M & C Taylforth Properties Ltd

# Rossendale Nursing Home

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The Rossendale Nursing Home is registered to provide personal and nursing care for up to 27 people. Care is offered to people with physical/medical needs and with needs associated with dementia. The home is a detached Victorian property situated in a residential area and within easy reach of shops and local amenities. Accommodation is provided in nineteen single bedrooms and four shared rooms. Communal areas consist of three lounges and a separate dining room. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived and worked at the home were fully aware of the lines of accountability at the home. Staff spoken with felt well supported by the management team, however, we believe that others who contacted us following our inspection were not. (Following our inspection visit, we were contacted by three people who we classified as whistle-blowers.) The systems operated within the home relating to how information was processed and how systems were audited needed improvement. Having robust systems in place will assist staff to identify areas of service delivery that require improvement and mitigate risks. Engagement with the staff team by the management team, in order to determine how best to resolve the issues linked to staff support, will support the processes linked to the reporting of concerns regarding quality issues.

There were systems in place to ensure people's needs were assessed, and their care planned for. Greater effort was needed to ensure that when charts and recording tools are used to monitor various aspects of people's health, these are completed in a timely manner to ensure that clear health care records are maintained. Activities linked to people's assessed needs, abilities and interests need to be improved. People were able to express their choice in relation to meals and how they spent their time. People knew how to access the complaints process, and knew who to talk to if they wanted to raise a concern.

People were treated in a kind, caring and respectful way. There were systems in place to ensure people were involved in their own care planning and support. The training records showed that staff had received awareness training on the subject of end of life care. If people were found to be in need of end of life care, there were systems in place to support this.

Staff had access to on-going training and supervision to meet the individual needs of the people they supported. However, this needed to be improved to ensure that all staff received the support they needed to ensure they could perform their role effectively. The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty, and these were put into practice. The menu offered people a choice of meals and their nutritional requirements were met. Some areas of the building were in need of repair or renewal, and we recommend that a full review of the building takes place to ensure the environment is safe and fit for purpose.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people; the records relating to these checks were complete. Risks associated with medicines management, infection control and cleanliness, and environment factors were not robustly assessed. Adequate control measures were not always in place. The registered provider and registered manager needs to ensure that all people associated with the home are given information about how to raise issues, so that they feel confident in doing so.

We found three breaches of the Regulation 12 (safe care and treatment), and one breach of Regulation 17 (good governance) of the Health and Social Care Act (regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not always safe.

The service had procedures in place for dealing with allegations of abuse.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people; the records relating to these checks were complete.

Risks associated with medicines management, infection control and cleanliness, and environment factors were not robustly assessed. Adequate control measures were not always in place.

Registered provider and registered manager needs to ensure that all people associated with the home are given information about how to raise issues, so that they feel confident in doing so.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Staff had access to on-going training and supervision to meet the individual needs of the people they supported. However, this needed to be improved to ensure that all staff received the support they needed to ensure they could perform their role effectively

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty, and these were put into practice.

The menu offered people a choice of meals and their nutritional requirements were met.

Some areas of the building were in need to repair or renewal, and we recommend that a full review of the building takes place to ensure the environment is safe and fit for purpose.

## Is the service caring?

Good

The service was caring.

People were treated in a kind, caring and respectful way.

There were systems in place to ensure people were involved in their own care planning and support

The training records showed that staff had received awareness training on the subject of end of life care.

If people were found to be in need of end of life care, there were systems in place to support this.

## Is the service responsive?

Requires Improvement

The service was not always response.

There were systems in place to ensure people's needs were assessed, and their care plan for.

Greater effort was needed to ensure that when charts and recording tools are used to monitor various aspects of people's health, these are completed in a timely manner to ensure that clear health care records are maintained.

Activities linked to people's assessed needs, abilities and interests need to be improved.

People were able to express their choice in relation to meals and how they spent their time.

People knew how to access the complaints process, and know who to talk to if they wanted to raise a concern.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

People who lived and worked at the home were fully aware of the lines of accountability at the home.

Staff spoken with felt well supported by the management team, however, we believe that others who contacted us, were not.

The systems operated within the home relating to how information was processed and how systems were audited needed improvement. Having robust systems in place will assist

staff to identify areas of service delivery that require improvement, mitigate risks

Engagement with the staff team by the management team, in order to determine how best to resolve the issues linked to staff support, will support the processes linked to the reporting of concerns regarding quality issues.

# Rossendale 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 is the first inspection of this service since its new registration in June 2014.

The lead adult social care inspector for the service undertook an unannounced inspection at the service on 25 January 2016. A specialist professional advisor with a background in older people's care also took part in the inspection. We spoke with a range of people about the service; this included one relative, seven people who lived at the home, and six members of staff. We spent time looking at records, which included six people's care records, four staff files, training records and records relating to the management of the home which included audits for the service. Prior to the inspection we reviewed information sent to us from the home such as notifications and safeguarding referrals.

Inadequate

# Is the service safe?

## Our findings

People's feedback about the safety of the service was consistently good. People living at the home said that they felt safe. On person said, "I like it here: I get good food and the people are nice. The staff are helpful and look after me. It's great." A visiting relative said, "I believe my (relative) is safe here. The staff know what they are doing, and if there were any problems, my (relative) would have told me."

We noted that one person had an oil filled, electrically controlled free standing radiator in their room. This had been brought in the home by the registered provider as there had been a problem with the heating in the bedroom. The radiator was on its highest setting, and as it did not have a cover or guard on it, this posed a potential burn risk to anyone in a confused state such as the resident whose bedroom it was in. We noted that the cupboard that was used to store cleaning products had been left open and unattended. This was pointed out to the nurse in charge. This posed a potential risk to people living at the home, as if ingested the cleaning materials were potentially toxic. We noted that one person had a heater in their bedroom that had not been checked to ensure that it was electrically safe. These safety issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. The service provider must assess the risks to people's health and safety during their care or treatment, and take action to minimize or eliminate those risks.

We noted that the container used to store medicines prior to their return to the pharmacy, was left unattended in the registered manager's office. The office was accessible to staff other than the registered manager, and the container was not locked away safely. This practice was not in line with the home's policy on safe storage of medicines. We noted that the home had a lot of medical dressings in stock. This was pointed out to the registered provider, and a stock take was undertaken and surplus stock was returned to the pharmacy. We noted in one case, the protocols as to when a PRN medicine (to be taken when needed), had not been completed. This meant that staff administering the medicine did not have any guidelines as to what the medicine should be given for and when. These issues relating to medicines were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must ensure that the home's safe medicines policy and procedure is fully implemented and followed.

We found policies and procedures in place for control of infection, which included the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing and hand washing. Our observations found that the premises not always clean and hygienic. We found dried food stains on some of the carpets and furniture. Although people had bins in their bedrooms, these were found to be not on the floor, but sited in people's bedside cabinets or chest of drawers. The staff at the home could not account for this, and we suggested that bins should be sited on the floor to ensure that contaminated material was not placed next to people's heads whilst they were in bed, or sitting in their chairs whilst in their bedroom. We found laundry facilities were sited so that soiled articles, clothing and infected linen were not carried through areas where food was stored, prepared, cooked or eaten. The washing machines had a specified programme that met appropriate disinfection standards. The home did not have an appropriate sluicing

facility that could be effectively used to dispose of soiled material on people's clothing. We found that the clinical waste bins outside the home were overflowing. Although staff were aware of this, no one had made arrangements for contractors to visit to remove the waste. These issues relating to cleanliness in the home, and the facilities used for the sluicing of materials were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must ensure that the home's policy and procedure relating to cleanliness and hygiene is fully implemented and followed.

We found that satisfactory procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) were found to be in place. The nurse on duty explained that all allegations and incidents of abuse were followed up promptly and any action taken to deal with the issues would be recorded. We saw documentary evidence of incidents were people had raised safeguarding issues, and these had been dealt with promptly and in line with the home's policies. Discussions with staff showed that they had a good awareness and understanding of potential abuse which helped to make sure that they could recognise cases of abuse.

The policies and procedures relating to how staff would respond to physical and/or verbal aggression by service users were publicised and understood by the staff. Staff confirmed that physical intervention or restraint was not used. Instead, the staff employed distraction techniques when people became confused or aggressive. These were written into people's care plans. When incidents of physical and/or verbal aggression by service users took place, these were recorded, and staff were encouraged to discuss the circumstances of the incidents in order to understand why the incident took place. Discussions also took place to see if there were any lessons to be learnt from how the incident was dealt with.

The home's policies and practices regarding service users' money and financial affairs ensured that service users had access to their personal financial records (where appropriate), and safe storage of money and valuables. The registered provider ensured that service users controlled their own money except where they stated that they do not wish to or they lacked capacity. Information held within people's care records showed that safeguards were in place to protect the interests of people who lacked capacity.

The registered provider had policies and procedures in place to respond to whistle-blowers and concerns raised by service users and/or their families. Staff we spoke with told us that the registered manager and service provider had created an open and transparent working environment where workers felt able to speak up if they witnessed poor practice or wrong doing. The nurse in charge explained that they had a commitment to listen to the concerns of workers, and by having clear policies and procedures for dealing with whistleblowing; the organisation believed it welcomed information being brought to the attention of management. However, following our inspection we received three calls from anonymous sources that raised queries regarding the way the registered manager dealt with staff who raised concerns. One person said "When concerns are raised with the management, then you are never sure if they are going to be dealt with properly. Sometimes it's easier to not tell people and just get on with your job." Another person said, "When you raise issues privately with the management, then sometimes, it's not long before everyone knows that you're the one who has spoken up." We spoke to the registered provider regarding the way in which staff grievances and whistle-blowing was dealt with at the home, and she gave us assurances that issues were dealt with sensitively. The registered provider sent us documentary evidence (staff statements, disciplinary records) to show how staff grievances had been dealt with in the past. The evidence supplied indicated that issues had been dealt with appropriately. As we received information that contradicted the registered provider's assurances, we have made a recommendation relating to the operation of the home's staff grievance procedures.

Information held within people's care records showed that there were policies and procedures for managing

risk in place, and it was clear that staff understood and followed them to protect people. We looked at the care files of three people and we found that risk assessments were proportionate and centred around the needs of the person. Staff spoken with told us that they enabled service users to take responsible risks, ensuring they had good information on which to base decisions, within the context of the service user's individual plan and of the home's risk assessment and risk management strategies. We found records to show that risks were assessed prior to admission in discussion with the service user and relevant professionals. Action was taken to put right identified risks and hazards, and service users were given information and advice about their personal situation, to avoid limiting the service user's preferred activity or choice.

Information held within the service records showed that the registered manager ensured safe working practices were in place for issues such as moving and handling, fire safety, first aid and food hygiene, correct storage and preparation of food. Staff were provided with training and information to ensure they fully understood the risks associated with these practices. Information contained with the home's management records showed that regular monitoring took place. We saw service records to show that the registered manager ensured the health and safety checks took place. Up to date safety records were seen that related to the safe storage and disposal of hazardous substances and the regular servicing of boilers. These were found to be satisfactory.

Staff explained that they were provided with training and information on health and safety issues and they said this helped them to ensure they fully understood the risks associated with the operation of the service. Information contained with the home's management records showed that regular monitoring of risks took place. We saw safety records relating the maintenance of electrical systems and electrical equipment had been undertaken apart from those identified earlier in this report. . Water temperatures were periodically checked, and the risks from hot water/surfaces were identified and in most cases, action taken to minimise these risks were taken. The risks associated with falls from windows were dealt through the provision and maintenance of window restrictors.

We found that the home had a recorded staff rota showing which staff were on duty at any time during the day and night and in which role they fulfilled. The nurse in charge said that the ratios of staff to service users was determined according to the assessed needs of the service users. She added that that this was not determined using a recognised tool, but purely on the dependency levels of the service user group. We found that the numbers of waking night staff on duty reflected the numbers and needs of service users and the layout of the home. We found that domestic staff were employed in home.

Information held within a selection of the  personnel records showed that the registered person operated a satisfactory recruitment procedure. Two written references were obtained before appointing a member of staff, and any gaps in employment records were explored. The registered provider explained that new staff were only confirmed in post following completion of satisfactory pre-employment checks such as those provided by the Disclosure and Barring Service (DBS), and/or the Nursing and Midwifery Council. This was supported with information contained within the personnel records.

We found documentary evidence to show that there was a policy and procedure in place for the receipt, recording, storage, handling, administration and disposal of medicines. The nurse in charge explained that people living in the home were able to take responsibility for their own medication if they wished, within a risk management framework. The nurse explained that following an assessment, people were able to self-administer medication and would be given a lockable space in which to store their medication. However, where people were assessed as lacking capacity to manage their own medicines, or did not want to, then there were systems in place for the staff to do this.

Records were kept of all medicines received, administered and when they left the home or were disposed of, to ensure that there was no mishandling.  We looked at the medicines records of three people and found that appropriate records were maintained for the current medication of each service user. However, Staff spoken with said that they monitored the condition of the people who were prescribed medicines, and call in the GP if concerned about any change to their condition that may be a result of medication. Controlled Drugs administered by staff were found to be stored appropriately.

We recommend that the registered provider and registered manager revisit the home's policy and procedure relating to dealing with staff grievances and whistle-blowing, and reiterate its content to the staff to ensure they are fully aware of its content, and how it should be implemented.

Requires Improvement

# Is the service effective?

## Our findings

Feedback from people living at the home was positive. One person said, "The staff are good at their job, and know a lot about how to care and support people." Another person said, "The staff are great. They know how to look after me. If I need help they come and help me: if I need to see a doctor then they make an appointment. "

Our observations showed that the staff working on the day of our visit were able to communicate effectively with people living at the home. The records showed that new staff received induction training which included training on the principles of care, safe working practices, record keeping and reporting concerns and safeguarding. Staff members spoken with confirmed that they received satisfactory training to undertake their work. The registered provider explained that training and development was linked to the home's service aims and to service users' assessed needs and individual care plans. Staff were found to be knowledgeable of the disabilities and specific conditions of service users, and were found to have skills in communication and in dealing with anticipated behaviours. The registered person ensured that formal supervision of staff took place. Information held with a selection of the personnel records showed that supervision covered various aspects of staff practice, the aims of the home and the staff member's personal development needs and requirements. However, we noted there to be some gaps in the training of some of the staff, and some staff explained that although there was a formal supervision policy, supervision was infrequent. We have made a recommendation relating to training and supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 records showed that following an assessment of the person's mental capacity, which included the involvement of the person, best interest meetings had taken place with relevant professionals and family members to determine how best to support the person. Any potential restrictions place on a person's choice or freedom, were based on a clear assessment of their needs and the risks associated with them. These restrictions formed part of the person's individual care plan.

Staff at the home ensured that service users received a varied and appealing diet, which was suited to individual assessments and requirements. People were offered a choice as to where they would like to take their meals; most meals were offered to people in the dining room, however, people could choose to eat in the lounge or their bedroom. We noted that hot and cold drinks and snacks were available to people throughout the day. Meals, including pureed meals, were presented in a manner that was attractive and appealing. Special therapeutic diets were provided when advised by health care professionals such as dieticians. Mealtimes were observed to be unhurried with service users being given sufficient time to eat.

Staff were seen to be ready to offer assistance in eating where necessary, and this was done discreetly, sensitively and individually.

The nurse in charge explained that people were supported and facilitated to take control of and manage their own healthcare as much as possible. However, the staff team took on responsibility for prompting people's healthcare, monitoring their condition and arranging appointments for treatments or reviews. A review of the care records of four people showed that people were supported to either attend GP and healthcare appointments, and if they were assessed as unable to leave the building due to illness or disability, then staff arranged home visits.

The location and layout of the home was suitable for its stated purpose. Although the service had a programme of routine maintenance and renewal for the fabric and decoration of the premises, some of the carpets on the first floor were found to be in need of renewal. We found a hole in the conservatory wall (possibility from a door handle that had hit the wall) that had not been dealt with even though staff said it had been there for some time. Satisfactory toilet, washing and bathing facilities were provided to meet the needs of service users; they were accessible, clearly marked, and close to the lounge and dining areas. However, the toilet in the conservatory did not have any working ventilation, and as a result that area of the room was found to have a lot of offensive odours present. People were seen to have access to all parts of the home, apart from spaces that were not their own private rooms. We observed that grab rails and other mobility aids were provided in corridors, bathrooms, toilets, communal rooms and where necessary, in people's bedrooms. Hoists, assisted toilets and showers were available for people to use.

We recommend that a review of the training and supervision takes place to ensure that staff are fully supported to undertake their work effectively.

We recommend that a full review of the building takes place to identify those areas that require renewal or refurbishment, so as to ensure the environment is safe and fit for purpose.

Good

# Is the service caring?

## Our findings

Feedback from people about the attitude and nature of staff was positive. Comments included, "They are great staff", "They are lovely and you can have a chat with them", "Staff talk to me about how I am feeling, and spend time with me because I get a bit down about life." and "The staff do a good job, they are very helpful." Staff showed they cared for people by attending to their emotional needs. For example, one person was distressed and a care worker responded to the person. They talked with the person and asked how they were. They gave time for the person to talk and engaged with them"

We looked at the ways in which people were supported to understand the choices they had that were related to their care and support, so that they could make their own decisions. We spoke to four people at the home who said they were comfortable when expressing decisions about their care. One person said that they could approach the staff or registered manager to discuss issues such as the food, clothing and medication. A number of people were unable to express views about their involvement in decision making, so we spoke to two relatives about this. One told us that they felt they could influence the care and support their relative received, and explained that they had been involved in significant decisions about their relative's healthcare. Another explained that they had been given the opportunity to have input into their relative's care plan, and had been consulted about changes to the care that had been provided. We found documentary evidence to support this in the care plans and risk assessments.

We were told that no-one at the home used an independent advocate and that people had the involvement of family. We did see some information for people on local advocacy services within the reception area of the home and were told that this was a discussion held with people and the local authority as necessary, if people had no family or friends to assist them. People's bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This showed that people had been involved in establishing their own personal space within the home. People at the home confirmed that family and friends were welcome to visit , and this was confirmed by a relative on the day of our inspection.

We observed care workers knock on people's doors before entering rooms and staff took time to talk with people. People were treated with dignity and respect by staff and they were supported in a caring way. Care workers used people's preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Tasks or activities were seen not to be rushed and the staff were seen to work at the people's own pace. The arrangements for health and personal care ensured that people's privacy and dignity were respected. Personal care such as nursing care, bathing, washing, using the toilet or commode were carried out in private. One person confirmed that consultation with, and examination by, health and social care professionals was also carried out in private. Staff confirmed that they respect information given by people in confidence, and handle information about people in accordance with the home's written policies and procedures. On speaking with staff, it was clear that they knew when information given them in confidence must be shared, for example, if allegations of abuse were made or if there was a suspicion of crime such as theft.

Staff confirmed they had received awareness training in end of life care. Information contained with the staff personnel records confirmed this. Nursing staff were involved in more specialised training that was on going. The registered manager explained that the aim of the home was to ensure that all residents received good quality end of life care. A member of staff explained, "The end of life care we provide allows us to have sensitive discussions with service users and relatives as end of life approaches. We make records on the co-ordination of care; care in the last days of life and also care for the bereaved." One nurse said, "We arrange for staff to be with people, until their family arrive. No one is left alone. If we need an extra member of staff we can do this. It's important for us to make end of life a time where people feel comfortable and at ease. This is difficult, but we try our best to make sure people have a comfortable passing." People were involved in decisions about their end of life care as much as possible. For example one person had a 'do not attempt cardio pulmonary resuscitation' (DNACPR) order document in place and a care plan giving details of their wishes at the end of life.

Requires Improvement

# Is the service responsive?

## Our findings

Information held within the care plans showed that people had been involved in their assessment of need to a lesser and greater degree, depending on their capabilities. This process helped to identify their individual needs and choices, and was based on information supplied by social workers and external healthcare staff. If the person was unable to contribute, information had been actively sought from others such as family members and friends. Written personalised care plans, which detailed people's individual needs and choices, had been put together by the staff and the person receiving the care where possible. The people we spoke with said that the care they received was delivered in accordance with their needs and wishes, and the written reviews of this care supported this view. The reviews showed that where possible, the person themselves had been involved, and if this wasn't possible, family members and others important had been consulted. The service was found to hold a lot of very detailed information about each person, and the staff at the home agreed that if this was condensed into a more manageable format, it would help staff on a day to day basis, and in the event of emergencies. We spoke to one relative about the care planning process, and delivery of care, and they all were satisfied that the staff were following the guidelines set of in their relative's care plans, and that this had resulted in their relatives experiencing a good quality of life whilst living at the home.

The nurse in charge said that care staff reported and recorded any issues regarding people's health and well-being, and action was taken to deal with these issues accordingly, either via the nursing staff or through other agencies such as their GP. Staff confirmed that they were involved in supporting people with personal care and oral hygiene. The nursing staff were involved in assessing people who were at risk of developing pressure sores and appropriate intervention was recorded in people's care plans. The incidence of pressure sores, their treatment and outcome was recorded in people's files, and reviewed on a continuing basis. Equipment necessary for the promotion of tissue viability and prevention or treatment of pressure sores was provided. We did note there to be some gaps in the way people's fluid intake was monitored and recorded, how their repositioning was monitored and recorded, and when staff applied people's prescribed creams. We have made a recommendation relating to this issue.

Nutritional screening was undertaken on admission and subsequently on a periodic basis, and a record maintained of nutrition, including weight gain or loss, and appropriate action taken. Appropriate interventions were carried out for people identified as at risk of falling. The arrangements for health and personal care ensured that people's privacy and dignity were respected. Personal care such as nursing care, bathing, washing, using the toilet or commode were carried out in private. One person confirmed that consultation with, and examination by, health and social care professionals was also carried out in private.

Staff told us that opportunities were given to people to take part in various activities. They said that that there were board games available to people to use, entertainers sometimes visited the home, and staff engaged in social chats with people. However, on the day of our visit, we found that very few activities took place. Staff were engaged in personal care tasks, cleaning and other social care tasks. One person living at the home said that there was very little to do apart from watch TV. Staff at the home said that their time was mostly spent supporting people with personal care and record keeping, and that activities were something

that they found difficult to fit in. We have made a recommendation relating to this issue.

The home had a suitable complaints policy and procedure that was publicised in its documentation provided to people who use the service. A record of complaints was kept and examined. We found that the organisation had liaised openly and honestly with complainants, and provided them with up to date and accurate information relating to their complaints. Action had been taken to satisfactorily deal with and resolve complaints.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held with people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage. We found written records to show that information was shared in a timely way and in an appropriate format so that people received their planned care and support. The nurse in charge explained that staff worked with other providers and professionals such as district nurses, hospital staff and social workers, to ensure that people's care plans reflected their individual and diverse needs. This was documented. In the event of an emergency, we found details of how information would be shared with other agencies in a safe manner, so as to make sure people received a coordinated approach to support the need to meet the needs described in their care plan. Written records were maintained and appropriate external contact details were logged.

We recommend that all staff ensure that when charts and recording tools are used to monitor various aspects of people's health, these are completed in a timely manner to ensure that clear health care records are maintained.

We recommend that a review of the types of activities on offer to people living at the home is reviewed, to ensure that they are fully supported to engage in meaningful activities linked to the interests and assessed needs.

Requires Improvement

# Is the service well-led?

## Our findings

Feedback from people at the home, and a visiting relative was positive in terms of leadership and management. One relative said, "My relative has been in other homes, but this seems to be very good because the management team are on the ball, and know what needs to be done to provide the best care for my relative."

We found written evidence to show that the registered manager had an appropriate system in place used to assess and monitor the quality of the service. The registered provider explained that she, the registered manager and nursing staff were involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that the system had flagged up areas of concern, and minor issues relating to care delivery and service provision. These issues had been actioned, and dealt with appropriately. However, we noted that the registered provider had undertaken a management review the week before our inspection, and although she had engaged in discussion with staff, toured the home and reviewed paperwork, she had failed to identify some of the quality issues we had identified during our visit. We found daily records to show that various people at the home had been involved in incidents that required notification to the Commission and/or the local Safeguarding team, and that notifications had been processed and sent in a timely manner.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person must operate an effective governance system in order to ensure that robust processes are in place to assess and monitor the services provided. Having this in place will assist staff to identify areas of service delivery that require improvement, mitigate risks

The staff we spoke with confirmed that they received regular handovers (daily meetings to discuss current issues within the home). They said that handovers gave them up to date information to continue to meet people's needs, and updates regarding incidents, and what action to take to minimise or reduce the possibility of further accidents or incidents. One staff member told us, "Handovers are important." Staff at the home said that they had a clear vision for the home which involved providing care and support that was compassionate, dignified and safe. The people we spoke with on the day of our visit (service users, staff and relatives) all said that the registered manager and management team provided good leadership. People said that the registered manager was knowledgeable, and that she was able to deal with issues in a positive manner as they arose. The staff we spoke with clearly understood the lines of reporting and accountability within the home. When we questioned staff they were able to give a good account of their roles and responsibilities with reference to keeping people safe, meeting people's needs and raising concerns regarding the quality of care provided at the home.

We received information from three anonymous sources following our visit, that contradicted the information given to us whilst we were at the home. Comments received included;

" The management team don't always value other people's contributions, and junior staff suggestions about how we should deal with service users are sometimes dismissed or overlooked."

" The management team are not always very supportive to the staff."
" Staff don't always have the confidence to question practice and report concerns about the care offered by colleagues."

These comments were of great concern to CQC. The registered provider was made aware of these sentiments, and was unsure as to why people would say these things, as she was sure that the culture in the home was not as was suggested. We have made a recommendation regarding this issue.

We recommend that the registered provider and registered manager engage with the staff team in order to determine how best to resolve the issues linked to staff support, and the process linked to reporting concerns regarding quality issues.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Safety risks relating to medicines management had not been robustly assessed and monitored 12(1)(g).<br>Safety risks relating to poor cleanliness and hygiene had not been robustly assessed and monitored 12(1)(h).<br>Safety risks relating to potential burns, inadequate electrical testing, and the control of substances hazardous to health, had not been robustly assessed and monitored 12(1)(a)(b). As a result, people living at the home were put at risk of not having their health and welfare protected. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person did not operate an effective governance system that ensured robust processes were in place to assess and monitor the services provided. Not having this in place means that staff are more likely to fail to identify areas of service delivery that require improvement, such as those mentioned in this report. e.g. medicines, safety, cleanliness. |