

Lister House Limited

# Lister House Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Lister House Nursing Home provides accommodation and nursing care to up to 32 people at any one time. The home is located in Heaton, Bradford with accommodation spread over two floors. The client group is mostly older people, some of whom live with dementia. There are also some younger adults with physical disabilities.

This was an unannounced inspection which took place on 7 and 8 September 2015. On the date of the inspection

there were 31 people living in the home. As part of this inspection we checked whether action had been taken to address breaches in regulation we identified during the last inspection on 20 January 2015.

A registered manager was in place. 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.

# Summary of findings

People told us they felt safe and secure in the home and did not raise any concerns over their safety. Staff understood how to identify and act on any concerns.

Following the previous inspection in January 2015, we found improvements had been made to the way medicines were managed. People received their medicines at the times they needed them and in a safe way.

Risks to people's health and safety was not always appropriately mitigated by the home. Appropriate falls prevention methods were not deployed by the home, putting people at risk of continued falls.

Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

At the last inspection in January 2015, we found staffing levels were not adequate to ensure safe care. At this inspection we found staffing levels had been increased. However, based on the needs of the people living in the home, they were still not adequate to ensure consistently safe care. Dependency assessments for some people had been calculated incorrectly.

Following the last inspection, improvements had been made to the training management system. Staff received a range of suitable training to ensure they had the correct skills and knowledge for their role.

People reported the food in the home was good and said there was sufficient choice. We found people were provided with sufficiently quantities of suitably nutritious food and appropriate hydration. Nutritional risks to people were well managed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Although the home's environment focussed on ensuring the least restrictive options, for example in free movement around and

outside the home, the manager had not undertaken sufficient assessment of the restrictions placed on each individual to determine whether any DoLS applications were required.

People said that staff were kind and caring and treated them well. This was confirmed by our observations of care and support where staff showed a compassionate and caring attitude towards the people they supported. Staff knew the people they were caring for, for example their likes and preferences

A system was in place to ensure people knew how to complain and to ensure any complaints were dealt with appropriately.

Since the last inspection, staff had transferred information onto a computerised care record system. However, we found this was not fully populated, with some information missing for example, about people's capacity and life histories. Due to lack of appropriate records we were unable to confirm whether people had received appropriate personal care in line with their plans of care.

Since the last inspection in January 2015, the manager had made improvements to the quality assurance system and robust checks in areas such as nutrition, weight management and pressure relieving mattresses were carried out. However, improvements were needed to some such as care plans and staffing levels checks to ensure they were sufficiently robust to pro-actively identify and rectify risks.

Systems were in place to seek people's feedback on the quality of the service and involve them in decisions relating to the running of the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People told us they felt safe in the home. We found some risks to people to be well managed. However following falls, appropriate measures to prevent a re-occurrence were not always put in place.

Medicines were safely managed and people received their medicines at times they needed them and in a safe way.

Staffing levels were not sufficient to ensure consistently safe care

Requires improvement



### Is the service effective?

The service was not consistently effective.

There was a lack of evidence people's capacity had been considered in planning care and support.

People said staff had the required skills and knowledge to care for them. Staff received regular training and support which helped them maintain their skills.

People spoke positively about the food provided. We saw people were provided with sufficient choice and quantity of food at mealtimes.

Requires improvement



### Is the service caring?

The service was caring. People said that staff were kind and caring and treated them well. We observed care and found this to be the case, with staff demonstrating a caring attitude.

Staff were familiar with people and their individual needs, likes and preferences.

Good



### Is the service responsive?

The service was not always responsive.

Care records did not always provide evidence people had received regular care and support. Information on people's biographies and life histories was not always present.

Complaints were appropriately managed by the service.

Requires improvement



### Is the service well-led?

The service was not consistently well led.

Since the last inspection, the manager had made a number of improvements to systems to check and monitor the quality of the service. However, some audits for example care plan audits were not sufficiently robust in identifying and rectifying issues.

Requires improvement



# Summary of findings

People's feedback was regular sought through review meetings, service user meetings and quality questionnaires.

# Lister House 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 improvements had been made following breach of regulations associated with the Health and Social Care Act 2008 identified during the January 2015 inspection. As this was a comprehensive inspection, we also looked at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 and 8 September 2015 and was unannounced. The inspection team consisted of three inspectors, a pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case experiences of services for older people.

We used a number of different methods to help us understand the experiences of people who used the service. As some people who used the service were unable to speak with us in detail about the quality of the service, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people who used the service, one relative, six care workers, two registered nurses, the laundry assistant, the cook, the registered manager and nominated individual. We looked at a number of people's care records and other records which related to the management of the service such as training records and policies and procedures.

Prior to our inspections we did not ask the provider to complete a Provider Information Return (PIR). 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 all information we held about the provider.

# Is the service safe?

## Our findings

We found although some risks were appropriately managed, falls risks were not always safely managed by the home. For example, we looked at one person's care records, which showed they had fallen 24 times between 24 June and 5 September 2015. Although action had been taken to supervise them whilst in the lounge, we concluded appropriate preventative measures had not been used to keep them safe at night when the majority of the falls occurred. During the period 24 June to 5 September 2015, 19 falls had occurred in the evening or overnight period, however, incident investigations did not offer thorough and satisfactory action to prevent re-occurrences and those preventative measures put in place had not been followed. The clinical manager told us "[person's name], is lucky not to have broken their neck." Assistive technology such as the use of pressure mats in rooms or integrated into the bed had not been considered to reduce the risk to this person. Because of this and the re-occurrence of incidents, we concluded satisfactory measures had not been put in place by the home to keep this person safe. Following the inspection, the manager confirmed to us they had sourced a pressure sensor for this person and they said since its installation it had been effective and there had not been any further falls.

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

We found risks in other areas of care were more appropriately managed. During the inspection the call buzzers were not working in some areas of the building due to a maintenance issue which the provider was taking action to address. In the meantime a system of half hourly checks had been put in place and increased night staffing levels to mitigate the risks in this area. This showed the provider had been responsive to this risk. People had a range of risk assessments in place such as for bed rails, nutrition and wheelchair use. Risks to people these areas were well managed for example, through nutritional and skin integrity care plans. However, a number of these risk assessments were overdue for their monthly review which meant there was a risk they did not include the most up-to-date information.

At the last inspection in January 2015 we identified concerns relating to the medicine management system. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

People told us they always received appropriate support from staff in taking their medicines. Medicines were locked away securely to ensure that they were not misused. Daily temperature checks were carried out in all storage areas to ensure the medicines did not spoil or become unfit for use. Medication records were generally clear and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. However, we saw three examples where the printed records supplied by the pharmacist were incomplete and/or incorrect and it was not possible to see exactly which medication had been prescribed and how much had been given. The registered manager assured us that she would bring this error to the attention of the pharmacy.

Some people were prescribed medicines that only needed to be taken 'when required'. In some cases information was available to tell nurses exactly how and when these medicines should be given, but this information was less detailed or missing for other people. It is important this information is always available so that new or temporary staff, who may be less familiar with the people using the service, are able to administer each person's medicines consistently and correctly.

People told us they felt safe in the home, for example, one person told us, "The staff seem right genuine" and another person told us "I feel safe here because they are so caring." We saw safeguarding and whistleblowing policies were in place and staff had received safeguarding of vulnerable adults training. Staff we spoke with confirmed they had attended safeguarding training and were able to describe different types of abuse that could affect people who used the service, demonstrating a level understanding that provided assurance that the training was effective. Where safeguarding incidents had taken place we saw investigations had been undertaken to help keep people safe.

At the last inspection in January 2015 we identified concerns relating to staffing levels within the home. Following the last inspection the provider had taken action based on our findings and increased care staffing levels during the day from four to five care workers. During this

## Is the service safe?

inspection, we received mixed feedback about whether staffing levels were now sufficient from people and their relatives. For example, a relative told us, “There was no issue with staffing levels” and another person told us, “As soon as you ring your buzzer they come.” However, some people told us they thought there were not enough staff, for example, one person told us, “The carers are very busy and there’s not enough staff. Sometimes they have to go downstairs and that leaves us short upstairs.”

Although the service had increased staffing levels, we concluded this was not currently sufficient as the dependency of people who used the service had changed. One person was now constantly supervised in the lounge during the day to reduce the risk of falls. This had reduced the number of staff available to assist with toileting, getting people up and regular checks within other areas of the home. Some staff told us that although staffing levels had initially got better following the last inspection, now a care worker supervised the lounge at all times, staffing levels were once again insufficient. The service also used a large number of agency nursing staff. Rotas’ showed only one permanent night and one permanent day nurse were currently worked at the home, although new nursing staff were awaiting a start date. This resulted in significant use of agency staff. Care staff we spoke with told us some agency staff were better than others and those who were not familiar with the home had to be closely instructed which put further pressure on care staff. Two people also told us that when agency nurses were on shift, they experienced delays in receiving their medication.

Following the last inspection, a dependency tool had been introduced to calculate the required staffing levels which roughly showed staffing levels were in line with what was required. However, we found it was not fully accurate as it had not taken into account the extra resources needed to supervise the lounge during the day, nor had it considered the dependency of one further resident who needed three to four staff to deliver regular personal care throughout the day. We therefore concluded that given the needs of

people who used the service staffing levels were still not sufficient. We raised this with the registered manager they told us they needed to rethink staffing and look to arrange and deploy staff in a better way.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment practices were in place. We spoke with a number of new staff who confirmed the relevant checks had been undertaken. This included the completion of an application form, supplying references and undertaking a Disclosure and Barring Service (DBS) check. We reviewed staff files and found evidence the required checks had been carried out.

We undertook a tour of the premises. We encountered a smell of urine on entry to the building; this was of concern as we also noted this on our last inspection in January 2015. We raised this with manager who told us they would take action to investigate. In other areas of the building there was no unpleasant odour. Bedrooms, including furniture, bedding and carpets were clean and tidy. Daily and weekly cleaning schedules were in place and we saw evidence these were worked to. The building had adequate communal areas for people to spend time, although the dining room was rather small and could only accommodate a small proportion of the people who lived in the home at any one time. The home was adequately maintained.

Maintenance staff were employed and systems were in place to communicate and rectify building defects. Regular checks were carried out on the gas, electrical, water and fire systems to help keep people safe. The service routinely kept the entrance door locked from the outside with entry into the home only accessible via alerting staff. We saw that all other points of potential entry were secure. This demonstrated the provider was mindful of the need to provide a secure and safe environment in which to care for vulnerable people.



# Is the service effective?

## Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Nobody at the service was currently subject to a DoLS authorisation. We found the home's environment focused on ensuring the least restrictive options were used. For example, there were no keypads around the building restricting access. We saw some people were encouraged and supported to leave the building on their own and people we spoke with reported no restrictions on their movement.

However, there were a number of people living in the building who staff and the manager told us were living with dementia and did not have capacity to make some decisions for themselves. Although we saw some examples of where the best interest process had been followed to ensure people without capacity were supported to make decisions, which were in their best interests, we found many care plans lacked information on whether people's capacity had been considered in formulating plans of care that met their needs. Capacity sections were routinely blank in care plans. It was difficult to establish whether DoLS applications were required for some people using the service as people's capacity and restrictions on their movement had not been considered in care planning. The manager agreed that there was a need to undertake a full review to see whether any DoLS applications were needed.

People spoke positively about the quality of the food provided. For example, one person told us "The foods ok. It's always warm. We have different dishes every day; there is a choice of three things at tea time and two at dinner time." Another person told us, "The food is out of this world". We saw a varied range of food was available for people. Information was present on people's food preferences on a dedicated sheet available to kitchen staff to ensure that people's individual nutritional needs were met. This included information on any special diets such as diabetic or those with specific cultural requirements.

Pictorial menus were in place to bring the menu to the attention of the people who used the service. The catering staff we spoke with had a good understanding of people's individual needs.

We observed the lunchtime meal during the two days of our inspection. We found generally it was a positive experience with people receiving appetising looking food which was at suitable temperature. However, we found some aspects of the mealtime experience could have been further improved. For example, staff put aprons on people but did not check with people to see if this was okay. One person asked for a cup of tea three times before it was provided and there were delays in some people receiving meals in the lounge area.

We found nutritional risks to be well managed. People had nutritional care plans in place and their weights were regularly monitored. Where weight loss had been identified appropriate referrals and additional control measures such as supplements or fortification were put in place to help people maintain a healthy weight. One relative told us how their relative had put on weight since coming to the service, they told us, "My mum has to have soft food and she gets this. She was only about 5 stone when she came in but she has put weight on now and is much better."

At the last inspection we had concerns that food and fluid intake was not appropriately monitored by the service. We found some improvements had been made. Food and fluid intake was now documented on the computerised care record system and regularly reviewed by the manager. Regular audits of fluid intake were undertaken by the manager, and where concerns over intake were identified, this was appropriately investigated to determine whether this was a result of poor documentation or lack of intake. This gave us assurance that people's nutritional and hydration needs were now monitored.

We saw evidence that people had access to external health professionals including chiropody, GP's, specialist nurses in the field of tissue viability, and speech and language therapists. People reported they had access to healthcare professionals, for example, one person told us, "I would tell the staff if I needed a doctor and they would get one, the doctor sees my every week. "We saw care plans were in place which considered people's healthcare needs. However, some plans required more information about how staff should care for people with specific medical conditions. For example, although people had care plans in



## Is the service effective?

place for conditions such as diabetes one person had a degenerate disease, however, there was a lack of information within their care plan about how staff should support them.

At the last inspection in January 2015 we found staff had not received first aid training. At this inspection we found a number of staff had now received this training to ensure that there was always someone available to assist in an emergency medication situation. Staff received induction training which was based on the Care Certificate. They also received a local induction to the ways of working within the home and shadowed for a period of time to get to know the needs of the people they were caring for. This provided us with assurance that appropriate induction training was provided. Staff received a range of training in subjects such as manual handling, safeguarding (including mental capacity) and dementia. Staff we spoke with told us training was up-to-date and had been effective in giving them the skills they needed for the role. Records we looked at showed that most staff training was up-to-date. Staff also demonstrated a good knowledge of the subjects we asked them about. Specialist training in areas such as pressure area care and epilepsy were also provided to staff.

The manager told us that they had been using a lot of agency nursing staff within the home and this had been a challenge for the service. Discussion with staff revealed that

sometimes these agency staff did not have the required level of knowledge to care for people and this resulted in care staff having to explain things creating lengthy delays. We found there was no local induction for agency staff to give them the knowledge they needed for the role. During the inspection, we saw an agency nurse wearing a ring which was not in line with infection control procedures. This could have been identified with an induction or brief to the service. People and their relatives told us regular staff knew them, although some people expressed concerns about agency staff knowledge. One person told us that agency staff assumed that they did not have capacity to take their own tablets or consent to coming in their room and this had upset them. We concluded that the use of agency staff was at times a barrier for staff to consistently have the correct knowledge to care for people in an effective way.

We saw staff dealt with behaviours that challenge in a positive way, taking immediate action to keep people safe and ensure appropriate techniques were used to reduce distress. A relative we spoke with also told us staff managed behaviours that challenge appropriately stating, "The atmosphere seems to be fine, if someone causes a bit of a stir they staff for what they can to minimise the impact on the individual and other residents. They do this in a supportive manner".

# Is the service caring?

## Our findings

People spoke positively about the staff who worked at the home and said they were treated with dignity and respect. For example one person told us, "I like the friendliness and the way you're looked after. If I have a problem, they help me out, [for example] they help me to get changed." Another person told us, "I'm happy with everything, all the staff are kind." A relative told us, "Staff know what my mum likes and can motivate her."

The importance of treating people with dignity and respect was promoted with staff through several methods. It was considered during the interview process, staff meetings, and procedures were on display to remind staff of how to promote the organisations values. Training delivered as part of induction also helped staff to be aware of person centred approaches. Staff we spoke with demonstrated a motivation and dedication to the role of caring for vulnerable people. They were able to give us good examples of how they ensured people's privacy and dignity was maintained.

People told us that care staff promoted their independence where appropriate, for example one person told us, "I like to get dressed on my own and the staff let me do this." We saw one person was more independent and staff encouraged them to go outside on their own.

We observed care over two days within the home. We saw staff were pleasant, helpful and friendly and generally

treated people well. Where people became distressed, staff used appropriate techniques to help calm their anxieties. Staff we spoke with knew people well, their likes, dislikes and preferences. For example, one carer was able to tell us how a person spoke nine languages. We then saw that the carer engaged the person in polish which they seemed to appreciate. We did, however, see some isolated incidents where staff did not always respect people's privacy, for example, they did not always knock when entering rooms and one person raised this as an issue with us.

We observed people using the service were clean and tidy, for example, with neat hair and clean shaven. People we spoke with told us that their care needs were met by staff and they could have baths/showers at the frequency they wanted them

The service had regard for people's individual needs, for example, in ensuring that culturally appropriate food was provided in line with their beliefs. There was also the opportunity for people to attend religious services.

Appropriate arrangements were in place to provide and ensure advocates were available for those who did not have family when important decisions needed to be made.

People told us that the home encouraged their friends and families to visit. People said they generally felt listened to by staff. We saw evidence people's views had been recorded in care plan documentation.

# Is the service responsive?

## Our findings

Following the last inspection, the service had implemented an electronic system for maintaining records of people's care. Whilst we found information was easy to access and monitor, there were still documentation issues that needed to be addressed.

Within the care record system, sections on people's life histories, likes and dislikes were poorly completed. The manager said this information was previously paper based but there had been an oversight and it had been archived. This meant there was a risk that staff did not have detailed information key to understanding people, particularly those living with dementia. We also found some documentation was also overdue for review, for example, one person's falls and nutritional risk assessment required to be reviewed monthly had not been reviewed since February 2015.

Records showed that people were generally subject to routine checks to ensure they were okay. However, we found there was a lack of evidence that pressure area care and the provision of showers and/or baths was offered in line with the frequency set out in care plans. Through discussions with people who used the service, staff and management we concluded it was likely people had received the required care but it had not been documented. However, we were unable to confirm if this was the case without suitable records in place. Following us raising this issue, the manager sent out a memorandum to staff reminding them to ensure all care tasks were robustly documented on the electronic care system. Information on capacity was also not well populated on the computerised system. A number of people were living with dementia, however, it was difficult to establish whether they had been able to consent and be involved in the review of their plans of care due to lack of suitable records in this area.

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

People had a range of care plans in place which covered areas such as personal hygiene, continence, mobilisation and safety and wellbeing which provided information to staff. Staff told us they regularly read care plans from the computer units around the home to ensure they knew

about people's plans of care and we observed this to be the case. Records of daily living were recorded on the electronic care system. Although these provided evidence of tasks, because of data input methods there was only very limited personalised information on their daily activity. The manager had recognised this was an issue and was looking and how more person centred information could be recorded.

A number of systems were in place to help staff provide responsive care. Shift handovers took place to provide staff with the latest information on people's needs. We saw there were presently two handovers in the morning due to the shift patterns of nursing and care staff. The manager had recognised this was not ideal in ensuring the accurate transfer of accurate information and action was being taken to align shifts so only one handover needed each morning. Regular memorandums were sent to staff which they were required to read and sign to ensure they had current information on people's needs, and key care messages were transmitted to nurses via the electronic care record system to ensure they actioned any changes required to care plans following changes in people's needs.

At the last inspection we had concerns that pressure mattresses were not on the correct settings. At this inspection we found a robust system had been put in place to regularly check that mattresses were set correctly. We found all mattresses to be on the correct setting indicating the system was now working correctly. Nobody within the home had a pressure sore and there were no recent instances, indicating current measures to manage skin integrity were satisfactory.

People's social and spiritual needs were assessed. A range of activities were provided for people. People generally spoke positive about the activities and said they could choose to participate or not. We saw sensory activities which were tailored to the needs of people living with dementia were provided as well as regular church services, aromatherapy, reminiscence and motivation. The activities available were communicated to people via an activities board.

A complaints policy was in place which was appropriately brought to the attention of people who used the service. Complaints were investigated by the manager and audited for any themes and trends. People told us they knew how to complain and generally said that management took

## Is the service responsive?

appropriate action. We looked at how some recent complaints had been managed, we saw that clear actions had been put in place to help resolve the complaint and learn from the incidents.

# Is the service well-led?

## Our findings

A registered manager was in place. We found the provider had submitted all required statutory notifications to the Commission, for example, notifications of serious injury or allegations of abuse. This helped the Commission regularly monitor the quality of the service.

Most people and relatives spoke positively about the management of the service. They generally said that issues were sorted out. However, one person told us they were not happy in the service and in particular the way management had dealt with their problems. We asked the manager to undertake a review with this person to help find a solution to their concerns.

We saw the manager was visible throughout the home and conducted a daily walk around; these helped them to monitor how the service was operating. We found staff morale was good and staff reported management were approachable and able to support them effectively. The service operated an on call system to ensure management were available out of hours for advice and support.

The manager was honest and open with us about where the organisation currently was and about improvements which were required including ensuring reduced agency use and better documentation. We saw the manager had worked hard to improve and set a consistent staff culture within the organisation. We concluded the lack of a stable and consistent nursing team was the most significant barrier to ensuring consistent high quality care within the home.

At the last inspection in January 2015 we found systems to assess, monitor and improve the service were not sufficient. On this inspection, we found a number of systems had been put in place by the registered manager to improve the quality of care provided by the home. For example new policies and procedures were being introduced and improved staff training had been provided.

Care records were now entirely computer based, and this would allow more in depth monitoring of people's care, although these systems were not fully embedded. Overall we found a marked improvement over the number and quality of audits and checks undertaken by the home. Audits and checks on nutrition and weight, mattresses and building related checks were carried out.

Care plan audits were undertaken however, most of these were overdue which meant they were not being carried out at the planned frequency. Although these looked at the quality of care plans and changes were made where deficiencies had been identified, they did not monitor all aspects of the computerised care system, for example, whether care was documented in line with care plans. The manager also regularly looked at care records informally and although there was evidence they were identifying issues and rectifying these, this was done in a more reactive way following incidents or concerns. We found some issues in these areas which could have been identified and rectified by a more robust system of audit against a standardised format.

Medication audits were undertaken and these were regularly identifying issues and we saw evidence action was taken e.g. speaking with staff. However, these actions were not always signed off and there was no evidence of follow up competency checks or audit following "speaking with staff" about issues found.

Although staffing levels were regularly monitored using the dependency tool, we found it was not completely accurate as it was not an accurate representation of the support needs two people who used the service required. We also found the manager was not conducting regular observations of whether there were enough staff, which they told us they would do in their action plan following the January 2015 inspection. Had this been done, the deficiencies in staffing levels we identified may have been identified and rectified sooner.

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

Systems were in place to seek the views and feedback of people who used the service. People and their relatives reported that residents and relatives meetings took place although some relatives told us communication could be improved by the home. We looked at minutes from a recent 'residents' meeting which showed people were asked for their views on activities, food and mealtimes. Annual surveys had been sent out to people who lived at the home in January 2015 and these were mostly positive.

Performance issues with staff were identified through staff meetings, appraisal and supervisions. We saw these had been used to improve staff performance. However,

## Is the service well-led?

supervisions were currently behind schedule. There were no competency checks on nurses, for example, with regards to medication which could have been used to drive the organisation towards providing consistent and high quality nursing care.

A system was in place to record accidents and incidents with documentation showing that actions were put in

place following incidents. The number of accidents and incidents was regularly monitored to look for trends and themes. We found these were generally well managed, although falls management required the deployment of additional control measures to help prevent re-occurrences.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Sufficient numbers of sufficiently qualified, competent and skilled persons were not deployed by the service.**

### 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

**Systems and processes were not fully in place to assess, monitor and improve the quality and safety of the service.**



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
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	Care and treatment was not always provided in a safe way for service users as the risks to people's health and safety were not appropriate assessed and mitigated.
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**The enforcement action we took:**

A warning notice was issued requesting the provider to achieve compliance by 1 November 2015.