

Adamstan Limited

Adamstan House Nursing Home

Inspection report

187 Mill Lane
St Helens
Merseyside
WA9 4HG

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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 

Summary of findings

Overall summary

The inspection was carried out over two days on 15 & 22 March 2016.

Adamstan House Nursing Home provides nursing care for up to 34 people. The service is situated in a residential area with easy access to St. Helens town centre and local amenities. Accommodation is over two floors.

The service does not have a registered manager because the previous registered manager recently left. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the service was carried out in February 2015 and we found that the service was not meeting all the regulations that were assessed.

Improvements had been made in relation to how people's rights were protected in relation to decision making. Since our last inspection in February 2015 staff had completed training in relation to the Mental capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff had benefited from the training as they demonstrated a good understanding of the basic principles of the Act and how it impacted on their day to day practice. Staff gave examples of practices that may be considered restrictive and they understood the legal process which had to be followed if they considered a person was being deprived of their liberty.

Improvements were needed in relation to the management of medication. Four people's medication was dispensed at the same time and their medication administration records were signed in advance of them taking their medication. These practices were unsafe and not in line with national guidance which states; administration should be completed before moving on to the next person and a record of medicines given should only be made when the person had taken their medicines.

Improvements were needed in relation to the recruitment of staff. Appropriate checks which were required by law were not carried out for new staff prior to them commencing work at the service. A staff member's application form showed a five month gap in their previous employment history; however this had not been explored to determine an explanation for the gap. Recruitment records for two staff members did not include any photographic evidence of their identity.

Improvements were needed in relation to planning and monitoring people's nutritional and hydration needs. Although people's care had been planned in relation to their dietary needs they were at risk of not having them met. This was because care plans did not provide specific guidance for staff to follow about the support people needed to eat and drink and changes in people's needs were not reflected in their care

plans.

Improvements were needed in relation to the accuracy and maintenance of people's care records. Staff were required to complete charts as a way of monitoring aspects of people's care, however they were not always completed as required. This included charts for monitoring people's weight and skin integrity.

Improvements were needed in relation to monitoring and assessing the quality of the service people received. Although there were systems in place for checking on aspects of the service some of them were ineffective. Checks on care records failed to identify the lack of accurate recording and maintenance of care plans, monitoring records and staff recruitment records.

Procedures for preventing abuse and for responding to an allegation of abuse were in place and understood by staff. Staff were confident about recognising and reporting suspected abuse and they said they would not hesitate to do so.

Staffing levels were sufficient to keep people safe. There were sufficient staff on duty on both days of our inspection. However we were told that there had been occasions when the staffing levels had fallen below those recorded on the rota and those set out by the registered provider. The deputy manager assured us that on those occasions the staffing levels did not pose as a risk to people's safety.

On our arrival to the service we carried out a tour of the premises, including people's bedrooms, communal areas, the kitchen and the basement. All parts of the service were clean and hygienic and free from hazards. Appropriate infection control practices were followed to help minimise the spread of infection. Checks had been carried out at the required intervals on the environment and equipment to ensure people's safety.

Staff received the training and support they needed. New staff completed an induction programme and all staff received ongoing training relevant to their role, responsibilities and the needs of the people they supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood what their responsibilities were for ensuring decisions were made in people's best interests.

People were treated with dignity and respect and their independence was promoted. Staff were caring and compassionate towards people and they had developed positive relationships with them and their family members.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medication was not always administered to people in a safe way.

The procedure for recruiting new staff was not robust.

People were safeguarded from harm and potential abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's nutritional and hydration needs were not always reflected in their care plan.

Staff received the training and support they needed to support people effectively.

Staff understood the legal process which they needed to follow when a person lacked capacity to make their own decisions.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People's dignity and privacy was respected.

Staff knew people well and had formed positive relationship with them and their family members.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care records did not always show that they had received the right care and support to meet their needs.

People's calls for assistance were responded to promptly.

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

Is the service well-led?

The service was not always well led.

The service did not have a registered manager.

Quality monitoring systems carried out at the service were not always effective.

Requires Improvement 

Adamstan 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 the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The first day of the inspection was carried out by two adult social care inspectors and it was unannounced. This means we did not give the registered provider prior knowledge of our inspection. The second day of the inspection was carried out by one adult social care inspector and was announced.

During the inspection we spoke with eight people who used the service and six family members. We spoke with the deputy manager, the registered provider and staff who held various roles including registered nurses, care staff, kitchen staff and domestic staff.

We looked at areas of the service including lounges and dining room, bedrooms, the kitchen and the laundry. At the time of the inspection there were 33 people using the service.

We looked at a range of documentation which included care records for four people who used the service and four staff files. We also looked at other records relating to the management of the service including a sample of medication and administration records, audits and safety certificates for equipment and systems used at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and information we received from a member of the public and the local authority.

Is the service safe?

Our findings

People told us they were safe and comfortable and staff treated them well. People's comments included, "Couldn't feel any safer", "I'm very comfortable here", "They [staff] look after me well and keep me safe", "I feel safe here". Family members were confident that their relatives were safe at the service. One family member said, "I leave here knowing they are very safe and in good hands" and another said "I wouldn't leave X [relative] here if I thought they would come to any harm. I know they are safe and well cared for".

Prior to this inspection we received concerns about people's safety in relation to the environment, infection control practices and staffing levels. We looked at those concerns as part of this inspection.

Medication was not always managed safely. During the morning medication round we saw four medicine pots on top of the medication trolley and each of them contained items of medication. On examining the pots further we saw each contained a hand written label with a person's name on. The nurse told us the medication was for four people who were in bed and that they intended to take all four pots together upstairs because it was quicker to do it that way rather than coming up and down for each person's medication. The nurse had signed the medication administration records (MARs) for the four people despite them not yet receiving their medication. These practices were unsafe and not in line with national guidance which states that administration should be completed before moving on to the next person and a record of medicines given should only be made when the person had taken their medicines.

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

The process for recruiting new staff was not always safe. Three out of four staff files we looked at had missing information which was required by law or by the registered provider in line with their procedure for recruiting new staff. Two staff files did not include any photographic evidence to demonstrate the person's identity and there was a five month gap in another person's employment history which had not been explored. There was evidence that a member of staff had attended interview and commenced work at the service prior to completing an application form. This was despite the registered provider's recruitment and selection policy stating that before interview applicants for all posts will be asked to complete an application form in order that they can be judged on the basis of comparable information.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Part 3 as people using the service were not protected from the proper recruitment of staff.

At the time of our inspection there were sufficient staff on duty to meet people's needs. There were six care staff and three registered nurses on duty when we arrived on the first day of our inspection. These staffing levels were maintained up until 2 pm when they reduced to five care staff and two nurses. We were however told that there had been occasions when staffing levels had fell below those set by the registered provider and which were reflected in the staffing rota. The deputy manager told us that on those occasions staff had called in sick at short notice and although they had contacted staff off duty to cover the shifts none of them

were available for work. The deputy manager told us they had not called upon agency staff because they felt that the staffing levels at the time were not unsafe. People and family members told us they had no concerns about the staffing levels at the service. Their comments included, "There always seems to be enough of them [staff] around when you need them", "I've no concerns, they are there for me when I need them" and "X [relative] has never complained and I have no concerns. X [relative] gets all the attention she needs".

On our arrival to the service we carried out a tour of the premises and looked at bedrooms, communal areas, toilets, bathrooms, the laundry and kitchen. The environment was clean and tidy and we identified no hazards which put people's safety at risk. There was an electric socket in one person's bedroom which had recently been replaced and was awaiting some plastering work to the surrounding area. The socket had however been confirmed by an accredited electrician as safe to use. Despite this, the work was carried out on the first day of our inspection, prior to us leaving.

The environment was clean and hygienic and staff followed appropriate infection control practices. Cleaning schedules which were in place had been followed, for example in bedrooms, kitchen areas and communal lounges. Colour coded mops, buckets and cloths were used to for cleaning specific areas and appropriate bins were situated around the service for the disposal of clinical and non-clinical waste. Written contracts were in place for the removal of clinical waste from the service. Staff had access to a good supply of personal protective equipment (PPE) which they used as required. For example, they wore disposable gloves and aprons when providing people with personal care and when handling soiled laundry. This helped to minimise the spread of infection.

Risks to peoples' health, safety and wellbeing were assessed in relation to their individual care and support and the environment. Care plans identified risks people faced and the measures staff were required to follow to minimise the likelihood of any injury or harm to people and others. Staff followed risk management plans which included the use of equipment and specific manual handling techniques when transferring people to reduce the risk of them falling. Visual checks were carried out around the service in line with environmental risk assessments to ensure that there were no hazards which had the potential to cause people harm. For example, cleaning products were locked away when not in use, fire exits were free from obstructions and fire doors were kept closed. A door near to the reception area which lead to the basement via a set of stairs was kept locked at all times. This was to prevent people from accessing the basement because it was unsafe for them to do so due to it being used for storage and presenting a trip hazard. Certificates were in place which showed safety checks had been carried out at the required intervals on gas, electricity, fire detection systems and equipment.

The registered provider had a safeguarding policy and procedure which was made available to staff along with those set out by the relevant local authorities. They included information about the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. All staff had been provided with training in safeguarding adults and were required to refresh this training each year. Staff described the different types of abuse and the signs and symptoms which may indicate abuse had taken place. They also described the steps they would take if they witnessed abuse which included ensuring people were safe before reporting it to the deputy manager or nurse in charge. The deputy manager and nurses were aware of the actions they would need to take in the event of an allegation of abuse, including informing relevant authorities such as the Local Authority safeguarding team, the police and the Care Quality Commission (CQC).

Is the service effective?

Our findings

People told us they had confidence in the staff and that they did a good job. Their comments included, "Staff are excellent here, they know me well" and "The girls [staff] do a fabulous job, they do everything the need to do for me and more". Family members told us they thought their relative was well cared for. Their comments included, "X [relative] gets the best care I could wish for. The staff know X really well including routines which are important to her" and "If there was something not right for X [relative] she wouldn't be here. I can't fault it".

At our last inspection in February 2015 we asked the registered provider to make improvements to how people's rights were protected in relation to decision making. During this inspection we found improvements had been made.

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

Since our last inspection staff had completed training in the MCA and DoLS and they showed a good understanding of the basic principles of the act and how this related to the day to day practice. Staff gave examples of practices that may be considered restrictive and they had access to policies and procedures to guide them if this was required. The deputy manager understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who used the service had been made to the relevant supervisory body and those that had been authorised were in place. A care plan had been drawn up and put in place detailing the restriction placed upon the person and how they detailed how staff were to keep the person safe.

An assessment to determine people's nutritional and hydration needs was carried out. A care plan was put in place for those people who were identified as requiring support to maintain a healthy diet. However, some people's care plans did not provide specific guidance about the support people needed with their diet and were not updated to reflect changes in people's needs. For example one person's care plan stated that they had an adequate diet to meet their needs, but it did not detail what an adequate diet was for the person. The plan also stated that the person needed encouragement to eat however there was no guidance for staff about what encouragement the person needed. A record was made in another person's care plan in November 2015 which stated that they were a poor eater, however following a review of the persons dietary needs in March 2016 it was recorded that the person had a good appetite. Despite this the care plan had not been updated to reflect the new information, it continued to state that the person was a poor eater. This meant that people were at risk of receiving ineffective care and support with their dietary needs.

Charts were in place for people who required their fluid intake monitoring in line with their care plan and they had been completed by staff as required. Care plans specified the recommended amount of fluid people should be offered over a 24 hour period; however this information was not recorded onto people's individual charts. We saw examples where people had not consumed the recommended amount of fluid for five consecutive days however there was no evidence to show that this had been identified and actioned. This meant people were at risk of not having their hydration needs met.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the nutritional needs and wishes of people were not always planned and monitored.

The majority of people told us that they liked and enjoyed the food and they were offered. They told us that there was always something else to have if they didn't want what was on the menu. The main hot meal was served at lunch time and a lighter meal was served for tea. Two people however told us that they were fed up with soup and sandwiches for tea. The cook confirmed that soup and sandwiches were on the tea time menu three times a week and the reason for this was that all of the kitchen staff finished at 2 pm on those days. The cook told us that people could have an alternative to soup and sandwiches if they wished because there was always food available which staff had access to at all times. The kitchen was clean and well stocked with fresh and frozen foods. Snacks including biscuits and cake were offered in between main meals. People's specific dietary needs were recorded on a board in the kitchen. Staff supported people with their specific dietary needs at mealtimes and they were knowledgeable about people's personal food likes and dislikes.

Staff received training relevant to their roles and responsibilities and people's needs. All new staff completed an induction programme and ongoing training specific to their roles and the needs of people who used the service. Staff told us that during their induction they were provided with a tour of the building and met with people who used the service and staff, shown around the service and introduced to the registered providers policies and procedures. They told us they had also shadowed more experienced staff for a period of time before being included on the rota. Staff completed a programme of training relevant to their roles and responsibilities. For example, in addition to mandatory training nurses underwent training in topics relevant to their clinical role such as wound care and medication. Care staff completed yearly refresher training in mandatory topics as well as training specific to people's care needs such as dementia and diabetes.

Staff told us they felt well supported by the deputy manager and nurses. They said they had no concerns about approaching any of them if they needed advice or support about any aspect of their work. Staff said they were involved in shift handovers during which time they received important updates about matters concerning people who used the service and anything else which impacted on their work. Although staff received formal one to one supervisions with their line manager the frequency of them was not in line with the registered provider's supervision policy. The deputy manager explained that although formal one to one meetings with staff had not taken place at the required intervals in accordance with the registered provider's policy they were confident that staff were supported as and when they needed it. This was echoed by staff who told us that they had no concerns about the level of support they received. Their comments included, "I feel supported in my job. I know I can ask the deputy manager or a nurse if I need any help", "I know the support is there if I need it" and "I have had support with the training I need".

Is the service caring?

Our findings

People told us they liked the staff and that they were caring, polite and respectful. Comments we received included, "I'm comfortable and happy", "Staff are good to me", "They are gentle and kind" and "They [staff] really spoil me here".

Staff were kind and caring towards people. They were aware of people's anxieties and the support they needed with this and they provided people with the necessary support and comfort. For example, a staff member told us about one person who experienced periods when they became anxious throughout the day. The staff member explained the signs which indicated that the person was anxious and how they helped the person overcome their anxieties. We observed staff supporting the person when they became anxious, by holding their hand and reassuring them. The outcome of this was positive for the person as they soon became less anxious.

Staff gave examples of how they respected people's privacy and promoted their independence. This included closing doors and curtains when assisting people in their bedrooms and bathrooms and knocking on doors before entering rooms. People told us that staff always knocked prior to entering their rooms and that they were thoughtful and gentle when assisting them with personal care. One person said, "They [staff] are ever so gentle and they never make me feel embarrassed or ashamed". Another person said "I depend on the girls [staff] for a lot of things but they know the things I can do. I like to comb my own hair and they know that". Staff also told us that they encouraged people to do as much as they could for themselves. Staff comments included, "I never take over, it's important to allow people to do what they can", "I encourage people to walk as much as they can so that they stay mobile for longer" and "Some ladies don't feel dressed if they don't have their beads on and their handbags close by".

Staff were careful not to impose on people when engaging with each other about work matters and they respected people's confidentiality when discussing people's care and support. For example they moved out of earshot of people and spoke quietly to each other. Staff spoke exclusively with people and their family members by kneeling down or sitting next to them when holding conversations.

People, who were able, moved around the service freely and those who needed help to mobilise were given a choice of where to sit. There was a choice of places for people to sit, for example the reception area which was split into two each had a large sofas and an occasional table. One person told us; "I like to sit here [in the reception area] and observe the comings and goings whilst having a cup of tea". People also had a choice of spending time in a further two small quiet lounges, a conservatory looking over the garden and the main lounge with a television. One person told us that they particularly liked that they had a choice of places to spend their time as it meant they could be amongst others if they wished or spend time alone without having to be in their bedroom.

Seating in the main lounge was arranged taking account of people's needs and wishes. Some seats were directly facing the television and others were arranged in small groups around occasional tables away from the television. One person who was sat in the main lounge out of direct view of the television told us, "It's

perfect for me because I like to be amongst others but I'm not interested in watching the television". Following meal times staff escorted people out of the dining room, asked them where they preferred to sit and made them comfortable. A member of staff took one person to a quiet lounge and assisted them to lie down on a large reclining chair; the member of staff made the person comfortable with a cushion and covered them with a throw. The staff member said that this was how the person liked to watch television.

The atmosphere at the service was calm and relaxing and staff shared laughter and banter with people and their family members. This showed staff knew people well and that positive relationships had been formed.

Visitors told us there were no restrictions placed on them when visiting their relative/friends. During the evening meal a family member was sat with their relative alone on a small table in the dining room. They explained that they did this most evenings as they liked to assist their relative with their evening meal. Visitors told us that they were always made to feel welcome and that they were offered refreshments with their relatives/friends. People received visitors throughout the day and evening and spent time together wherever they chose. For example, we met with visitors in people's bedrooms, dining room, main lounge and conservatory. There were no limits placed on the time people spent with their visitors. One visitor told us "I can stay with X [relative] all day if I want to" and another said "I sometimes just pop in to say hello to X [friend] and other times I stay much longer, it's never been a problem to them [staff]". Family members of one person who had recently moved into the service spent all day with their relative helping them to settle in.

Is the service responsive?

Our findings

People who used the service told us they received all the care and support that they needed. Their comments included, "Staff are good to me", "Staff do their best and look after me well" and "No problems, everything is just fine". Family members told us that their relative received good care and that all their needs were met at the service. Their comments included, "My X [relative] has received fantastic care I honestly couldn't ask for any better" and "So far so good. X [relative] is well cared for. I can only say what I see and that is X wants for nothing and they do a great job".

Prior to using the service each person underwent an assessment of their needs and the information gathered was used to identify and plan the persons care. People each had a set of care plans covering their identified needs in relation to activities of daily living including, mobility, personal care, eating and drinking and communication. Each care plan was titled with the area of need and included instructions and specific guidance for staff about how they were to meet the person's needs. For example, the level of staff support and any equipment people needed to mobilise. Care plans also included people's preferred routines and things of importance. For example, a person's care plan recorded that they liked a milky drink at night and another person's care plan recorded that the person liked to eat their meals in their bedroom.

Care plans were reviewed each month or sooner if a person's needs changed and a record of the review was maintained. However care plans and review records did not always show the involvement of people and relevant others such as family members. One person who used the service told us they helped with their care plan and three other people told us they did not recall being involved. Two family members told us they had been invited to take part in reviewing their relatives care plan and another family member told us they had not.

Care plans instructed staff on how and when they were required to monitor aspects of people's care including food and fluid intake, weight, skin integrity and repositioning. However we saw examples where this had not been followed through in line with the persons care plan. For example, one person's care plan stated that they should be weighed monthly but despite this the weight chart held in the person's care file showed they had not been weighed since December 2015. Staff told us that the person had been weighed but they had failed to maintain appropriate records of the person's weight. Another person's care plan stated that they required repositioning and barrier cream applying to areas of their skin after washing but there was no record of this being done. Staff told us that the person had received the required skin care but they had failed to complete their records to reflect the care provided. The lack of maintenance of records in relation to people's care meant they were at risk of not receiving effective care and support.

This is a breach of Regulation 17 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014, as accurate records were not maintained in relation to people's planned care.

Staff responded promptly to people's needs. Staff were visible at all times in communal areas people occupied and they carried out regular checks on people who occupied their rooms. We met with a number of people in their rooms and saw that they had a call bell which was within easy reach. People in their rooms

confirmed that staff had attended to them regularly. One person said, "They [staff] pop in and out all the time and ask me if I'm ok and if I need anything" and another person said, "They come to me when I press this [call bell]". Family members told us they had no concerns about the time it took staff to respond to people's calls for assistance, they said they had always observed staff responding quickly to call bells and people's verbal requests.

People's responses about activities on offer at the service varied. Their comments included, "There's not much on", "Some days there's nothing at all but then we get to play bingo a couple of days" and "It's up and down". Staff told us that there was a person employed at the service who was responsible for organising and facilitating activities for people. Staff told us they did not always know when the activities co coordinator was due on duty and that they usually turned up on two or three half days a week. There were no organised activities available to people on the first day of our inspection. The activities co coordinator was on duty on the second day when they invited people to make Easter bonnets and those that chose to take part enjoyed the activity. Members of local churches visited weekly and held services for people who wished to attend.

The registered provider had a complaints procedure which described the process for making a complaint and the timescales in which people could expect a response if they made a complaint. A copy of the procedure was also displayed at the main entrance. People told us they had no reason to complain but if they did they would not hesitate to do so. A complaints log which was maintained included a record of complaints made, how and when complaints were investigated and the outcome.

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager retired in 2016 and a new manager was appointed, however the newly appointed manager left the service before their application to become the registered manager was processed by CQC. A new manager has since been appointed and is expected to take up post on 11 April 2016. The deputy manager had been appointed as acting manager in the interim.

The deputy manager was present throughout both days of the inspection and the registered provider was present on the second day, they both assisted with the inspection along with other staff on duty at the time. Those involved were helpful, they provided information we requested including records which they located promptly.

Staff told us that the deputy manager was supportive and approachable. They said they had no concerns about speaking with her about any work related matters or personal matters which may impact on their work. Staff did however tell us that over recent months the morale amongst the staff had been quite low and they felt that had been a result of the recent turnover of managers which they thought created a lot of inconsistencies. Staff comments included, "A manager does things one way which you get used to then they leave and another manager comes in and tells us to do it differently" and "I would like to see a manager stay longer to get to know them and it would be better for the residents and families". Staff told us they had been informed about the appointment of the new manager and that they were looking forward to him starting work at the service. They said they hoped the appointment of the new manager would mean better stability and consistency within the service.

People who used the service, family members and staff were familiar with the interim management arrangements at the service. They knew the deputy manager had overall day to day responsibility and that in the absence of the deputy manager nurses led shifts and were responsible for making decisions about people's care and welfare.

The registered provider had a system in place for assessing and monitoring the quality of the service. This included a range of audits (checks) which were carried out across the service by the deputy manager and senior staff. Checks were carried out at various intervals on things such as care records, the environment, and medication and infection control. However, these checks were not always effective. For example audits carried out on care records did not identify the lack of accurate recording and maintenance of care plans and monitoring records. In addition the checks had failed to identify gaps in recruitment records for new staff. This meant people were at risk of unsafe and ineffective care.

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

The registered provider had a system in place for reporting and recording accidents and incidents which occurred at the service. Following such events staff were required to complete an accident/incident form which were then held in peoples care files and in addition staff completed an accident/incident log kept in the office. The log was analysed each month as a way of identifying any patterns or trends which had a negative impact of people's health, safety and welfare. Any concerns noted were actioned appropriately, for example where a person experienced an increase in falls an appropriate referral was made to the local community falls team.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. Staff told us they had access to the registered providers policies and procedures and that they were notified as and when any changes were made to them.

The registered provider had notified CQC as required of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care when an event had occurred.

The registered provider had a whistleblowing policy which staff had access to and were familiar with. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff told us that they were confident that if ever they witnessed or suspected poor care or harm they would have no hesitation in whistle blowing.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People using the service were not protected from the proper and safe management of medicines.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Diagnostic and screening procedures	The nutritional needs and wishes of people were not always planned and monitored.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Accurate records were not maintained in relation to people's planned care. Insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and protect them from the risk of harm.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	People using the service were not protected from the proper recruitment of staff.
Treatment of disease, disorder or injury	

