Mrs Balvinder Kaur Legah

Chestnut Lodge Residential 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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 30 November 2016 and 01 December 2016 and was unannounced. This is the first time we have inspected this service since it was taken over and the new provider became registered in July 2016.

The home is registered to provide personal care and accommodation for up to 15 older people. At the time of our inspection, 13 people were living at the home.

The registered provider had registered with the Care Quality Commission. The registered provider was not required to have a registered manager in place and they had chosen to manage the service as a 'registered person'. 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.

People could not be confident that they would always be kept safe at the home through effective risk management and appropriate processes being followed to safeguard people. People were not always supported to receive their medicines and supported to apply their skin creams as prescribed. People were not always protected by the use of best practice guidelines for safe medicines management.

People were not always supported by staff who were equipped with sufficient training and support in their roles. People told us that staff understood and met their needs, staff demonstrated awareness of most people's needs. Some staff did not feel supported in their roles.

People were not always supported in line with the principles of the Mental Capacity Act (2005) due to practices in place at the home.

People told us that they enjoyed the food at the home, although people's dietary needs were not always monitored. People were supported to access healthcare support to ensure people stayed well, although records did not always reflect this.

People had developed good relationships at the home with staff, relatives told us that staff were kind and caring and we observed good care in practice.

Staff practice at the home failed to consistently promote people's privacy and dignity and to reflect a person-centred approach. Relatives told us that they had been involved in care planning, although people were not always supported to make decisions about their care. Some people were not always engaged in activities that met their needs as this had not been discussed with staff.

People told us that they were happy with the care they received. Most people were supported to participate in activities of interest to them, although care had not been taken to explore the interests and needs of all people living at the home. People and relatives we spoke with told us that they felt comfortable raising

concerns, although there were no formal processes in place to empower people to do so.

The registered provider had failed to implement systems and processes to monitor and improve the quality of care that people received. The registered provider had not adopted a leadership role or established clear oversight of the service and we identified several examples where systems and processes failed to reflect the care that most people received. The registered provider demonstrated their ongoing intention to provide people with person-centred care and to address areas of concern that had been identified during our inspection.

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.

People were not always protected by effective risk management.

People were not always supported to receive their medicines as prescribed.

People and relatives told us that people were safe living at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights and choices were not always respected and the service did not support people in line with the principles of the Mental Capacity Act (2005).

Staff were not always equipped with training and support for their roles.

People told us that they enjoyed the food at the home and that they were supported to maintain their healthcare.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff practice did not always promote people's privacy and dignity.

People were not always involved in discussions about their care.

People told us they had positive relationships with people and staff, relatives told us that staff were kind and caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Most people were supported to participate in activities of interest

to them, although care had not been taken to explore all people's needs and interests.

People and relatives told us they felt comfortable making complaints, although there was not a formal complaints process in place to support people to do so.

People and relatives told us that they were happy with the care received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems to assess and monitor the quality of the service were not effective.

Records were not always robust to reflect the care that people received and staff did not always feel supported in their roles.

The registered provider did not meet all aspects of their role and responsibilities.

Chestnut Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2016 and 01 December 2016 and was unannounced. This inspection was conducted by two inspectors and an expert-by-experience, whose area of expertise was in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

During our visit, we spoke with ten people living at the home about their care and observed the care of other people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection, we spoke with ten people, five members of staff and the registered provider. We also spoke with a visitor, five relatives and three healthcare professionals. We also sampled four people's care records, two staff files and records maintained by the service about risk management, medicines, care planning, staffing and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People living at the home could not be confident that they would always be supported to take their 'as and when' (PRN) medicines safely. We identified a number of concerns with medicines management at the home, including the storage of people's medicines and the lack of medicines guidance available to staff. We also identified concerns about how people were supported to use and apply creams that had been prescribed for them.

Poor systems of storing and recording the use of prescribed creams at the home put people at risk of not using their skin creams as prescribed and at risk of using skin creams that were not prescribed to them. The creams being used were similar to over-the counter barrier creams and treatment for dry skin conditions and therefore presented a low risk of harm to the person they were being used on. Our discussions with one staff member identified that they had supported a person living at the home to apply a prescribed cream that had been prescribed to another person living at the home. This person had never been prescribed such creams, yet staff had considered that this was required, rather than supporting this person to have this need assessed appropriately by a healthcare professional. We brought this to the attention of the registered provider who confirmed that they had no system to monitor the support people received to apply prescribed creams or to help them to identify that such support was being provided. The registered provider told us that action would be taken to address this concern and ensure people only used topical creams that had been prescribed for them.

There were no records available at the home in relation to people's use of prescribed creams, for example, to inform staff how to consistently support people to manage the risk of developing sore skin. For example, there were no processes in place to ensure that staff were always aware that people used prescribed creams, or that they always followed appropriate practice to manage this risk. We found that some people's prescribed creams were left in a bedroom belonging to two other people living at the home, there was no designated area to store these creams securely. This reflected a poor system for managing and storing medicines and increased the risk of medicines errors.

Some people required 'as and when' or PRN medicines for specific symptoms they experienced, however we found that there was no guidance to inform staff when people required these medicines or how they should be taken. A staff member told us that following advice from the registered provider, they had administered 'as and when' medicines to help one person to become calm on a number of occasions. We found that this person's medicines records did not always state the dosage they had been given. Some records showed a variance in the dosage this person received on some occasions. There were no reasons listed as to why this person had required their medicine or details of the varying dosages that had been administered on these occasions.

There was no process to show how many 'as and when' medicines people had been supported to take during their time at the home, or how many of these tablets were in storage. For example, key instructions for another person's prescribed 'as and when' medicines were written on the storage box of other medicines belonging to this person. This increased the risk of medicines errors because staff instructions for how to

support the person to take both medicines were inaccessible and unclear. The registered provider confirmed our findings and told us that these concerns would be addressed.

Failure to provide safe care and treatment to people and maintain safe medicines management is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, "We get our medicines on time, [staff] never miss that." We observed that people were given their regular medicines on time throughout the day. These medicines were stored securely and people were asked whether they required any pain relief. Some people living at the home used prescribed creams to minimise their risk of developing sore skin. One person told us that staff members always sought their consent before applying skin creams. One staff member we spoke with showed some understanding of why people required this support and told us, [One person's] skin is very fragile." Another staff member told us that they had received training in this area and told us that one person's skin condition had improved during their time at the home. We found that the person's care records did not reflect this progress or their ongoing support needs.

The registered provider did not refer to good practice guidelines to help protect people with safe medicines management at the home. For example, the registered provider did not monitor or assess whether people's medicines were always stored at an appropriate temperature, to ensure that medicines retained their efficacy. A staff member told us that they had begun to support people to take their medicines after they had received training to do so. The staff member confirmed however that their competency had not been assessed when administering medicines, to ensure that they always supported people safely. A healthcare professional we spoke with told us that they intended to work closely with the registered provider to improve medicines management at the home.

People were not always protected by effective risk management at the home. The registered provider had failed to always follow their own processes of recording incidents that occurred, such as falls and trips in the home environment. Whilst some records showed that appropriate action had been taken in response to some incidents, the registered provider did not sufficiently investigate or analyse incidents for trends or themes and ongoing risks to people.

Some people and staff had been put at risk of harm where a person had displayed behaviours that challenged. These incidents had not been reported to the appropriate authorities to safeguard people living at the home, and appropriate action had not been taken to safely manage this risk to the person and others living at the home. We observed during our visit that this person experienced difficulty with their mobility and records showed that this person had recently suffered a fall. Our discussions with the registered provider found that this person had not been supported to safely and appropriately use their mobility aid. The registered provider had not taken action in line with this person's needs to effectively manage known risks and help to keep the person safe from harm. The registered provider told us that they would address these concerns and during our visit, we saw that they took steps to arrange an assessment for a new mobility aid to support this person to help them move safely around the home.

Although the registered provider conducted ongoing risk assessments in relation to some people's needs, these processes did not always effectively monitor people's risks over time. For example, one person's nutritional risk assessment and details of how the risk was managed failed to reflect the person's specific needs and the risk was not addressed. We brought this to the attention of the registered provider who agreed that the risk assessment and management plan was inaccurate and told us that this would be reviewed so that the person could be supported to improve their health in line with their wishes. We found that another person's care plan was not always updated to reflect their changing needs in order to equip

staff with consistent guidance.

People could not be confident that they would always be supported to use all equipment safely at the home. One person living at the home had chosen to use bed rails, however we found that the registered provider had failed to identify and address that this equipment was not suitably fitted for safe use. Another person living at the home used a wheelchair for occasions that they went into the community, however parts of this equipment were missing which put the person at risk of harm and discomfort. A staff member we spoke with told us that they borrowed these parts from another person's wheelchair when the wheelchair was in use. This posed a similar risk of the other person using unsuitable equipment as a result. The registered provider told us that this issue would be resolved. The registered provider ensured that other equipment at the home was serviced and checked for safety, for example, the home lift was regularly serviced.

Although fire safety checks were conducted at the home, we identified that the registered provider had not undertaken a robust assessment of all fire points at the home to ensure that these were in working order. Not all staff had received training to help them to identify the location of the fire assembly point at the home and what they should do in the event of an emergency to keep people safe.

Failure to provide care and treatment in a safe way for people and to do all that is reasonably practicable to manage people's risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People and relatives told us they felt that people were safe living at the home. One person told us, "I always have [felt safe here]." Another person told us they felt safe and added, "Staff come in and have a little look over at me [to check that I'm okay at night]." A relative told us, "We have no concerns and have never seen anything [at the home] to cause us concern." We saw that people were at ease and relaxed at the home. Staff we spoke with told us that they had received training about how to recognise the possible signs of abuse and demonstrated that they knew how to report any such suspicions. Staff we spoke with demonstrated awareness of people's needs and risks and were aware of additional health support that some people accessed to stay well.

We received mixed feedback as to whether there were enough staff at the home. Some people living at the home told us that there were enough staff available. One person told us, "If people want support from a carer, they use the call buzzer and staff come quickly." A visitor told us, "There doesn't seem to be as many staff as before… they do the best with what they can, they're doing a remarkable job." A staff member told us that there were not always enough staff to attend to people and keep people safe because some people required additional support from staff due to their changing needs. We observed that although staff would promptly respond if people said they needed help, staff were not always visible and present to be able to identify concerns or incidents at the home. The registered provider confirmed this and told us that they would review staffing levels to ensure that people's needs were always met.

People were not always protected by safe recruitment processes to ensure they were supported by staff who were suitable. Some of the checking processes were not completed until after staff had commenced working in the home. For example one staff member's file showed that they had a completed check through the Disclosure and Barring Service (DBS) for any criminal history before they commenced in their role. However this staff member's references checks, to assess their suitability for the role, were not completed until two months after they had commenced in their role. Another staff member's file we sampled showed that reference checks had been completed to assess their suitability before they commenced in their role.

Requires Improvement

Is the service effective?

Our findings

People were not always supported by staff who had been equipped with the skills and knowledge for their roles. Staff gave us mixed views as to whether they felt supported in their roles. The registered provider confirmed that they had not supported new staff members at the home with any training. Some staff we spoke with confirmed that they had acquired their skills through training in previous roles and that they had not been offered any training at the home. One staff member told us that they did not feel supported in their role. Some staff had completed health and social care qualifications, one staff member confirmed this and told us that they had received the training and support they needed for their role.

The registered provider did not have a training matrix or any processes in place to monitor staff training needs or to ensure that staff training was up-to-date. Following our inspection, the registered provider confirmed that this had been addressed. The registered provider advised during our visit that training had been postponed due to the unavailability of an external trainer. The registered provider showed that they intended to improve the training provided to staff as part of their action plan to improve the home.

New staff had not been supported to complete a full induction to ensure that they were equipped for their roles when they started working at the home. The registered provider told us that the induction for new staff had consisted of a practical tour around the home and being introduced to people living at the home. This did not meet the standards of the Care Certificate, a set of minimum care standards that care staff new to their role must cover as part of their induction process. The registered provider told us that this would be addressed and that staff would be provided with training to aid their ongoing development and ensure that people receive care in line with current best practice guidelines.

People's care plans were not always updated to provide guidance to staff about their current needs. Although people's care plans listed their support needs and healthcare conditions, there was no guidance for staff about people's associated support needs, for example, in relation to dementia care, diabetes care and supporting people to manage behaviours that may challenge. One person's care plan contained inappropriate language and descriptions in reference to occasions where this person displayed behaviours that challenged. Staff had not been supported with training in this area. Our discussions with the registered provider showed that they lacked some understanding of and the support required to help the person to manage their behaviours. Staff were not always led and guided to support this person effectively.

Failure to have an induction that prepares staff for their role and to carry out training, learning and development needs of staff is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with told us that staff understood and met their needs. All people that we spoke with told us that they felt that staff were well trained to look after them. A relative told us, "We're here [at the home] a lot and we have no worries [about staff]… We're happy with the care." A staff member told us, "I'm satisfied as I'm giving good care and other carers are too." We observed that staff demonstrated an understanding of most people's preferences in practice and staff were able to tell us how they supported

people with their specific care needs and risks.

The registered provider had held supervision sessions with some members of staff and told us that they intended to provide supervision sessions for all staff. One staff member commented, "The manager is always around and tells us if we need to improve or do anything." Another staff member told us that they attended handovers at the home where they shared some information about people's needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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 registered provider confirmed that DoLS applications had been made for some people living at the home and demonstrated that they understood the conditions of these. We found that mental capacity assessments had not always been completed however where the registered provider considered that other people living at the home may not have the mental capacity to make certain decisions.

People were not always supported to make decisions about their care in line with the principles of the MCA. There was an audio monitoring device in use at the home which staff used to listen out for sounds in people's bedrooms. People living at the home had not been consulted with as to whether they consented to this equipment being used. The lack of consultation did not respect people's right to privacy or promote their dignity. People were restricted from leaving the home as they wished, due to the use of a keypad lock on the front entrance of the home. People living at the home had not been provided with the details of this keypad code should they have chosen to go out, the decision to use the keypad lock had not been made in consultation with people living at the home. The registered provider told us that they would address these practices to ensure that the principles of the MCA were adhered to. Staff we spoke with were aware of the principles of the MCA. Although there were set routines at the home that people followed, people's choices were respected. One staff member told us, "Everyone has got the right to make choices."

Some people's nutritional needs were not always monitored and managed to help them to stay well. One person living at the home was prone to losing weight. Another person's care records showed that they had reported to staff that they were keen to lose weight. There was no plan in place to inform staff of the support this person required and to assess whether the support of a dietician support was required. The registered provider told us that this would be addressed.

People we spoke with told us that they enjoyed the food at the home. One person told us, "The food is great." Another person described the meals they enjoyed at the home and told us, "They look after us with our breakfast and lunch… I didn't like [one of the meals], I told the cook and they gave me something else." We saw that people were not always given a choice of what they would like to eat, in advance of their meals. People were supported to eat a freshly cooked meal at their own pace and staff routinely checked whether people had enough to eat.

Staff we spoke with were aware of some people's dietary needs and the cook confirmed that they had

access to some guidance about people's food preferences and dietary requirements. The registered provider told us that the cook had been supported with some training and ongoing guidance by a tutor whilst they completed a qualification in food production. This would help to develop the cook's understanding of alternative and creative ways to support people in line with their dietary requirements. The registered provider told us that they had recently improved food hygiene levels at the home as they were dissatisfied with the food hygiene rating that had been previously awarded to the home.

People living at the home were supported to maintain their healthcare. One person told us, "You get seen to," and all people we spoke with told us that they were quickly supported to see the doctor if they were unwell. Relatives we spoke with confirmed this. Some care records we sampled showed that people living with specific health conditions and needs were encouraged to access healthcare support and their symptoms were monitored over time and recorded in their care plans. Whilst the registered provider assured us that they referred people for healthcare support where they had identified changes to people's needs, this information was not always recorded clearly to reflect this practice and to monitor people's healthcare over time. The registered provider told us that this would be addressed.

Requires Improvement

Is the service caring?

Our findings

Some practices at the home did not always empower people or reflect a person-centred approach. Although relatives we spoke with confirmed that they had been involved in people's care planning, there was no evidence that people were supported to have the opportunity to make their own decisions about their care. Whilst we observed that staff always acted kindly towards people living at the home, we identified a task-oriented approach to aspects of people's care which did not always promote their privacy and dignity. For example, on one occasion, a person was told by a staff member to, "Stand up, now sit down," without being given reassurance or being asked for their consent before they were supported to move. Throughout our visit during the day, we observed that people were regularly approached by staff in the communal areas, and asked whether they required any support with their personal care, in the earshot of other people living at the home. Staff did not promote people's privacy and dignity and did not ask people about personal matters with discretion. People were routinely supported to take their medicines in the communal areas of the home and were not provided with the opportunity to take their medicines in a more private space.

We found that a shared bedroom belonging to two people living at the home, was used when other people living at the home received some aspects of care, for example, to apply prescribed creams or to consult with healthcare professionals. We found that people's prescribed skin creams, clothing and other belongings were stored in this bedroom and that this bedroom was routinely accessed by people, staff and healthcare professionals on a regular basis. This did not respect the privacy of the people living at the home or reflect a culture where people's preferences were taken into account.

We observed people and staff engaged in several task-based approaches at the home, which were established through set routines of the home rather than through consultation with people about their individual choices and preferences. These routines did not always empower people or promote their dignity. Whilst we observed that the registered provider showed care and concern for people living at the home, they had not identified these concerns and challenged such practice at the home which had become established. We shared this feedback with the registered provider who agreed with our concerns and assured us that these issues of privacy would be addressed in order to promote people's respect, privacy and dignity.

One person told us that they had lived at the home for a number of years and that they had made friends there. A relative we spoke with told us that it had been 'A good step' for their relative to move to the home because the person enjoyed the company of visitors and other people living at the home. The relative commented, "[My relative] feels involved there." We saw that some people living at the home had developed positive relationships with one another; people chatted and participated in activities with one another.

One person told us, "My opinion of the carers is very good, both day staff and the night… They're pretty good to us here." Another person told us, "It's good here, I like it here. I know the staff well, I've lived here for years, they're always nice." Relatives we spoke with told us that they felt that staff were kind and approachable. A staff member told us, "I like working with the [people living at the home], it's interesting, we have good chats." Another staff member told us, "I think of the residents as my second family." We observed

caring interactions between staff and people living at the home. We overheard a telephone call when the registered provider invited a person and their relative to visit the home for a day due to their interest in living at the home. The registered provider advised that the offer was made so that the person could become familiar with the home and to aid their decision to move in or not.

One staff member told us "I respect people, their privacy and space." The staff member provided examples of how they supported people to maintain their dignity when providing personal care. Relatives of people living at the home provided us with examples of how people were treated with care and respect. One relative told us, "[My relative] is presented well, clean and contented… we're happy with the care they receive." Another person's relative told us, "The support my relative gets with being shaved, having their hair cut, they never used to have that, more care is taken with them."

The registered provider was in the process of improving the home environment to ensure that this was always suitable and comfortable for people living at the home. We raised our concern with the registered provider that some areas of the home were of a low temperature. One staff member we spoke with told us they had raised this concern previously with the registered provider. Whilst we saw that the registered provider had taken some prompt action to address this and an upgrade to the heating was planned, interim actions were not always effective for ensuring that people living at the home were always warm and comfortable. Another staff member shared this concern with us during our visit, some people we spoke with told us that they had no concerns and that they were always comfortable at the home.

Requires Improvement

Is the service responsive?

Our findings

People and relatives we spoke with told us that they were happy with people's care and we saw that most people received care and support that was responsive to their needs. Where we found that some people's needs were changing at the home, the registered provider had taken some steps to ensure their needs were met. One person told us, "I like everything here [at the home]." Another person told us, "They look after us very well." A visitor told us, "It's a home from home, I would choose it for myself." A relative told us, "The care has been very good, [my relative] has made major improvements, we're impressed with how well they're doing."

Whilst most relatives we spoke with told us that they were involved in care planning, people were not always given opportunities to become involved in their care decisions. Although one person told us that they were satisfied with their care, they told us that they had not been involved in their care planning or asked for their feedback about the home.

Care had not been taken to explore the interests of all people living at the home and we found that activities were not always tailored to the interests and needs of some people living at the home. Although one person told us that they were happy with their care, they commented, "There's nothing to do here… [staff] don't bother with me much, they just take me to bed." The registered provider and staff had identified that two people had begun to participate less in activities at the home, but reasons for the lack of participation had not been explored or discussed with these people. No alternatives activities had been provided and the registered provider showed that they had lacked insight into their changing needs. For example, one person told us that their eyesight had deteriorated and that this had prevented them from continuing to join in with the group activities at the home. The person told us they felt upset as some people living at the home did not understand that they were unable to participate in group activities available.

People's care plans were not evaluated sufficiently to ensure that staff had up-to-date guidance about people's needs, to support people consistently and in line with their needs. Although the registered provider showed us that one person's care plan was reviewed every three months, the reviews had failed to ensure that the care plan reflected the person's current needs and incidents that had occurred at the home. The registered provider told us that they intended to revisit people's care plans so that these were focused on positive outcomes for people and ensuring that care met their needs.

A staff member told us that they had spent time getting to know people living at the home and learning their interests and personal histories. Most people were supported to engage in activities of interest to them at the home, for example, reading, watching television and playing games. People were supported to engage in activities as a group or individually with staff or activity organisers who visited the home on a weekly basis. One person told us, "I like the bingo." Some people told us that they engaged in group activities held at the home, such as games and colouring together and one person we spoke with told us that they enjoyed these activities. A visitor told us, "Staff are always trying to get [my friend] to join in." We observed a pleasant atmosphere in a communal area of the home where people enjoyed doing an activity together.

Staff were aware of people's routines and preferences. A staff member told us that one person liked to read the newspaper each day and staff ensured that they always received this. We observed that there were some set routines at the home, for example, for people's mealtimes and people were comfortable with these routines. During lunchtime, we observed that one person told a staff member that they were not yet ready for lunch because they were engaged in other activities; this was respected by the staff member.

People were supported to follow their chosen religious practices at the home, people we spoke with told us that they found this valuable. A visitor told us, "[My friend] was very involved with the church prior to joining the care home… I'm glad they have this here." A staff member told us that a monthly service was held at the home where people participated in prayers, songs and discussions together.

Whilst it was positive that people told us they felt comfortable to raise any concerns with the registered provider, we found that there were no formal processes through which people could complain or share their feedback about the home. One visitor described the various ways they would contact the registered provider if they had any concerns about the home and told us, "I'd have no problems whatsoever making a complaint but I have no concerns with the home." A relative told us, "I have no concerns but I would not know how to complain." The relative told us that they would feel comfortable raising concerns with the registered provider and confident that any concerns would be addressed. We found that the registered provider had regular contact with people and relatives of people living at the home. One relative told us, "We're not asked for feedback for example, feedback forms, but [the registered provider] checks that we're okay. We have regular care plan reviews and they tell me how [my relative] is doing." The registered provider told us that they would implement a complaints process at the home to help ensure that people and relatives always had the opportunity to share their feedback through a clear process. This would enable the registered provider to monitor and analyse people's feedback over time to help drive improvement at the home.

Requires Improvement

Is the service well-led?

Our findings

The registered provider did not have established systems in place to monitor or assess the quality of the service and had failed to maintain an oversight of the quality of the care people received. We saw that there were no effective systems in place to monitor the quality of the service, and quality audits were not consistently undertaken. Those audits that were in place had not been effective at identifying the shortfalls in the service that were identified during our inspection. Where risks were identified, the registered provider did not have measures in place to minimise, reduce or remove the risk. Medicine management was not always provided in a safe way. Recruitment procedures were not robustly followed. Staff had not received all the appropriate training and support to carry out their role and the effectiveness of staff training had not been monitored. Some of the routines and practices in the home failed to ensure that people were always treated with dignity and respect and the registered provider had not ensured that people received person-centred care. We found that record keeping processes needed improvement. Care records were not always kept up-to-date with changes to people's care needs. Records were not robust and did not always reflect the care that people had received and whether care was in line with people's needs and preferences.

The registered provider did not fulfil all aspects of their role in leading the home and failed to demonstrate that they understood how to meet all regulations in relation to people's care. The registered provider had failed to inform us and the appropriate authorities as required of some events and incidents that had occurred at the service.

We found that the evidence supported that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some steps were taken to involve people in their care and the running of the home, although further improvements were required. For example, a residents' meeting had been held when the registered provider first joined the service in July 2016 where people were given the opportunity to discuss their care. The registered provider told us that they had plans to hold another meeting with people to discuss how people wanted to celebrate an upcoming festive holiday. There were no clear process for gathering feedback from people, relatives, healthcare professionals and staff and the registered provider confirmed that they did not have a formal complaints process in place at the home. A relative told us, "We're not asked for feedback, no forms, but the [registered] provider checks we're okay… I always find [the registered provider] very approachable."

The registered provider had an internal action plan in place, which addressed some areas of improvement at the home. We found however that some areas of improvement had not been addressed in a timely way or effectively. For example, the registered provider had not fulfilled their intention to ensure that staff were suitably trained for their roles and they had failed to equip new staff with training and an induction when they joined the service. Although the registered provider told us that they did routine checks of the home for any maintenance issues, the registered confirmed that they had not identified some issues that we brought to their attention during our visit.

People's feedback showed that they were happy with the care they received. We saw that most people were comfortable with the activities and routines in place at the home, and they told us that they valued the relationships they had developed with staff and other people living at the home. One relative told us, "[My relative] feels at home there." Another relative told us, "My relative is happy there and you can see that. My relative has told me, 'We made the right decision to come here.'"

People and relatives we spoke with spoke positively about the registered provider and told us they considered the registered provider to be approachable. One person told us, "[The registered provider] is very jolly and very nice." A relative told us, "We're more than happy with the care, [the registered provider] is always in regular contact." A visitor told us, "[The registered provider] is always checking up."

One person living at the home told us, "All staff work together." A staff member told us, "We all work well together." Some staff we spoke with told us they felt comfortable sharing feedback with the registered provider. The registered provider told us that staff meetings were held monthly to share information with staff. We found that where staff had not attended these meetings, records were not updated for these staff to refer to so that the registered provider could be confident that all staff received consistent guidance and updates. The registered provider told us that they intended to hold a meeting with staff and that they would take steps to improve record keeping at the home.

The registered provider demonstrated care for people living at the home and told us that they had prioritised getting to know people's needs and preferences when they first joined the service. We observed that the registered provider had a good understanding of people's needs and took an active role in supporting people and ensuring that people were safe and well. However, the registered provider had not yet fulfilled their role in establishing processes and systems, and leading staff, to ensure that people always experienced this approach and consistently received support in line with their needs.

The registered provider demonstrated that they were receptive to feedback and assured us that they intended to use our inspection findings as a learning process to further develop their action plan and to drive improvements at the home. The registered provider told us that they were seeking the advice of an external consultant to support them with this. The registered provider demonstrated some awareness of their responsibilities, for example, they had their registration certificate on display and we saw that they had reflected an understanding of their role in relation to the duty of candour. The registered provider assured us that they would further develop their knowledge.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to provide safe care and treatment to people. The registered provider failed to maintain safe medicines management and to do all that is reasonably practicable to manage people's risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to have an induction that prepares staff for their role and to carry out training, learning and development needs of staff.