

Red House Nursing Home Limited (The) The Red House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 11 and 20 July 2018 and was unannounced.

The Red House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Red House is registered to provide accommodation, nursing and personal care for up to 31 older people in one adapted building. There were 24 people using the service at the time of our inspection. Most people using the service were able to tell staff how they preferred their care provided.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

This was the first inspection of The Red House under a new registration due to changes to the details of the provider's registration, however the Red House was not a new service. It was still owned and managed by the same family as at our previous inspection. We last inspected the service in February 2018 when four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 were identified. We issued requirement notices relating to safe care and treatment, fit and proper persons employed, staffing and notifications: which are notices of change. We also issued a warning notice in respect of Good Governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve each of the key questions to at least good. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Some improvements had been made. However, we found five breaches of the Regulations.

This is the first time the service has been rated Requires Improvement.

At this inspection we found that not all risks to people had been properly assessed and minimised. There was not always clear guidance for staff regarding risks relating to choking, moving people and health conditions such as epilepsy. We asked the provider to ensure this was reviewed immediately after the first day of our inspection. They confirmed this had been done and when we returned for the second day we checked this. The changes had been made to ensure clear and accurate guidance was available to staff.

Other risks to people had been identified and assessed. There was guidance for staff regarding how to support people who were living with healthcare conditions such as diabetes and supporting people with catheter care.

Staff were not consistently recruited safely. Some files did not contain all the necessary documents required to confirm a robust system of recruitment. Staff were not fully supported to complete training and development to make sure they were able to fulfil their role. Not all staff had received the opportunity to meet with a manager to discuss their role and any concerns they had. We were told this was planned in the weeks following our inspection. We will follow this up at our next inspection.

Staff completed induction training when they started to work at the service. We have recommended the registered persons review their induction process and introduce the Care Certificate.

Audits intended to identify shortfalls in the safety and quality of the service were in the process of being implemented. In their absence, some of the shortfalls we identified at our last inspection remained.

Staffing levels were not consistently safe. Staff were not always appropriately deployed and there was no formal assessment tool in place to demonstrate how the staffing levels had been determined. We received mixed feedback from people and staff about the staffing levels. Medicines were now managed safely and people received their medicines on time and in the way they preferred.

People were protected from the risk of abuse. Some, but not all staff had received current safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

Staff worked well together and tried to ensure clear communication between themselves and external health professionals took place; for example, with GP's and district nurses. We were told by staff that there was not always a strong morale between the staff team. We have recommended the registered persons seek feedback and identifies ways to improve staff morale and team work.

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

The care and support needs of each person were different, and each person's care plan was personal to them. People had care plans, risk assessments and guidance in place to help staff to support them in an individual way. Some plans did not contain clear and specific guidance for staff, however, after we highlighted this to the manager they took steps to ensure this was put right.

Staff encouraged people to be involved and feel included in their environment. People were offered and participated in varied social activities. Staff knew people and their support needs well. Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people were comfortable and at ease with the staff.

There were suitable arrangements for managing complaints and provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes, dislikes and dietary requirements and promoted people to

eat a healthy diet.

Feedback had been sought from people, relatives and professionals about the quality of the service. Action was taken to implement improvements. Staff told us that the service was generally well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager at any time and they would be listened to.

We identified five breaches of the Regulations. You can see what action we told the provider to take at the back of the full version of the 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 safe.

Risks to people were not consistently assessed and managed to ensure their health and safety.

Staff were not always recruited safely. There were not enough staff appropriately deployed to keep people safe.

Accidents and incidents were documented and were analysed to look at ways of reducing the chance of them happening again.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Since our last inspection the management of medicines had improved and people now received their medicines when they needed them and in a way that was safe. They were stored safely.

Requires Improvement 

Is the service effective?

The service was not effective.

Staff had not all received training and support to enable them to carry out their roles effectively.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Staff understood the importance of gaining consent and giving people choice.

People were provided with a range of nutritious foods and drinks.

The premises were designed and decorated to meet people's needs and wishes.

Requires Improvement 

Is the service caring?

The service was caring.

Good 

Staff took the time needed to communicate with people and included people in conversations.

Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

Is the service responsive?

Requires Improvement ●

The service was mostly responsive.

People's care and support was mostly planned in line with their individual care and support needs. Some records required more detail to ensure they were person centred and specific.

Staff had a good understanding of people's needs and preferences.

People were supported to take part in activities that they chose.

There was a complaints system and people knew how to complain.

The service was not supporting anyone at the end of their life. Care plans included information about people's known wishes.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

Some issues raised at our last inspection had not been fully addressed.

Regular audits and checks were not undertaken at the service to make sure it was safe and running effectively. There were plans for these to be put into place.

There was a registered manager. They understood their regulatory responsibility and had submitted statutory notifications as needed.

People, their relatives and staff were positive about the

registered manager. Staff felt they were approachable.

The Red 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.

This inspection took place on 11 and 20 July 2018 and was unannounced. Two inspectors and an expert by experience carried out the inspection on the first day and one inspector visited the service on the second day to speak with the registered manager. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We contacted three professionals who worked with the service before the inspection, and asked for their feedback. We spoke with the registered manager, the provider, three nurses, four members of care staff and the cook. We looked at eight people's support plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spent time with the people using the service. We observed how people were supported and the activities they were engaged in. We spoke with 13 people and four relatives.

Is the service safe?

Our findings

At our last inspection we had concerns about the safety of the service in a number of areas. At this inspection we found some improvements had been made, however our concerns remained in some areas.

Risks to people had not always been mitigated. Following one person's admission to hospital after a choking incident, a referral and subsequent review by Speech and Language Therapists (SaLT) had been completed. However, the person's guidelines from SaLT detailed the person 'needs to be watched at all times with food/drink'. The person's choking risk assessment had been updated on 2 July 2018 and noted 'Assessed by SaLT 28 June 2018. To continue with syrup thick fluids and mashed diet. Staff remain vigilant and check regularly.' We spoke with staff who confirmed this was not always the case, one staff member told us "Quite often they need help with eating and drinking. We go in there occasionally." Furthermore, throughout the person's care plan, there was inconsistent information relating to the thickness of fluids the person should receive. The latest SaLT guidelines stated, 'add two level scoops of thickener per 200mls of drink'. However, the choking risk assessment did not advise the consistency of drinks the person should receive, and detailed in the same section 'apply one and a half scoops thickened fluid into a beaker' and 'thickened fluids in beaker one and a half to two scoops.' The inconsistencies in the guidance for staff put the person at risk of not receiving the appropriate care and support. We asked the provider to ensure this was reviewed immediately after the first day of our inspection. They confirmed this had been done and when we returned for the second day we checked this. The changes had been made to ensure clear and accurate guidance was available to staff. Staff confirmed they were following the current guidance.

Risks relating to moving people had been assessed but were not always mitigated. There was no step by step guidance for staff to follow. Within people's files there was inconsistent information relating to the support a person needed. For example, in the person's falls risk assessment it detailed the person needing support from two staff to transfer, however on the person's mobility risk assessment it stated the person needed support from three staff. Staff told us "We initiated three staff as some staff hurt themselves"; "We have a few patients who are meant to have three people supporting with manual handling, it's hard when you have five staff on" and "[person] doesn't always get three staff to help, there's another person who needs three staff and they don't always get it." This placed people at risk of not being supported appropriately. We asked the provider to ensure this was reviewed immediately after the first day of our inspection. They confirmed that guidance had been reviewed to give clear instruction to staff and when we returned for the second day we checked this. We discussed this further with the registered persons during our second day; they explained the third member of staff had been implemented to support staff. We advised the registered persons to obtain input from an Occupational Therapist to ensure people and staff were protected from harm.

Risks relating to people living with epilepsy had not been adequately assessed. For example, epilepsy care plans did not contain detailed guidance on how to support the person, and when to call 999. Again, we asked the provider to ensure this was reviewed after the first day of our inspection. We checked on the second day and the guidance had been reviewed and updated.

Some people were assessed as requiring thickener granules in their drinks, these were stored in their rooms. Thickener granules pose a risk of suffocation if ingested incorrectly. We asked the provider to review this storage at the end of the first day of our inspection. They confirmed they had done so. When we returned, they were either being stored securely or a risk assessment had been put into place.

The provider had failed to do all that is reasonably practicable to mitigate risk. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Other risks to people had been identified and assessed. There was guidance for staff regarding how to support people who were living with healthcare conditions such as diabetes and supporting people with catheter care. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

During the inspection we observed that care staff were very busy and at times people had to wait for support. During the morning some people had to wait to be supported with their care needs until late in the morning, leaving little time before their lunch. We received mixed feedback from people and staff regarding staffing levels. Most people felt staffing levels met their needs, although others felt they were not sufficient. People commented, "I, hand on heart, cannot say that there are enough staff, especially at night" and "there are usually enough staff to help and the only time we may have to wait is during the night and lunch time or if someone else is being helped at the time." Staff told us, "At the moment honestly, no we don't have enough staff. We don't get to spend a lot of time with people. Afternoons seem a bit more relaxed, it's just the morning shift"; "No, we don't have enough staff to meet people's needs. Some nurses will help answer buzzers, and give out dinners, but some don't, and just give orders. They just sit at the desk, and don't answer buzzers. Everything seems down to the carers. A bit of help from some of them would help" and "The sisters (nurses) are very good if we need support. There are enough of us."

We reviewed staffing rotas for the four weeks prior to our inspection and found that levels matched those that we had been told about. During the inspection the staffing levels matched the number of staff on the duty rota. The registered manager told us that the minimum staffing levels were set by the registered provider and that they did not use a dependency tool to assess levels, meaning we could not review how staffing levels had been determined in relation to people's needs.

The failure to ensure enough staff were appropriately deployed to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection staff had not always been recruited correctly and the required checks had not always been fully completed. At this inspection this remained a concern. For example, gaps in employment histories had not been explored and one member of staff had only one reference on file. Some files were also missing interview notes and evidence of health checks being completed.

The provider had failed to establish and operate effective recruitment procedures. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Files contained the required Disclosure and Barring Service (DBS) background checks. DBS checks help employers to make safer recruitment decisions. All nursing staff had been checked to ensure that they had a current and valid registration with the Nursing and Midwifery Council.

At our last inspection medicines were not safely managed. At this inspection we found this had improved and there were systems in place to ensure medicines were managed safely. People received their medicines when they needed them and in the way they preferred. There were policies and procedures in place, these

had been reviewed since our last inspection. Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine records were completed fully and accurately. They contained photos to help staff ensure the right person received their medicines. Some people had 'as and when required' (PRN) medicines; there were directions in place which helped ensure people were regularly offered pain relief or laxatives, with proper time gaps between doses.

Medicine audits were completed by senior staff and records kept of the checks that had taken place. Competency checks were completed for staff responsible for administering medicines. Staff knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines. One person told us, "I get all my medicines on time and what is even better than that is that I do not have to worry about remembering them; it is all done for me."

Safeguarding and whistleblowing policies and procedures were in place for staff to follow and had been updated since our last inspection. Not all staff had received current training, however, they were able to tell us how they would recognise and respond to abuse, one member of staff told us, "I would look for a change of personality, markings on the body, and anxiety they are the main things I would look for physical abuse. I would go to the team leader first, and one of the nurses at the same time. I would phone the CQC, the Police and Kent authority for safeguarding adults." Staff were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. One member of staff said, "I would follow the chain of command, but if I had concerns about one of them I would go to the next most senior person. I would go to social services and CQC. Oh yes, I am not frightened of raising concerns. The seniors are always there to help you."

People told us they felt safe. Comments included, "I do feel safe thank you and the staff do make sure that we have everything that we need"; "I feel very safe here and they all look after me and I know that I can just use my bell if I need anyone" and "yes we are well looked after and safe as you like here." The registered manager told us they had a good working relationship with the local safeguarding team and could discuss with them any concerns they may have.

At our last inspection the risk of the spread of infection was not consistently managed. At this inspection we found people were kept safe from the risk of infection by the prevention and control of infection. The premises were clean, well maintained and communal areas of the service were clean and hygienic. During our inspection we observed staff using PPE, such as gloves and aprons, appropriately.

There were records to show that checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Portable electrical appliances and firefighting equipment were properly maintained and tested. Health and safety audits were completed and these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order. The business continuity plan detailed the steps staff should take in order to keep people safe in the event of emergencies. Each person had a PEEP (personal emergency evacuation plan) which gave staff information about how to support each person in the event of an emergency.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further

occurrences. For example, falls were monitored and where required, equipment such as a sensor mat was installed to alert staff and enable them to offer assistance. This resulted in a reduction of falls.

Is the service effective?

Our findings

People and relatives felt that their needs were being met by staff who knew what they were doing and were trained appropriately. One relative commented, "They are both very content here and it is wonderful they can be together, they enjoy their food now they are here and get such a wonderful menu" and another told us, "My parents could not be happier with the menu's and meals provided and it is a joy for me to see them both flourish here."

At our last inspection staff had not received the appropriate support, training, professional development, supervision and appraisal. At this inspection there had been some improvements but staff were still not receiving all of the support they should have. For example, of the 49 staff on the training matrix; 21 were not recorded as having completed any fire safety training, 19 were not recorded as having completed any moving and handling training, five registered nurses were not recorded as having completed medicines training and 34 were not recorded as having completed safeguarding adults training. The provider told us they were working through training 'as quickly as possible'. Sufficient priority to provide staff with the necessary mandatory training had not been given.

Some supervisions had taken place since our last inspection, however most staff continued not to receive appropriate supervision, and appraisals had yet to be introduced. We were told that staff who would be responsible for supervision were booked to receive training between the two dates of our inspection. On the second day of our inspection it was confirmed that this had taken place. The registered manager told us they had organised some group clinical supervision sessions but nursing staff had not arrived for these sessions.

The provider had failed to ensure staff received the appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff received an induction into the service which included; 'office' time where they read people's care records, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. They were assessed by a senior member of staff prior to being signed off as competent. We recommend the registered persons review their induction process and introduces the Care Certificate.

People's needs had been assessed prior to them moving into the service. The assessment completed was in line with evidence based guidance. These included consideration of people's protected characteristics such as ethnic origin, religious beliefs and people's first language. One person was assessed as not having a good understanding of English. Staff told us they were able to communicate with the person through their reactions, translation cards and some people had a shared language with this person. The assessment also covered people's previous hospital admissions, reasons for admissions and a review of their aids and equipment. People's mobility and risks were assessed and documented in the initial assessment.

We received positive feedback about the food at the service, we were told the food was tasty, nutritious and that they had a good choice of food offered on the menu. People's comments included, "The food is very good, and the choice is good too", "There is plenty of food and we have enough to drink" and "I really enjoy my food, and this does not disappoint." A relative told us, "I have, on occasion stayed for a spot of lunch and it is most pleasing. We are even offered a glass of wine with our meal."

There was a menu displaying the food choices for the day. Where required, and when people's needs in relation to eating and drinking had changed, staff had made referrals to the relevant healthcare professionals.

People had access to regular health checks, such as GP visits and dental reviews. People told us, "We can ask for our own GP if we want or need to see a doctor" and "Yes, the doctor comes to us here." Staff had made referrals to healthcare professionals such as Speech and Language Therapists (SaLT). Staff told us they felt confident supporting people with complex health issues such as epilepsy. One staff member told us "We go by demeanour, if their breathing is unusual, their speech, if they are hot or cold. We reassure them, if we have concerns then try to consider what's wrong, and ask for assistance from the nurse." Another staff member told us "It may be handed over if someone is unwell or has deteriorated during the night. We go by facial expressions and can judge if someone is unwell. I would inform the nurse straight away."

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the service was working within the principles of the MCA. Staff told us they encouraged people to make choices and decisions about their daily care and needs. One staff member told us "Everyone makes their own decisions if they have the capacity to. For the ones that can't we support them how we can and involve family." Another staff member told us "We ask people if they want support with personal care. I always ask if people want a male or female carer. We respect that, it's their wishes"

People's ability to make complex decisions, such as using bedrails, was assessed when necessary. One person, who was assessed as having capacity had stated that they wanted bedrails to make them 'feel secure at night'. Staff had risk assessed this, and there was guidance in the person's file about completing safety checks to keep the person safe.

The Red House was a large converted property and was decorated in a homely way which people told us they liked. Corridors and doorways were wide and clear signs were in place to help people move around easily. Bathrooms had been adapted to meet people's needs, including baths that were easy to get into and shower rooms. People could access the upper floor using a passenger lift. Access to the premises, including the garden was on the same level and people moved around without restriction. Each person's bedroom had been personalised with their own pictures and ornaments.

Is the service caring?

Our findings

People were positive about the care and support they received. Comments included, "all very kind and very caring I like them very much here"; "I get all the care that I require when I require it, so I can't complain about anything" and "the girls are more than caring they are angels all of them, I can't move from my bed, so they will always make sure I have everything I might need within reach".

There was a person-centred culture at the service. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

Staff supported people in a way that they preferred. People responded well to staff and looked comfortable in their company. Staff interacted with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner. Staff treated people with kindness and compassion. One person told us, "The staff will always stop for a chat and make me as comfortable as possible"

People told us, and we observed that staff were respectful and knocked on bathroom and people's doors before entering. One person told us, "The staff are polite and check what they're doing is okay with me before they start."

Staff spent time with people and gave them the support they needed. People could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and were supported to have as much contact with family and friends as they wanted to, some people had mobile phones so they could contact family whenever they wanted to. People and relatives told us they could have visitors when they wanted.

Staff told us that people who needed support to communicate their needs or choices were supported by their families or their care manager, and no one required any advocacy services. Information about advocates and how to contact an advocacy service was held should people need it. An advocate is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. People were supported to be as independent as possible. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs. One member of staff told us, "We obviously knock on doors before we go into their room. We consider if they want to be called Mr or Mrs or some people have nicknames they prefer. We treat

them as individuals with respect. We respect them at all times, we cover them when washing. A few people like us to leave them when they are on the commode and can buzz for support. We leave the green light on to show we are giving personal care."

Some people required additional support to communicate. Staff used some signs and symbols to assist people's understanding where possible. There were pictures displayed of the staff at the service, activities on offer and of the menu to reinforce people's understanding.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.

Is the service responsive?

Our findings

People had care plans in place, which provided guidance and information for staff to support the person and meet their needs. Care plans were reviewed regularly by the nursing staff, however we found that information was not always consistently reflective of the person's current needs. For example, one person's care records were not clear about the number of people they required support from and had not been updated to contain the most recent guidance received from Speech and Language therapists. We discussed this with the nurse in charge during the first day of our inspection and requested they ensured the records were reviewed and updated. We received assurances from the provider that this had happened. We checked this during our second day and found that the records had been updated and contained current guidance. This is an area for ongoing improvement.

Staff told us the nurses and management completed care plans prior to the person moving in, and were responsible for updating them when people's needs changed. One staff member told us "The sisters (nurses) and manager write the care plan. The carers do not write in the care plans. We have our own folders. When we give care we update the folder. We fill the sheet in for what people eat. Then the sisters add that information to the care plan."

Care plans contained guidance about how to support people with specific tasks, such as washing or showering and how they liked to be supported to go to bed. When people needed support with moving and handling there was detailed information regarding the type of sling they needed and how staff should support them effectively. They also contained information about people's likes and dislikes and things that were important to them. Health plans detailed people's health care needs and involvement of any health care professionals. Each person had a healthcare plan, which contained details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital.

When able, people were encouraged to be involved in the content of their care plan and where possible family or friends were asked to assist. Where people had been involved, and were able to, they had signed their care plan. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in people's health. People and relatives felt the care and support delivered to people received at the service was responsive and suited to their individual needs.

Staff had a good understanding of person centred care. For example, one member of staff told us "I have a little chat with one of the residents in another language. It's not perfect, but makes them smile that I try." They also told us "We consider how to turn the bed down for people. One person likes it pulled down in a certain way." Another staff member told us that when a person became distressed, they talked to them about the country they grew up in, and the job they enjoyed. Staff told us this helped to settle the person and reduced their anxieties.

Staff told us people often went out with their families for the day, and that families would call ahead to ensure their loved one was 'in their best clothes and ready to leave'. There was a library where people could read should they choose to. Staff told us "We have a little library, but one person doesn't like fiction so I find

them books I know they will like. They tell me I have good taste in books." One of the living areas had a big table with a puzzle that staff told us people enjoyed working on. Other people watched TV or sat in the garden to enjoy the weather.

An activities organiser was employed at the service, they completed a monthly newsletter which contained details of organised events such as trips out to the seaside for fish and chips, shopping trips or musical entertainers. There was a garden party arranged for the day after our inspection, people told us they were looking forward to this. One person told us, "I do join in with as many activities as possible and we did go on an outing last week, there is quite a bit organised here. There are musicians, a singer, an accordion player and there is usually a quiz at lunch time." There were many photographs around of events that had taken place, these included pictures of local school children visiting.

Staff understood the importance of promoting equality and diversity. People could meet their spiritual needs by attending a regular religious ceremony if they wished to do so. Although two people told us they would like to take communion more often than was currently arranged for them. Staff told us they would organise for representatives of different faiths to visits should people require or request this. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

At the time of the inspection, the service was not supporting anyone at the end of their lives. Some staff had received training in end of life care, and one staff member told us it was "Interesting for clients and relatives to get a full understanding of the whole circle." People's care records included evidence that staff were discussing people's end of life wishes with them and their loved ones. In one case the person had indicated that their family should make the necessary end of life arrangements when the time came. The service had sourced anticipatory medicines for one person.

There was a policy about dealing with complaints that staff and the registered manager followed. This had been updated since our last inspection and was on display for people and relatives to easily view. There had been no complaints since our last inspection. People and their relatives told us they felt management and staff were approachable and that they were listened to and changes were made in response to their concerns raised. One person commented, "If I have any little concern I will go straight to the office and let them know and we discuss it and work it out together."

Is the service well-led?

Our findings

At our last inspection the registered provider did not have effective systems in place to measure the quality and safety of the service. At this inspection we found there had been improvements in some areas, however, a number of areas continued to require improvements. An audit file was shown to us, this contained details of the audits that were planned to be introduced over the coming weeks, however, at the time of inspection most not commenced; resulting in the registered provider failing to have identified the on-going shortfalls and or have accurate oversight of the service.

At our last inspection there was not a registered manager in post. At this inspection there was a registered manager in post. At our last inspection the registered provider had failed to tell us about changes to their registration, this had been resolved and the service was registered correctly.

Risks to people had not been adequately assessed, monitored and minimised. This was as a result of the lack of auditing, action planning and insufficient management oversight. Some risks that were highlighted in our last inspection report were still not mitigated at the time of this inspection. This included; risks associated with health conditions, moving and handling risks, choking risks and staff training.

The failure to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection staff communicated clearly with each other and they told us they felt the leadership of the service had improved since the registered manager joined just before our last inspection. Comments included, "It had been a bit chaotic but the new manager we have has been brilliant. She is very approachable and listens to us. On the whole we have rallied round and got things done that we needed to do. I have had the encouragement and opportunity to grow. We have been more in the loop with the new manager. We are all working together now."

Other staff felt, that although they found the leadership was improved, communication and morale between the staff team could be better. Staff comments included, "Communication isn't always good between nurses and carers. Things change a lot and it's not always handed over. We don't look through the files very often. When things change things are only informed to those on duty"; "In ways yes, it is well led. The caring side is very organised. However, its one rule for one, and another for us. Some people are allowed to have longer breaks. Some people are allowed to leave early, and others are allowed to have dinners from the kitchen. Some are allowed to be on their phones. The inconsistencies. I absolutely know my role and my responsibilities. I am here for the clients. Sometimes I feel supported" and "Communication could improve. Handovers do not always hand everything over, things change very quickly in a nursing home. It could be that people are busy and forget. We are asked how to improve things, on the day things happen, if someone is at risk of falling we get together to talk about how to keep the person safe. The team leader is very good at supporting you. We don't have much to do with the nurses. We don't see much of the manager. The team are really supportive we are a good team." We recommend the registered persons seeks feedback and

identifies ways to improve staff morale and team work at the service in order to improve outcomes for people.

Feedback had been sought from people, relatives and professionals through questionnaires and meetings. The questionnaires that had been completed had been analysed and responded to by the registered manager. For example, one person mentioned that they thought the home could be a bit warmer so staff had been asked to adjust the temperature and be more aware. Another person had mentioned a chair that was in poor repair. This had been removed and replaced. There was some positive feedback from people such as, "The staff are very good and always seem to work to the best of their ability", "All the carers are polite and thorough" and "I feel like everyone is family." A professional had commented, "An excellent home, with excellent care provided."

Monthly residents' meetings were held as another method for gathering people's views and input about the service. Meeting minutes reviewed from the most recent residents' and relatives' meetings focused on trips out and different activities people would like. People's food preferences and what they wanted to add to the menu were also discussed. Feedback was that the portions were too large and how good the homemade soups were. Action points were noted for staff to take forward.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The manager had notified the Care Quality Commission of important events as required.

Regular team meetings were held, giving staff the opportunity to share information and discuss concerns. Since our last inspection policies and procedures had been reviewed and updated to ensure they were in line with national best practice guidance.

The registered manager had developed good working relationships with local health and social services. This included links with safeguarding, the community mental health team, the GPs and any visiting healthcare professionals. The registered manager had details for the registered managers' forum, which they intended to join. Links with the local community had been forged, with visits from the local primary school and playschool taking place. There were many photographs in the service of visits that had taken place.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that is reasonably practicable to mitigate risk. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to establish and operate effective recruitment procedures. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to ensure enough staff were appropriately deployed to meet people's needs was a breach of Regulation 18 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to ensure staff received the appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.