

We discussed this with the general manager and matron and they agreed that on some wings the level of support required by people varied when compared to other wings. They confirmed a review would be carried out of the support level for each wing and the level of staff allocated to each area.

The provider had a policy in place for the administration of medicines at the home. During the inspection we observed the medicines being administered on one wing. We saw the medicines were kept securely and had been provided in pre-packaged containers by the pharmacy. Individual needs of people on the wing in relation to how they liked to take their medicines was noted for example if the person didn't like to use their inhalers during breakfast.

There was good evidence of monthly audits of MAR charts, covering all the wings and where an issue was identified through an audit, it was highlighted but any actions taken to resolve the problem were not recorded. During the inspection staff demonstrated that the appropriate actions had been taken. Records showed the pharmacist associated with the home also carried out regular reviews of how the nurses administered the medicines.

We saw that where a person required their medicines crushed to facilitate safe swallowing there was appropriate information for nurses and it had been agreed by the GP as well as with the person's relatives. There were clear records maintained in relation to the medicines reviews completed every six months by the GP.

We found the treatment room was clean and tidy with daily records of the room's ambient temperature as well as the temperature of the medicines fridge. We saw the records showed both sets of temperatures were within range. The controlled drugs were securely stored and a stock levels were checked at random and were correct.

People we spoke with told us they felt safe living at the home and their comments included, "Atmosphere is safe. If you want anything you just call out. I have an alarm and you just press and someone answers it"," Its safe here. Seems secure and people alert and you can see what's going on around you. Bell by the bed", "I have a call bell by the bed for when I wake up at night" and "My relative knows I am safe and I do feel safe." A relative we spoke with explained the staff had been responsive to their family member's needs following a fall saying, "Our relative had a fall so they want to know when they move around. My relative has a mat that tells them she has got out of bed and a cushion that tells them she has got out of the chair. My family member won't use the buzzer as she does not want to trouble them".

The general manager explained, following a recent safeguarding concern, the process for responding to any concerns had been reviewed and a flow chart had been developed to clarify the process for staff. The record of the safeguarding concern we reviewed included copies of evidence, statements provided by staff and the outcome as well as correspondence with the local authority.

We saw the communal areas including dining rooms and lounges as well as people's bedrooms and en-suite bathrooms were clean, tidy and free from malodours. Staff completed regular infection control training and had access to aprons and gloves which we saw they used when providing support. Housekeeping staff used colour coded cleaning equipment to reduce the risk of cross contamination.

We saw a range of checks were carried out on the environment of the home to ensure it was safe. Monthly water temperature checks and other checks were carried out to ensure the water systems were safe. During the inspection we saw there were weekly tests of the fire alarm and the emergency lighting was also regularly tested. The lifts were also appropriately serviced and maintained and included a risk management assessment, which addressed a range of areas including risks associated with the premises, people, plant and processes.

The provider had a robust recruitment process in place to ensure staff with the appropriate skills were employed at the home. The matron explained prospective staff were required to provide the contact details of two references including a recent employer, their work history and a medical fitness declaration. Before any new staff commenced employment a Disclosure and Barring Service (DBS) check (a type of criminal record check) was completed and the applicant's identity and right to work in the UK was also checked. Volunteers were also recruited to provide support in the home and they went through a similar recruitment process with references and DBS check. During the inspection we saw all the information required by the provider's recruitment process was present in the staff and volunteer records.

Good

Is the service effective?

Our findings

Staff we spoke with confirmed they had completed a range of training courses which were relevant to aspects of their work at the home. Staff could provide examples of the types of training they had completed during the last year. We saw records which showed that staff had completed training identified as mandatory by the provider including safeguarding and moving and handling, specialist courses and had obtained recognised qualifications. The matron explained a new e-learning system had been introduced to enable staff to complete a range of training on line and we saw records that demonstrated staff across the home had started to complete a number of courses online.

The matron told us staff completed one supervision meeting and an appraisal yearly with their line manager. Staff confirmed they had. We reviewed the records for staff from across the home and we saw appraisal documents had been completed every year but there were no records of the supervision meeting. The matron explained these supervision meetings had occurred but the records had not been included in the staff files and these would be located following the inspection.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We saw the provider had a clear process in place to ensure people received care in line with the principles of the MCA. The care plans we reviewed included an assessment in relation to the person's capacity to consent to specific aspects of their care. If the person was assessed as not having capacity to consent to care a DoLS application was made. If the application was authorised by the local authority information was included in the care plan identifying any conditions that had been made as part of the authorisation. Best interest decisions were also recorded in relation to aspects of people's care including use of bed rails, administration of medicines and the lap belts when wheelchairs were used. These had been discussed with the person's relatives or representatives as well as staff who understood the person's support needs. The care plans also indicated where a Lasting Power of Attorney was in place. A Lasting Power of Attorney can be issued in relation to either finance or health and wellbeing and legally enables a relative or representative to make decisions in the person's best interests as well as sign documents such as the support plan on the person's behalf.

We saw care plans had been signed by the person living at the home or if they had been identified as not having capacity to consent to their care, their relatives or representatives had signed on their behalf.

An assessment of a person's care needs was carried out before they moved into the home. The matron told us that, as there was a waiting list for the home, when a person initially applied they carried out an assessment of the person's support needs to ensure these needs could be met by the home. Once a vacancy became available at the home the person would have a new assessment to identify if there had been any changes in their needs. The assessment included information on the person's health and care needs, personal history as well as their medical history. This information was used to produce the care plan and risk assessments.

The environment of the home was to a high standard with high quality furnishing and floor coverings to enable people to be more independent and mobile. There was clear signage so people could easily find their way around the home and there were no keypads to access the lift and stairwell so people could move around the home as they wished. The corridors and doorways to communal areas and bedrooms provided enough space for people with limited mobility to easily move through these using walking aids or wheelchairs. Areas were free from hazards and clutter to reduce the risks of falls. People could access a secure, well maintained garden which had wide, level pathways which were suitable for wheelchairs and people using other mobility equipment. There was a range of seating areas available and during the inspection we saw people were making use of the area.

We asked people living at the home for their views on the choice and quality of food provided each day. Their comments included, "Menu comes and alternatives each day. Can order something else if you don't like it", "Food excellent. Menu is brought round, with two courses for lunch and three for supper. I am a fussy eater and they will do something like an omelette if I don't want what's on the menu", "Can eat everything I get and its well-presented. Never had any complaints and good variety" and "Cooking good. I enjoy the food most times but sometimes they give you too much." One person living at the home and a relative both told us they felt food had improved. They commented, "Food getting better. Got rock bottom. Cakes not good. Better since new manager" and "All very friendly and the food is improving."

During the inspection we saw there was a four-weekly menu plan in place which provided people a range of meal options each day. The kitchen staff had access to information about people's food and drink preferences and any dietary requirements, such as who required a soft or pureed meal, a diabetic diet or special requirements such as no spicy food. We saw information on possible allergens for each meal on the menu, was kept in the kitchen to ensure people with an identified food allergy or intolerance were not given inappropriate meals. This information was also listed on the menu options form which care workers completed when they asked people about their choices of food for the following day.

We saw detailed records were maintained following appointments with healthcare professionals including GPs, chiropodists, speech and language therapists, opticians and physiotherapists. Records also indicated the tissue viability nurse specialist was involved with wound management and they included guidance on wound management and dressings. During the inspection we spoke with the GP visiting the home and they gave positive feedback about the service and how they were supported when they visited the home. The GP visited the home once a week and they explained information was sent from the home the day before a visit identifying who they had to visit and any concerns. The nurse on duty on each wing accompanied the GP during their visit and would record information from each consultation into a book to be transferred into the care plan if required. The GP told us there was very good communication between staff at the home and their practice.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care their received and everyone we spoke with told us they were happy. People said, "It's a family. Nice rooms, nice meals together. Happy place. Care is excellent, you can't fault them. Also, the nurses. I enjoy the food, choice is good", "Could not complain. Easy to live here. People are very pleasant and never any hassle", "Very satisfied. Room clean. Hairdresser comes regularly" and "Nurses are OK. It is friendly. General care is good."

A relative told us, "I could not think of a better care home for mum to be in. They treat her like family. I visit regularly and bring the dog in. Residents love the dog. Mum is neat, clean and content, and I love the attention she gets. Always something going on, films, schools come in and sing and people including relatives come in and give talks to residents. Whenever I come always someone chatting to her, and you see the same faces. In the summer you see care workers walking residents round the garden." Other relatives and visitors commented, "Carers are well trained and well managed. The carers love the residents and are heartbroken when one dies. The food is excellent", "She is well cared for. Exceptionally caring team. She has been here three or four years. No smells ever, its exceptionally clean. Homely feel. Food nice and her needs are understood."

During the inspection we saw staff from all areas of the home treated people with kindness and provided support in a caring way. Staff had a good understanding of how the person wanted their care provided. For example, we saw one person, who was unable to communicate verbally, held out her hand and the care worker took it and asked what the person wanted using a chart with pictures. The person indicated they needed to visit the bathroom and the care worker provided the support they required.

We asked people if they felt the staff were kind, caring, treated them with respect and supported them to maintain their independence. People commented, "Care workers are fine. Very easy. No complaints. Room tidy. All very pleasant. I get up when I choose and choose when I go to bed", "It is not too bad. People are kind to me, friendly and helpful", "Everybody is kind. Everybody is nice. No complaints. Very nice place to be. Nobody to upset you", "Care workers are good. Treat you respectfully. You go to bed when you want to go to bed. I think I have a care plan."

Care workers and nurses told us they ensured people's privacy and dignity was maintained when they provided care and support. They said, "I use the person's preferred name", "I explain what is required, ensure they understand information and respect their choice" and "Knock on the door. Ask politely when switching on the light. use respectful tone of voice. Close curtains and cover resident when carrying out personal care."

The care plans included information on people's preferences for example when they wanted to go to bed and get up, where they wished to eat their meals, favourite foods and the name they preferred people to call them by. There was also information in the care plans about the person's life and experiences including their family, friends and career. This enabled care workers to identify shared interests and things the person enjoyed.

The home focused on providing support for people of the Catholic belief but people of other faiths or who followed a secular lifestyle were also supported by the service. There was a chapel at the home which was accessible for people with mobility issues and there was a daily Catholic Mass which people were supported to attend or they watched on the televisions in their bedrooms or in the lounges. One person told us, "It's a Catholic home but they take others. I'm Church of England. The Catholic priest comes around and always waves and would talk to me if I wanted to; he is very nice."

Good

Is the service responsive?

Our findings

People we spoke with told us they had been involved in the decisions about how their care would be provided. One person said, "Yes, I am involved in decision making to do with my care and support." One relative told us, "[Family member] has a care plan, I read and sign it but [family member] and I know nurses are fabulous. Get consulted on changes to the care plan."

As part of the care plan we saw there was a form which identified people's preferences in relation to their daily routine which included waking and sleeping, how they wanted their personal care provided and eating.

During the inspection we saw the care plans and risk assessments for people who had moved into the home a few weeks before the inspection had not been completed. The matron explained that when a person moved to the home the information in the needs assessment would be used to direct how the care was provided as the care plans and risk assessments were developed. We discussed this with the matron who confirmed this process would be reviewed to ensure staff were provided with adequate information to identify people's wishes in relation to how their care was provided, as soon as possible.

We saw in some of the care plans the format meant sometimes information was not always clear. For example, as part of each section of the care plan there was a list of key aspects of the persons care needs with a tick box system so staff could indicate either yes, no or non-applicable for certain issues. We saw the wording on one section was 'Urine Continent' and 'Faeces Continent' and the staff had indicated Yes for each statement but on the same page it also identified that the person was living with incontinence and required the use of appropriate incontinence products. We raised this with the matron and they explained they were in the process of implementing a new format for the care plans which included more detail regarding the person's wishes as to how their care was provided. The matron confirmed the new format would be introduced for everyone living at the home by the end of January 2019. We saw the new format care plans in use in some of the records we reviewed during the inspection and they were more detailed.

People's wishes in relation to how they wanted their care provided at the end of their life were identified in their care plans. We saw an advanced decision form had been completed for each person which identified their wishes in relation to resuscitation, if they wanted medical intervention and if their health deteriorated whether they wanted to be taken to hospital or cared for at the home.

We spoke with people and asked them for their views on the activities provided around the home. Their comments included, "There are activities. I like the exercises. My sight is bad so I can't read", "I watch TV, read and pray. Initially I was not allowed out alone but now I have a badge round my neck, sign out and tell unit and use my walking stick. First time I got back late as got lost but went out the next day", "I get to Mass at 11am, then lunch is 12noon. I have a siesta in the afternoon. Sometimes talks, always something going on, like craft or storytelling. Get tea in between", "I don't want to do activities. I stay here. They bring me my food. Everything OK. I sometimes go to the dining room", "I listen to music, play DVDs and read a lot. You get the daily papers in the lounge and other people order their own papers" and "I go on outings, we go to

Eastcote library for activities, you get tea and cakes there. I watch TV. I have made friends here but don't go to other things." A visitor told us, "It's always open and welcoming. Very friendly. They bring tea and cake and a chair. Nice place to visit, it has a good feel. There are always activities on when we visit."

We saw there were several places around the home, with one to two chairs enabling small groups of people and visitors to sit. The activities planned around the home were displayed on notice boards in each wing, in people's bedrooms and on the television screen near the reception area. Photographs of various activities including parties and entertainment were displayed around the home. During the inspection we spoke with the activities coordinator who explained there were always two members of her team on duty each day and the location of activities were rotated around the wings to enable as many people to attend as possible. They also visited people in their bedrooms to provide one to one activities if the person had indicated they did not wish to go to the communal area. We saw there were good links with the local community as groups from the local schools visited regularly and a visit was planned for local students to perform a carol concert later that week. There was access to a minibus and the activities coordinator told us they were planning trips out when the weather improves.

People were supported to go out independently if they were able to, and the timetable for the nearest bus route was displayed in each unit. During the inspection there was a group of entertainers performing in the reception area and people were supported to watch the entertainment.

The provider had a process to record, investigate and respond to complaints and concerns. People and relatives, we spoke with knew how to raise concerns and we saw information on the process was included in the leaflets related to each wing. We reviewed the complaints folder and we saw a list of all complaints and concerns that had been raised was kept in the front of the folder identifying the date received, summary of the concerns, what actions were required and when they were completed. The records also included how the outcome of the complaint was communicated to the person who raised the concern. During the inspection we saw the detailed records relating to two concerns that had been received which meant the concerns had been reviewed and responded to in line with the provider's process. The matron explained complaints were reviewed for any themes and discussed at senior staff meetings to reduce the possible risk of reoccurrence.

The general manager told us feedback cards have been introduced for compliments, comments or complaints which also included an explanation of how to raise a complaint or concern. The completed cards could be placed in a box in reception and the responses would be reviewed and either go through the complaints process or be recorded as a compliment.

Requires Improvement

Is the service well-led?

Our findings

There was a range of checks which the provider had identified as part of their quality assurance processes but those in relation to the care plans and risks management processes were not always effective and might not have provided the necessary information to enable improvements to be made to the service.

In addition, reviews of the incident and accident records had not identified the forms were not always completed in full to include what action been taken to reduce the risk of reoccurrence and if the person's support needs had changed. Checks of the staff records had not identified that records of supervision meeting had not always been recorded.

The matron explained five care plans and risk assessments were audited per wing each month which meant that the care plans for everyone living in a wing would be audited every quarter. In addition, once a year five care plans and risk assessments per wing were audited by a senior staff member from another wing. We looked at the care plan audits forms completed during 2018 and we saw that some forms indicated an issue had been identified but there was no description recorded. For example, issues in relation to the personal information and skin integrity assessment had been ticked but there was no explanation of what was missing and what action should be taken to help resolve the issues. We also saw other audit forms where a description had been recorded of the issue but there was no record of any actions being identified or completed to resolve the problem. This meant that where issues were identified in the care records audit, these were not always detailed for staff to be aware of, and where these were detailed action plans were not always drawn up to address the necessary improvements that were required.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw a range of other checks to monitor the quality of the service. Monthly audits were completed for the MAR charts and medicines management. The complaints that had been received were reviewed regularly. An infection control audit was completed annually with any actions identified and it was recorded when these were completed. The records of any falls that had occurred were reviewed monthly by wing and were analysed to identify any trends and patterns such as the time of day they occurred, to help prevent reoccurrence. Actions were recorded if actions to reduce possible risks were identified.

The general manager told us they had recently introduced a health and safety bulletin for staff which would cover different subjects every month. We saw subjects covered in the October and November 2018 editions included slips, trips and falls and electrical safety.

People told us they felt the home was well-led and all their comments were positive. They said, "I think new matron will be very good", "Would not change anything. Happy with way things are run and the atmosphere. I don't know the manager personally but have seen her. Never had any complaints, if I had [I] would talk to manager of the wing" and "I don't go to residents' meetings. I have nothing to say. Nothing I want to change. Everything very satisfactory." We also spoke with visitors who told us, "Could not fault care and support. It is becoming better and better. The previous manager improved it when she was the matron and it carries on at same level. The current matron is great", "They keep in touch generally, last time they called to tell me [family member] was not eating well. She is not a catholic and they do not impose anything on her. They are all lovely. There has been a recent change and it's still settling down" and "More discipline of staff since new manager."

We asked staff what they felt about the way the home was managed and if they felt supported. They gave us positive feedback which included, "Really very nice people. Everything is smoothly run", "Early days to say. We have improved completing audits and CQC notifications is better now", "I love it here. All nice people", "It is a very good Christian community. It's a nice home. I like coming to work", "Very good, very nice. Ethnic food is provided and staff religious beliefs are supported. I am happy here. I can have time off for Ramadan", "It's a religious place. Would recommend it and there is a good atmosphere. New manager is very good. Strong character and fair person. Treats everybody the same. It's a good place. It's safe. Staff are committed. Go the extra mile" and "It's mostly a Christian place. It's a good place. I like working here. I get blessed by the priest."

During the inspection we spoke with a healthcare professional who was visiting the home. They told us they felt the home was well led and if they had any concerns regarding the service they would not continue to provide support for people living at the home.

People we spoke with told us there were regular meetings for people living at the home to provide feedback on the care and make suggestions which they felt were beneficial. They said, "I went to one residents' meeting, they are the place if you want to ask questions. Nothing I want to change", "There are three 'Residents meetings' a year. Matron chairs it. Once I did not like the way more dependent residents were treated, and they called in the wing leader to meet me and dealt with it courteously and it changed", "I go to residents' meetings and you get feedback. I once complained about needing more signs to tell people where to go" and "I go to residents' meetings. Rare to make suggestions as everything is in place. I would talk to the manager if I had a complaint." A visitor commented, "I go to residents' meetings; most comments are about the food but now seem satisfied. Residents suggest things and they listen."

People could also give their feedback on the quality of the care provided through the annual questionnaire that was sent to people using the service and their representatives. We saw the analysis of the results from the questionnaires that had been completed in September 2017 and May 2018 and the responses were positive with the majority of people commenting that their care needs were met, they felt safe and the activities which were provided were stimulating. The general manager explained that if a person had given a neutral or negative response or they had added a comment any issues were identified and an action was recorded as part of the analysis of the results to ensure it was resolved. Information provided through the comment cards available in the reception area were also reviewed as part of the feedback system. For example, following a suggestion they received, leaflets were developed for each wing which provided the name of the senior nurse, the telephone number for the wing, how to access the internet at the home, how clinical care was provided, who the GP was for the home and other services such as the hairdresser which could be accessed.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was provided in a safe way for service users. The risk to health and safety of service users of receiving care and treatment was not assessed and they did not do all that is reasonably practicable to mitigate any such risks. Regulation 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity The provider did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. Regulation 17 (1)(2) (a)(b)