

Lister House Limited

# Sherrington 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Sherrington House is a purpose built care home offering nursing care for up to 39 people over three floors. There is a lounge and dining area on each floor and disabled toilet and bath facilities. The home is situated in the Heaton area of Bradford with good access to local amenities and public transport.

This was an unannounced inspection which took place on 30 and 31 March 2016. On the date of the inspection there were 39 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 7 and 8 September 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.

At the last inspection in September 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 regulations in relation to medicines management and record keeping.

We found improvements had been made to some aspects of care records with better populated care plans and more robust evidence care was delivered in line with plans of care. However further improvements were required to documentation surrounding medicine management and people's care and support plans. We identified this was of minor risk and the registered manager assured us it would be addressed.

Overall medicines were managed safely. People told us they received the required support in the administration of medicines

People told us they felt safe in the home. Staff understood how to identify and act on concerns. Risks to people's health and safety were assessed and plans of care put in place to help manage those risks.

Overall we concluded there were sufficient staff deployed, however staff were stretched and busy at times particularly at lunchtime where the experience in the main dining room could have been improved.

Safe recruitment procedures were in place to ensure staff were of suitable character to care for vulnerable people.

The premises was safely managed. The home was well maintained and regular checks undertaken to ensure it was kept safe.

People spoke positively about the food provided by the home and said they had sufficient choice. Catering staff were aware of people's nutritional needs and appropriate action was taken to ensure people had

sufficient food and fluid.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) with DoLS authorisations made where the service suspected it was depriving people of their liberty.

People and relatives told us that staff treated them with dignity and respect. This was confirmed in the interactions we witnessed between staff and people.

People's needs were assessed and appropriate plans of care put in place. We saw evidence of care and support being delivered in line with these plans. However there were some inconsistencies in information recorded in care plans which meant there was a risk inappropriate care would be provided.

A programme of activities was in place. We received mixed feedback about the availability of activities. Some people said there was enough to do, but others said they were often bored.

Systems were in place to assess, monitor and improve the service. The manager conducted regular checks and we saw evidence where deficiencies were identified, these were flagged up with staff as part of a system to improve the quality of care.

People's feedback on the quality of the service was sought through periodic questionnaires, residents meetings and more informally by the manager during daily walkarounds.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Overall, we found medicines were managed safely. However some documentation surrounding the management of medicines needed to be made more robust to provide clear evidence that medicines were managed in an appropriate way.

People told us they felt safe in the home. Safeguarding procedures were in place which were understood by staff. Risks to people's health and safety were assessed by the service and appropriate plans of care put in place.

We found there were generally sufficient staff on duty, albeit staff were stretched especially at lunchtime.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported to maintain good nutrition and hydration. People spoke positively about the food and we saw there was a good choice. We identified that the lunchtime experience could have been improved in the main dining room.

The service liaised with a range of healthcare professionals to help ensure people's healthcare needs were met.

Staff received a range of training, supervision and support to help ensure their skills and knowledge were developed.

**Good** ●

### Is the service caring?

The service was caring.

People and relatives told us staff were kind and caring and treated them well. We observed care and support and saw people were treated with dignity and respect by staff.

Mechanisms were in place to help people express their views and listen to their comments.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

Although we saw some well completed and detailed care plans in place some people's care records contained inconsistent or incomplete information which meant there was a risk they would not receive the required care.

A programme of activities was in place. We received mixed feedback about the activities with some people saying there was not enough to do.

A system was in place to record, investigate and respond to complaints.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

Improvements were still required to documentation before we could conclude the service was well led.

Systems were in place to assess, monitor and improve the quality of the service.

People and staff spoke positively about the way the service was run and said they felt able to go to the manager for support.

**Requires Improvement** ●

# Sherrington 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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 and 31 March 2016 and was unannounced. The inspection team consisted of three adult social care inspectors, a specialist pharmacy advisor 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. We spoke with twelve people who used the service, one relative, the provider, registered manager, deputy manager, nurse manager, two registered nurses, six care workers and the cook. We looked at elements of four people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority contracts and safeguarding teams. We also spoke with a health professional who visited the service. We asked 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. This was completed and returned to us in a prompt manner.

# Is the service safe?

## Our findings

At the previous inspection in September 2015 we identified a regulatory breach with regards to safe care and treatment as medicines were not managed safely.

At this inspection, we undertook a comprehensive assessment of the medicines management system. Overall we identified medicines were managed safely, however there were a number of problems with documentation and medicines systems and processes that required attention. We observed medicines being administered and saw nursing staff worked carefully and complied with basis medicine management standards. They showed a thoughtful and compassionate approach towards people and took great care when administering medicines.

People we spoke with told us they got their medication on time and raised no concerns over how medicines were managed. For example, one person told us, "I get my medication regularly and they look after you well here." Another person told us, "I get my medication on time, I feel safe, things haven't changed in the time I've been here, it's good."

Following the last inspection some improvements had been made. Medicines were now neatly stored and the use of fridges was appropriate. Medicines in fridges were in date and generally labelled with the date of opening. We found no evidence people were not receiving their medicines and identified people had received their medicines as prescribed, with medication administration records (MAR) for boxed medication recording consistent administration from day to day.

However, some risks we previously identified had not been fully acted on. MARs contained details of topical medicines prescribed, but all topical administration was documented in a 'creams book' for which there was a separate book for each floor. All administration information was documented by the care staff who applied the topical medicines. We found some poorly completed topical cream records. Whilst we found no evidence people were not receiving their topical creams medicines as prescribed there was a lack of consistent evidence of this. We were concerned that nurses were not formally reviewing the cream books to review whether people were receiving topical medicines on a regular basis. There were also some discrepancies between creams recorded in the creams book and what was reflected on people's MARs.

Nurses consistently signed the front of the MAR chart when an 'as required' (PRN) dose was administered. They did not often, however, complete the back of the MAR chart with further details such as why the treatment was needed, and the exact quantity given (if a variable dose is prescribed.) We saw this had been identified by the registered manager and action had begun to be taken to address this by the deputy manager.

We found a substantial number of handwritten MAR charts were in place, the registered manager said they had experienced problems with the pharmacy. However, in the majority of cases the entries were not countersigned by a second checker. We identified one error in a handwritten the MAR, whilst the person was not receiving the incorrect medicines the dose was incorrectly transcribed highlighting the need for this

process to be checked by a second member of staff. On several occasions it was not possible to find the original information source (e.g. GP prescription) from which the nurse had copied.

This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

The deputy manager had only been in post for three weeks but had already implemented a number of steps to improve the handling of medicines. They accepted that some current practices were not ideal. They implemented some actions during our visit and their attitude gave reassurance that these remaining shortcomings would be addressed.

Medicines were stored within locked rooms. The temperatures of all fridges were well documented daily but maximum and minimum temperatures were not recorded, the deputy manager agreed to take action to address this.

Controlled drug (CD) cupboards were all locked and medicines stored in them was appropriate. The CD registers were completed thoroughly with two nurses' signatures for each entry. We checked the CD counts against the registers on the first and second floors of the home and they were all correct.

One person was receiving their medicines covertly. They had documented approval for covert administration of medicines, evidencing a best interest process which included approval from a pharmacist to administer the medicines in that manner. This demonstrated the correct process had been followed.

Safe recruitment procedures were in place. We looked at four staff files. There was evidence of an application form, interview notes, identity checks, disclosure and barring service checks and at least two references provided. This demonstrated appropriate checks on new staff were undertaken. Those members of staff from outside of the United Kingdom had provided evidence of their right to work in the UK. We saw records of nurses PIN numbers were recorded in their recruitment files to provide assurance that nurses were correctly registered. Staff we spoke with confirmed they had been subject to the required recruitment checks.

We undertook a tour of the premises. The building was kept in a clean and hygienic condition. The building had adequate communal areas for people to spend time, which included a large lounge/dining room and several smaller lounges. We found the building to be appropriately maintained. We checked to see if equipment was maintained and serviced to keep people safe. We checked service records for baths, hoists, lifts, scales, fire equipment, legionella testing, gas systems and portable appliance testing. All equipment had been serviced in line with the manufacturer's guidelines. The service employed a full time maintenance worker. This staff member undertook monthly checks on the building to ensure it was safe and appropriately maintained. A maintenance book was also available for staff to record any problems they had discovered for actioned by the maintenance worker.

All people with whom we spoke told us they felt safe in the home and nobody raised any safeguarding concerns. Staff we spoke with had a good understanding of safeguarding, knew the reporting procedures and said they would have no hesitation in informing external agencies if they felt matters weren't being dealt with properly. We saw evidence safeguarding procedures had been followed to keep people safe from abuse and preventative measures put in place by the home. Disciplinary procedures had been followed where staff practice had been identified as contributing to an incident.

A dependency tool was used to inform staffing levels within the home. We saw staffing levels were

maintained above the level specified on the provider's dependency tool. Agency staff were utilised by the service to ensure safe staffing levels were maintained. Some people received one to one support and we saw arrangements were in place to provide these staff to enable people to go out into the community.

Staff we spoke with generally said they felt there were enough staff. However, they told us on occasions an extra care staff member had been on duty and they felt this made a big difference as it gave them more time to spend with people and undertake companionship and activities. Most people and relatives we spoke with said there were sufficient staff. For example, one person told us, "When I ring the call bell, staff come within seconds." We saw evidence staff completed regular checks on people and provided regular pressure relief providing evidence there were sufficient staff to ensure people were regularly monitored and supervised.

During observations of care and support we identified at most times there were sufficient staff to keep people safe but at times staff were stretched. For example, at lunchtime a number of people required assistance but there was only one staff member in the dining room. This meant that some people had to wait to be assisted. We raised this with the registered manager who agreed to look at staffing allocation during this period.

Care records showed risks to people's safety and welfare were identified and assessed. For example, people had assessments in place for the risk of falls, developing pressure ulcers, nutritional risks and for the risks associated with moving and handling. Information in people's care plans showed how these risks were managed. For example, the use of pressure relieving equipment and repositioning to reduce the risk of pressure damage. We saw this equipment being used for people whose care records we reviewed. Staff we spoke with were aware of the risks to people and knew how these were managed to ensure people's health and safety.

## Is the service effective?

### Our findings

Staff were provided with a range of training to support their developmental needs. New staff without previous care experience were required to complete the Care Certificate. The Care Certificate provides care workers with standardised training which meets national standards.

New staff also received a local induction to the service. This included a tour of the premises, the aims and objectives of the service and familiarisation with the service's policies and procedures. New staff were required to complete a probationary period to ensure they met the required standard and to periodically check their progress and training. We spoke with a recently recruited staff member about their induction. They said they had completed a full induction which included fire safety and moving and handling training. They told us they had spent four days shadowing a senior staff member which had allowed them to get to know people and their care needs. They said they had been trained in how to use the electronic care record system and felt supported by the staff team and management.

Staff received regular training in subjects such as safeguarding, moving and handling, health and safety. Most of this was done face to face by the registered manager. We saw training was mostly up-to-date, with a plan in place to address any training that had recently expired. A training programme was in place for 2016. Nursing staff had received external training in medicines management from a pharmacist and they had their competency observed on a periodic basis.

The nurse manager told us some of the nurses had taken on a 'link nurse' role in areas such as palliative care and tissue viability. For example, they explained the 'link nurse' would attend the local meetings chaired by the tissue viability nurse team where best practice and developments would be shared. The nurse manager told us the link nurse would then disseminate this learning with the nursing team at Sherrington House.

External training had been sought for some subjects. For example, roughly half of staff had received training in skin care provided by the tissue viability nurse. We saw sight of a recent commissioner's visit which had concluded that all staff required training in this subject due to the needs of people who used the service. The registered manager told us they were taking steps to address this shortfall.

Many staff had been supported by the service to achieve further qualifications in health and social care by the service to further increase their skill and knowledge base.

Staff we spoke with told us they felt well supported by management. Staff were subject to periodic supervision and appraisal, this was confirmed by staff. Unscheduled supervisions were held with staff to address specific quality issues picked up through the registered manager's audits and checks. An appraisal plan was in place for 2016 to ensure all staff continued to receive timely appraisal. Appraisal asked staff to reflect on what worked well and in which areas their practice could be improved.

People all spoke positively about the food, praising the choice and quality. We observed people eating at lunchtime and they clearly enjoyed their food. Comments included, "The food's fine", "They feed you well," and "The food is varied, with a good choice." This was reflected in the menus we saw which were displayed

in the home in pictures and words and showed different options at each mealtime. The chef told us menus were discussed with people at residents meetings and any suggestions or changes accommodated. They also said they got feedback from people individually as they went round asking them what they would like for lunch and tea. The chef told us all meals were home-made and they made home baked cakes each day. The chef said they had good access to training and were attending a course on dysphagia in the next few weeks.

We spoke with the head chef about people's dietary needs and preferences. They gave us detailed information about how they catered for people's individual needs whether they were related to a medical condition or a lifestyle choice. We saw individual dietary requirement sheets kept in the kitchen reflected this information.

We saw people's weights were monitored monthly and any loss or gain was noted. The chef told us they were informed of any weight changes and where people were losing weight they ensured their meals were fortified using butter and cream to provide extra calories. Snacks such as cake and biscuits were offered between meals and the cook said food and drink was available to people any time of the day or night.

People were offered drinks with the meals and throughout the day. We saw people could choose where to have their meals with some people preferring to eat in their rooms while others went to the dining room. We saw staff sat with people who needed assistance with eating and chatted to them as they gave them their food. However, we noted that the lunchtime experience in the main dining room could have been better organised with staff resources stretched and some people having to wait for assistance.

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

The manager had made appropriate DoLS referrals for some people who lived at the home that lacked capacity to consent to their care and treatment and were subject to a high level of supervision and control by staff. At the time of the inspection there were no DoLS in place, with four authorisations applied for which were with the local authority awaiting assessment. The registered manager demonstrated a good understanding of the correct process to follow, which provided assurance that the service would continue to act appropriately within the legal framework.

We observed staff asking people for their consent before providing support or care. Mental Capacity Assessments were in place within people's care and support plans. We identified these were improved since the last inspection but required further refinement through editing the electronic care record system to ensure they clearly demonstrated consent and that the best interest process had been followed where people lacked capacity.

We saw evidence people had access to a range of NHS services such as GPs, district nurses, tissue viability nurses, dieticians, opticians and chiropodists. We saw people received the health checks they required. For example, one person with diabetes required annual eye screening and we saw records which showed they had attended an ophthalmology eye clinic appointment. We saw specialist advice was sought when

needed, for example, the tissue visibility nurse had recently seen one person whose condition meant they were at increased risk of pressure damage. We spoke with a GP who was visiting the service during our inspection. They told us they carried out a weekly 'doctor's round' and found this was usually well organised by the nurses who knew people's needs well. They said staff acted on their advice and were prompt in contacting them if people required medical attention.

## Is the service caring?

### Our findings

People we spoke with told us they were satisfied with the care they received and praised the staff who delivered care and support. One person said, "They've saved my life. I wouldn't be alive if it wasn't for them. I can't speak highly enough, they're great." Another person told us, "It's good. I like it here." They also said the staff were 'good'. A further person told us they could get up and go to bed when they wanted. They said staff were 'kind' and 'very good'. A relative told us, "They are all really nice, it's a haven."

People said staff provided companionship and we observed this was the case with staff sharing a joke with people when they had the time between tasks. This was reflected in the comments we received. For example, one person told us "The staff sometimes come in for a chat, when they've got time."

We observed care and support. People's privacy and dignity was maintained. Staff knocked before entering people's rooms even when bedroom doors were open and said who they were and asked if they could go in. We saw people who were nursed in bed looked comfortable and any personal care was carried out behind closed doors. We heard one member of staff encouraging a person, who had come into the lounge, to change their clothes as they were stained. This was done in a calm and friendly way with the staff member saying they would go with them and help them find some clean clothes.

Staff we spoke with were familiar with people and how they liked their care to be delivered. We saw some care plans contained a good life history and information on their likes and dislikes, but others contained less information. However, overall these were considerably improved since our last inspection.

People and relatives told us that staff listened to them and acted on their opinions. The registered manager undertook a daily walk-around where they spoke with people on an informal basis. People were also supported to express their views more formally through satisfaction surveys and the monthly residents meeting. We saw a residents meeting was planned to take place on the second day of our inspection.

People told us they had choices as to how they spent their day. For example, one person told us they were able to get up and go to bed whenever they wanted and people said they could choose what activities they wanted to get involved in and that staff respected their decisions.

Arrangements were in place to ensure people had appropriate plans of care in place as they approached the end of their lives.

## Is the service responsive?

### Our findings

At the previous inspection in September 2015 we identified a regulatory breach with regards to 'Good Governance' as accurate records were not maintained with regards to people's care and support.

At this inspection we found some improvements had been made, fluid charts were better maintained, risk assessments were more up-to-date and we found evidence staff were better recording care and support interventions. However, there were still some care plans which did not fully reflect the needs of people that required attention.

The home used an electronic care management system (CMS) to plan and record people's care needs. The registered manager told us the system had been in place for a year and they recognised there were still improvements to be made in the level of detail recorded. We reviewed three people's care records. We found although some sections of the care records were well completed, the care plans did not always reflect the current needs of the person. For example, one person's care plan lacked detail as to how the person's continence needs were to be met, stating 'use pads wherever possible' and 'apply creams as needed'. There was no information to show what pads or creams should be used, when or where.

This person also had a pressure ulcer which the records showed was being dressed and was healing, yet there was nothing to say what dressing was being used. We found conflicting information in another person's care records which meant it was difficult to get a clear picture of the person's needs without trawling through all the care records. For example, three different prescribed creams were described as being used in various parts of the care records but it was not clear where the creams should be applied or why they were being used. Similarly the care records showed the person had pressure damage in three different places, yet the care plan only referred to one of these and did not reflect recent treatment advice given by the tissue viability nurse (TVN). However, although there were shortfalls in the care records we found the person was receiving the care they required and staff were aware and following the treatment advice given by the TVN. The registered manager also told us of research they had undertaken to source specialist equipment for this person which was being custom-made to meet their individual requirements. This demonstrated a person centred approach to their care and support.

There was also a discrepancy between the amount of thickener staff told us they used and the amount stated in the person's care plan. We raised this with the registered manager who told us they would deal with this straightaway.

These discrepancies in documentation demonstrated an accurate record of each service user's care and treatment was not always kept.

This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We also found some good practice with other care interventions robustly monitored. For example, one

person's records showed their catheter had to be changed repeatedly as it kept bypassing and blocking. The care plan showed they required at least two litres of fluid daily and the fluid intake records showed this had been achieved. The records also showed the GP had been contacted for advice about the catheter problems and different options discussed. Daily records of care showed people received regular checks and pressure relief as per their plans of care.

Care plans were regularly reviewed. However the computer based system made it difficult to evidence involvement of people in their care plans. The registered manager told us they were currently making arrangements to ensure this was better evidenced. Daily handovers took place which were a mechanism to help ensure staff were informed about any changes in people's individual needs.

All the people and relatives with whom we spoke expressed their general satisfaction with the care received. For example, one person told us, "They look after you well."

Arrangements were in place to help meet people's spiritual needs. For example, weekly church services were held to help meet people's spiritual needs.

We received mixed feedback about the quality and availability of activities. One person we spoke with told us there had been 'Motivation' during the morning of our inspection which they said was good fun. They also said a music man came every Friday. Another person told us there were plenty of activities going on, although they preferred to read and listen to music in their own room. Other people spoke more negatively about the provision of activities. For example, one person said, "There's nothing to do, no activities like cards, dominoes etc., so I come and go as I please. It's very boring and I try to find things outside." Another person said, "It gets boring." We observed at times there was little going on within the main lounge and concluded more could have been done to engage with people through the provision of suitable activities. This was also raised as an issue at the last inspection in September 2015. Some people received one to one support and were assisted to maintain links with the local community

Complaints were appropriately managed. People and relatives told us they were generally satisfied with the service and had no need to complain. Satisfaction surveys also provided evidence people did not have any complaints. People said they knew who the registered manager was and felt able to go to them. A system was in place to record and respond to people's complaints about the service and steps had been taken to bring this to the attention of people who used the service.

## Is the service well-led?

### Our findings

A registered manager was in place. We found required notifications such as serious injuries and allegations of abuse had been reported to the Commission. This helped us to monitor events which occurred within the service.

We found a breach of regulation remained at this inspection namely in relation to the failure to ensure accurate and complete records were kept. Whilst there was evidence the registered manager was either aware of these risks or was taking prompt action to address, these issues needed to be solved in order for the service to demonstrate that it was well led. Documentation to evidence people's consent, and best interest processes required further refinement. We had confidence the registered manager would further adapt records to make these changes. We identified some improvements were also needed to the medicine management policy to ensure it clearly defined how to administer 'as required' medicines, when and how to handwrite prescriptions and to ensure it set out a clear process in relation to covert medicines.

Commissioners of the service had recently visited the home. Whilst they had identified that some risks were present in terms of care and support arrangements, we saw the service was working through an action plan to ensure the identified improvements were made.

People and relatives we spoke with all said that the overall quality of the service was good. For example, one relative told us, "It's a lovely care home, mum and I are happy that dad's here and getting such good care." Another person told us, "It's saved my life being here."

We spoke with staff who said they enjoyed working at the home and indicated to us that morale was good. Staff told us they felt comfortable going to the registered manager who was supportive of them in their role. They said the registered manager was good at dealing with any issues that arose.

Systems were in place to assess and monitor the quality of the service. A deputy manager had been recently employed who had begun to support the registered manager in undertaking audits and checks on the quality of the service. The registered manager regularly undertook audits and checks on care records which could be done quickly and effectively through use of the electronic care record system. For example, they regularly monitored people's fluid intake and where this raised questions about whether people had received regular fluids this was flagged up with the staff concerned. Care and support plans and entries in daily records were regularly checked by the registered manager and emails sent to nursing staff to ensure any deficiencies were addressed. Whilst we found these were effective in identifying issues, discrepancies in documentation we identified demonstrated further care and attention was required to monitoring these areas.

Audits were undertaken in other areas such as people's weights, and pressure area care. Hospital admissions were monitored to establish the cause and determine whether they could have been prevented. Medicine management audits were undertaken. We saw evidence these were regularly identifying issues which were flagged up with nursing staff. Whilst this was positive, the audits had not identified all the issues

we identified during the inspection, which indicated further refinement was needed to the medicine management audits. The deputy manager told us that their appointment would help ensure increased monitoring and checks in this area. Manager walkarounds also took place daily, we saw evidence these picked up issues which were addressed either informally or through staff supervision processes. Accidents and incidents were recorded and preventative measures put in place. Incidents were periodically analysed by the registered manager to look for any trends and themes.

The registered manager was committed to further improvement of the service, through refining documentation and audit systems. Further improvements were planned. For example, the introduction of champions in infection control, tissue viability and falls prevention to further improve quality in these areas. The manager was also training senior care workers to take more responsibility in specific areas of care and support both to aid their development and offer a greater level of support to nurses.

Staff meetings were periodically held. We saw a number of quality issues were discussed at these to help improve and/or maintain the quality of care.

People's views were sought on the quality of the service. Annual questionnaires were sent to people and their relatives. Surveys focused on feedback in areas such as food, staff attitude, care and support, quality, and activities. We reviewed the responses from the most recent surveys sent out in November 2015, where there had been nine responses. Seven out of the nine people said their overall experience was good or very good with the other two saying it was adequate. Resident meetings were held on a monthly basis, where people could give feedback on activities, food, discuss holidays and any concerns.

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 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	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	<b>Regulation 17 (2c)</b> A complete and accurate record of each service users care and treatment was not in place.
Treatment of disease, disorder or injury	