

Chimnies Limited

# Chimnies Residential Care Home

## Inspection report

Chimnies  
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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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was carried out on the 3 and 4 February 2016 and was unannounced.

The Chimnies Residential Care Home provides residential care for up to 29 people over the age of 65. The accommodation is set over two floors in a large, well maintained detached house. There are communal lounges, kitchen, offices, private bedrooms with washing facilities and communal bathrooms. Outside there are well kept gardens for the residents to enjoy. There were 22 residents living in the home when we inspected.

There were two registered manager at the home, one of whom was also part of the registered company that was the provider. 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 told us they felt safe at the home and relatives also said they thought their relatives were safe.

The provider had a recruitment policy in place but this was not being followed. Some staff records showed that checks through the Disclosure and Barring Service (DBS) were carried after they had started working at the home. Some staff had previously worked at the home and the provider and registered manager relied on references from their past employment with the provider.

The provider had a safeguarding policy in place and staff were aware of the responsibilities to report any concerns they might have. Safeguarding training was out of date for staff. Risk assessments were in place for most people, however, some risk to people and how to reduce those risk were not in place. We have made a recommendation about this. There were environmental risk assessments in place and the building was well maintained. There were no personal evacuation plans in place for people living the in home. We have made a recommendation about this.

Accidents and incidents had been responded to appropriately and involved the relevant health care professionals.

There was no formal tool for assessing staffing levels at the home but we saw that there were enough staff on duty to meet people's needs.

People were protected from the risks associated with the management of medicines. The provider was following their medication policy. The provider was not carrying out medication audits.

The provider did not have a training policy in place and theirs and staff training was out of date. They did not have a training matrix to ensure an overall view of what training was needed and when it needed to be

update. Staff had not received training on the Mental Capacity Act 2005. The staff and provider and manager did not have a good understanding of the MCA or DoLS and how this needed to inform care given to people. We have made a recommendation about this

People were supported to access health care professionals such as opticians, dentists and GP's. When people's needs changed referrals were made to the appropriate professionals such as dieticians and the memory clinic. End of life care plans had been put in place and the palliative care teams and hospice were involved where needed. People told us they thought the home was responsive to their needs. The registered managers recognised when they were unable to meet people's needs and took steps to ensure that people were supported so that their needs could be met elsewhere.

People were supported to maintain a healthy and nutritious diet. People told us they enjoyed the food and there was plenty of choice. People's weights were monitored on a regular basis.

Staff were kind and caring to people and they knew them well. Care plans had pre admission plans which fed into person centred care plans. People's likes and dislikes had been recorded.

Staff told us about how they protected people's privacy and dignity and we saw staff knock on doors before entering bedrooms. Confidential documents such as care plans and staff files were only accessible to those authorised to have access to them.

People were encouraged to maintain their independence as much as possible. We saw that family and friends were involved with the home and often visited people.

There were activities taking place in the home. There were outside professionals such as singers and exercise trainers that came into the home on regular basis. Some people told us that activities were not always what they wanted to do. We have made a recommendation about this. People were able to access the wider community and there was a bus stop outside the home installed after one person campaigned with the bus company.

There was a complaints policy in place with out of date information. People and relatives were confident to complain and who to complain to. However, the service user guide contained out of date information.

There were no residents or relatives meetings being held in the home. The provider did carry out satisfaction surveys with residents and health care professionals. All the responses we saw were positive and there was no action required by the provider. However, there was no mechanism in place to seek continuous improvement to the care provided to people.

There were no systems or processes in place to assess and monitor the quality of the service. The registered managers and provider did not keep up to date with training and published best practice. Although supervisions were taking place on a regular basis this meant they would not be able to give staff appropriate guidance. The registered manager and provider were not managing staff and ensuring that they carried out their responsibilities such as completing training that the provider considered mandatory.

The staff were very positive about the provider and registered manager and said that they felt supported by them. Staff were seen to uphold the visions and values of the home.

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

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

We always ask the following five questions of services.

### Is the service safe?

The home was not always safe.

Recruitment practices were not safe. Staff records showed staff had been working before checks through the Disclosure and Barring Service (DBS) had been carried out.

Risk assessments had not been adequately completed and did not show how to mitigate or reduce risk

Environmental risk assessments were in place and the building was well maintained. People did not have personal evacuation plans in place.

There were enough staff on duty to provide the care to people.

**Requires Improvement** ●

### Is the service effective?

The home was not always effective.

The registered manager did not use a training matrix to have an over view of required training. Training was out of date. Some staff were unwilling to complete mandatory training.

The registered manager and staff did not have a good understanding of the Mental Capacity Act or DoLS and staff had not received training on the MCA.

People were supported to remain healthy and have access to health care professionals.

People were referred to the appropriate health care professional when there was a change of need.

**Requires Improvement** ●

### Is the service caring?

The home was caring.

Staff were kind and considered to people.

Staff new how to protect people's privacy and dignity.

**Good** ●

Records and documents were kept confidential.

People were encourage and supported to maintain relationships with family and friends.

There were end of life care plans in place and the palliative teams and hospice were involved when needed.

### **Is the service responsive?**

**Good** ●

The home was responsive.

Care plans contained pre admission assessments. Care plans were person centred.

The home recognised when they were unable to meet people's needs.

There were activities in place for people. Sometimes these were not what people wanted to do.

There was a complaints policy in place and people knew how to complain.

### **Is the service well-led?**

**Requires Improvement** ●

The home was not well led.

There were no systems and processes in place to audit and monitor the quality of the home.

The registered manager and provider did not keep up to date with current best practice or training.

The registered manager and provider were not able to give appropriate guidance to staff.

The registered manager and provider were not managing staff to ensure they were up to date with training.

The staff were positive about the registered manager and provider and felt supported.

# Chimnies Residential Care Home

## **Detailed findings**

### Background to this inspection

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

The inspection took place on the 3 and 4 February 2016 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous inspection reports and notifications. A notification is information about important events which the home is required to send us by law.

We observed care and support being provided. We looked at records held by the provider and care records held in the home. We spoke to seven members of staff including care staff, the registered manager and senior members of the management team. We spoke to five people and eight relatives. We spoke to the local authority commissioner. We looked at four care plans and six staff recruitment records, risk assessments, staff rotas, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We last inspected on the 18 February 2014 to check that the provider had met the regulations from a previous inspection on 26 November 2013. We found the provider was meeting the regulations and made the necessary improvements.

## Is the service safe?

### Our findings

People told us they felt safe at the home. One person told us "I do feel very safe here, safer than at home. I want to stay here." Relatives also told us that they thought the home was safe. One relative said "They are cared for safely, they always have their frame and their buzzer is always in reach. Staff are always checking them."

Recruitment practices were not safe. There was a recruitment policy in place but the provider was not following it. Some staff had previously worked at the home. Staff records showed that on a number of occasions references had not been gathered when they had been re-employed and the provider was relying on references that were years old. All staff records except one showed there were significant gaps in employment history that the provider had not explored during interview. Providers need to ensure that all staff are checked through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records showed that some DBS checks were out of date, in one case, seven years old. Other records showed that DBS checks had been gathered in some cases up to four months after staff had commenced working at the home. We spoke to the provider about this. They told us they had decided to allow staff to commence working without DBS checks and current reference as they needed the staff to cover shifts. However, they had not put into place any risk assessment for these staff to work with other experienced staff until their DBS had come thorough or been applied for. This meant that people were at risk of being cared for by unsuitable staff.

Failure to check that staff were suitable to work in the home was a breach of Regulation 19 (1)(a)(2)(a)(3)(a) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had a safeguarding policy in place. This had been updated in December 2015. It did not make reference to the local authorities safeguarding policy however there was a copy of the authority's policy available for staff. Despite training not being up to date staff were able to describe what sort of abuse they might encounter and told us that they would speak to the manager or provider if they saw or heard anything of concern.

Care plans contained risk assessments individual to people's needs. These included risk assessments for falls and diabetes risk management plans. These had been updated on an annual basis. Not all risks that had been identified were robustly assessed. For example, in one risk assessment it suggested that nothing could be done to mitigate the risk of people absconding due to their medical condition. One care plan had identified that the person was at risk of falls but there was no risk assessment in place for falls. People might be at risk of staff not being able to provide care that was safe and met people's needs.

We recommend the provider reviews risk assessments to ensure that they include how to mitigate or reduce identified risks to people to keep them safe from harm.

There were up to date environmental risk assessments in place. The fire warning system was checked on a

weekly basis and call bells for people and emergency lighting was checked on a monthly basis. There were up to date gas and electrical certificates. Moving and handling equipment and the passenger lift had been regularly serviced. There were no personal evacuation plans in place for people living in the service. We spoke to the manager and they told us that every door to people's rooms were 30 minute fire doors and that they would leave people in their rooms and wait for the fire brigade to evacuate people. There was a grab file in place which gave details of each resident and the room they were in, medicines they were taking and contact numbers of relatives and care managers. Staff told us that they had received fire safety training and that the home carried out fire drills on a regular basis. Without personal evacuation plans people might be at risk of not being supported to evacuate the building in a timely manner in the event of an emergency.

We recommend the provider puts in place personal evacuation plans in place for each resident.

Accident and incidents had been recorded and responded to. For example, bedrails had been put into place for one person following a number of falls out of bed. This had been done following consultation and a best interests meeting with relatives and other health care professionals. There was an up to date risk assessment in place. The provider acted appropriately following accidents and incidents and looked to put in place safeguards for people.

Relatives of people told us that they thought there were enough staff on duty. "I visit two or three times a week. There is always someone here when you ring the bell. There are always two or three staff here and they are quick with the buzzers." The provider had no formal way of assessing the staffing levels bases on people's dependency levels but told us there were always five members of staff on shift during the day and two or three at night. Staffing rotas reflected this and we saw that there appeared to be enough staff on duty to meet people's needs at the time of the inspection.

The provider had a medicines policy in place which staff were following. Medicines were clearly individually labelled and stored appropriately within a locked trolley in a locked room. A medicines fridge was used to store items which needed to be kept at lower temperatures, and this was kept locked. Records that showed that the room temperature and fridge temperatures had been recorded daily and showed no abnormalities of temperature fluctuations.

Medicines were administered using a monitored dosage system and recorded on the medicines administration records (MAR) chart. Records showed that these had been completed correctly and that people were receiving medicines when they needed them. Only staff that had received training in the administration of medicines were allowed to administer medicines. Staff were able to describe what they would do in the event of discovering or making a medicines error. Trained senior staff checked the competencies of those administering medicines. There were processes in place for checking in medicines and for discarding unused medicines. We saw that records for the receipt and disposal of medicines were completed.



## Is the service effective?

### Our findings

People told us they were cared for in the way they preferred. One person told us "I like it very much here, I want to stay." Another person said "They help me but I can look after myself. I have a bath on a Sunday. I'm very happy here." Relatives also told us they thought people were cared for in the way they preferred. "They definitely meet my relative's needs" "I recommend this place to other people. I think it's excellent. " "They can go where they like and they treat people like individuals"

Despite people and relatives positive views we found the home was not always effective. Staff told us when they started working at the home they completed induction training. Records showed and staff told us that they received regular supervision and an annual appraisal from the provider. The provider did not have a training policy in place. Staff records showed a list of what training they had completed. This included Duty of Care, Medication and Moving and Handling. There was no training matrix in place for the whole staff group. This meant the provider did not have an accurate over view of when or what training was required. Not all staff had completed the same training and there were inconsistencies in which staff had done and what training. We spoke to the provider about this and they told us that they knew certain training was out of date and that there were some staff members that refused to complete training that the provider considered mandatory. The provider told us that their policy was for Safeguarding vulnerable adults training to be updated every three years. The last training that had been provided for staff was in 2011.

There was no evidence that staff had received training in the Mental Capacity Act (MCA). We asked staff if they had received training in this area and they confirmed that they had not. The registered managers told us that they had received training about DoLS from a consultant that they had hired and that this training was cascaded down to staff. They told us that this was done in individual staff supervision but the registered manager could not evidence this. Staff were aware of DoLS but were not aware of the reasons or the processes behind them. There was no specialist training provided in order to support people with different needs. For example one person in the home had Parkinson's disease but staff had not received training in caring for people with Parkinson's. Another person used a catheter but there was no evidence that staff had received training in catheter care or guidance from a healthcare professional. This meant that people could be at risk of receiving care from staff not suitably qualified to support them.

This was a breach of Regulation 18 (1) (2) (a) (b) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and staff did not have a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Two of the four care plans we looked at stated that people had full capacity but one person had a diagnosis of Alzheimer's with no reference to their capacity. One person in the home had a DoLS in place and the registered manager had applied to the relevant authority to request the DoLS authorisations. Despite this, when we spoke to them about MCA and DoLS they were confused. For example they could not tell us when and why they needed to use a mental capacity assessment. The registered manager and staff were not sufficiently trained or

knowledgeable to protect people's rights in respect of the MCA and DoLS.

We recommend that the provider researches published guidance in relation to the Mental Capacity Act 2005.

People were supported to maintain good health and had access to health care services. People were registered with a GP and visits were recorded in the plans. People also had access to other specialist healthcare professionals such as dentists and opticians. People told us "There is a doctor that comes here two or three times a week." "I've been very lucky with my GP" One relative told us "there is a podiatrist that comes here every six weeks but if their relative has sore feet they get them in earlier." Care plans showed that people had seen opticians and chiropodists on a regular basis as well being seen by the local District Nurses.

Care plans evidenced that when people's needs changed referrals were made to the appropriate health care professionals in a timely manner. For example there was a referral on one person's records to a memory loss clinic. In another record a person had been referred to the dietician when significant weight loss had been recorded. There had also been a referral to a physiotherapist following a high number of falls for one person. Staff knew people well and recognised when their needs changed and took appropriate action to support them to ensure their healthcare needs were being met.

People told us that communication was very good from the staff. "If you want to know anything they provide you with the answer." One relative told us "I always know then the GP has been in." Another relative told us about one member of staff. "They are very thorough. If they say they are doing it, they do it. They always come back to me about things."

People were encouraged to maintain a healthy and nutritious diet. People told us that they enjoyed the food. One person said "I get a choice of food. If I don't like it I get something else. There's always enough to drink." Relatives said "it's bloody brilliant grub! They get cooked dinners, they are very well fed. I've pinched recipes from here." We spoke to the cook who told us that they read through people's care plans to see what their likes and dislikes were. Menus were devised by the provider but with feedback from people about what they wanted. People with different diets were catered for, such as people with diabetes. The cook knew that some people couldn't have too much sugar. The kitchen was well stocked with fresh fruit and vegetables, tinned and dried goods. Food was properly stored and opening and closing checks were completed and documented to show that cleaning had been completed and checks made. Fridge and freezer temperatures were recorded on a daily basis. People had access to snacks and drinks throughout the day. There was lots of fresh fruit such as apples, bananas and strawberries available for people.

People's weights were monitored regularly and some people were weighed on a weekly basis if they were seen as being at risk nutritionally. Staff used a nutritional screening tool and referrals were made to the dietician if necessary. Some people had daily food charts which detailed what people had eaten and drunk and detailed when people had refused food and drink. Peoples nutritional needs were being met.

## Is the service caring?

### Our findings

People told us that staff were very kind and caring. "Staff are very kind here and I know some of them from before I came here." Relatives told us that staff were kind and caring. "Staff are kind. They laugh a lot. They know my relative very well." Another relative told us "they're very caring. They are very attentive and my relative has settled in well." Relatives also told us that the home put on parties for people and there had recently been a party to celebrate the 100th birthday of one person.

Throughout the inspection we observed staff talking with people living in the home in a kind and respectful manner. We heard them having meaningful conversations with people. We heard staff talking to people about when their family members had come in to see them. People were seen to be comfortable with staff and staff knew people well.

Staff were able to tell us how they protected people's dignity and privacy. "When we provide personal care we always tell people what we are about to do. Doors are shut at all times during personal care." Another member staff said "we get to know people really well, so we know what people like and don't like and we respect that." People told us that staff respected their privacy and dignity. "They always tap gently on the door and wait before coming in." We observed staff knocking on people's bedroom doors before entering. People's dignity and privacy was respected.

People's care plans, staff records and other documentation was kept in two separate offices that could be locked. Staff knew the importance of confidentiality. They told us that they would only have conversations with people that needed or were entitled to know and these would always be with the door closed. Confidentiality was respected in the home.

Support and care for people was individual to that person and their likes and dislikes had been recorded in their care plans. Many of the people and staff at the home were from the surrounding village and knew each other from outside the home. It was clear that people and staff knew each other well. Care plans were reviewed on a regular basis and people were involved their reviews. Records showed that people had signed care plans and reviews. Relatives of people also told us they were involved and if they were not available to attend they were always kept informed of any changes.

People were encouraged to maintain relationships with family and friends. People told us that they often had family visitors and over the two days we inspected we saw lots of relatives coming and going in the home. One person was excited to tell us that they were going to the wedding of a relative and that there were two members of staff coming along to support them whilst they were out of the home. People were supported to maintain relationships with friends and family.

People's rooms were decorated and furnished individually and people could bring in their own furniture. People had their own personal belongings in their rooms they felt homely. People's culture and religious views were taken into account. The local church came into the home on a regular basis to conduct a religious service and for people to receive communion.

People were encouraged to be as independent as they could be. Staff told us that they encouraged people as much as possible. For example, if people were able to wash themselves they would let them do that. One person was attending physiotherapy and staff told us that they would encourage and help that person to do their daily exercises in order to maintain the person's mobility.

People were provided with information about the service in the form of a user guide. This contained a summary of the home, what activities were available and sample menus. It also contained the provider's statement of purpose and whistleblowing policy. However, it did make reference to the National Care Standards Commission which was abolished in 2009.

We recommend that the provider updates their service user guide

Care plans had end of life plans in place for people living in the home where appropriate. Care plans had been reviewed when staff had recognised that people were coming to the end of their lives. There were end of life risk management plans in place and referrals to the palliative care team had been made. There was evidence of the local hospice's involvement with people's care and records showed that advice given was being followed. People were being cared for appropriately at the end of their life.

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. "If I'm in pain I can ask for paracetamol." Another person told us "If I'm in pain they look into it, they don't hesitate to call the GP." Relatives told us that staff were responsive. "They arrange for an ambulance to take my relative to hospital appointments and they always make sure they have their lunch with them."

Care plans had pre admission assessments and people's likes and dislikes had been recorded. Some assessments included information and care plans from the local authority. There were also short term care plans in place that were used to feed into the care plans for people which were personalised for those individuals. People's personal and family histories were documented in order that staff could get to know people better. Care plans had been reviewed on a monthly basis or when there was a change in need. For example one care plan had been reviewed prior to the monthly review as there had been a deterioration in the person's mental health. People and relatives told us that they were involved in the reviews of care plans. Not all records had been signed to reflect their involvement.

The home recognised when they were unable to meet people's needs. One person had dementia and initially they had been able to meet that person's needs. Following events that had put this person at risk staff had consulted with care managers and family and it had been agreed that the home wasn't the right place for them. The staff supported this person to find a suitable alternative home and ensured a smooth transition to their new home.

There were some activities taking place in the home but there was no one member of staff responsible for organising them. There was a professional singer that visited the home and some people took part in armchair aerobics. People told us they played bingo on a regular basis. We saw board games being played with people in the afternoons we inspected. Not all people liked the activities provided. One person told us that they would like to play cards but this was not available. We spoke to staff about this who told cards were available and immediately got them out for this person. Another person told us "I'd like to do other stuff but nothing has been done about it." A relative said "I often wonder if there is enough activities for my relative." We spoke to the manager about what activities were provided and they told us that people had a choice of what they could do. They also told us that people had requested a laptop and they had supplied one. We did not see people using this. There was no evidence of the home organising trips outside the home, but the registered manager told us that families regularly came and took people out for the day. These choices did not reflect people's preferences all the time.

We recommend the provider consults with people about what activities they would like to do and put people's preference in place.

People had access to the community if they wanted to. One person wanted to be able to take the bus to the surrounding areas. As there was no local bus stop this person wrote to the bus company and campaigned for a bus stop. There was now a bus stop directly outside the home which had been named after the home. The bus stopped a few times throughout the day and people used it on a regular basis.

The provider had a complaints policy in place which was last updated in 2013. This made reference to the National Care Standards Commission which was out of date information. There were also no details of the local authority or the Local Government Ombudsman. Every person we spoke to was confident they could complain and that they would speak to the provider or manager who would deal with it appropriately. Staff were able to confidently tell us about the complaints procedure. At the time of inspection there were no written complaints. Relatives we spoke to all said that they knew how to complain if they needed to. One relative reported an issue around recording advice from outside professionals but that they had spoken to the manager and senior staff member and the issues had been resolved quickly and professionally.

People were not given the opportunity to have a say in the running of the home. For example residents meetings were not being held. We asked the registered manager about this and they advised that they just didn't hold them. We asked people about this and they said we just talk to the manager if we need to. The provider carried out satisfaction surveys for people and relatives. We looked at the responses all of which were very positive and the provider did not need to take any action from them. The provider also carried out satisfaction survey's with health care professionals all of which were positive. One professional said 'Friendly home, good working relationship, taken on board advice I've given.' This meant that effective systems were in place to gather, monitor and respond to feedback.

## Is the service well-led?

### Our findings

People told us that they thought the home was well led. "I feel it's well run, yes it's well led." Relatives told us that they also thought the home was well run. "There is always senior management here whenever I come. It's very well led." Another relative told us "They have good values here, I'm happy they've done a good job."

There were no systems and processes in place to audit and monitor the quality of the service. We spoke to the registered manager about this. They were confused about what processes and systems needed to be in place. They told us that they employed a consultant to help them and that they carried these out. They advised us that the consultant didn't produce a record of these audits and that they discussed any improvements that were required. The provider was not making a record of medication audits. They told us that they audited as they went along. This meant that people might not be protected from the risks associated with the management of medicines. The registered manager and provider had no record or any way of identifying areas of concern and identifying what improvements were needed.

The provider had failed to operate an effective quality assurance system. This was a breach of Regulation 17 (1) (2) (a) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

We spoke to the registered manager and provider about their responsibilities. They told us that it was their responsibility to ensure the residents were well cared for, had choice, were fed and kept safe. They wanted the home to be as homely as possible and to generate a good atmosphere. They were aware of some of their reporting responsibilities to the CQC. They had notified the CQC when there had been the death of a resident. They had not notified CQC when there had been a serious reportable incident or when they had received a DoLS authorisation. The registered manager told us that it was their responsibility to ensure that the staff were happy and doing what they should be doing and to ensure that their training was up to date. We were advised that some members of staff were not willing to complete mandatory training. Records showed that there was regular supervision being carried out with staff but the issue of training was not dealt with. This meant that the registered manager and provider were not ensuring that staff were suitably qualified and trained to provide appropriate care and support for people. The issues around training of staff was also not being dealt with by the registered manager or provider via performance managing staff.

We asked the provider and registered manager how they kept up to date with best practice and training. The provider told us that they could not remember when they had last done any training. Records showed that the registered manager and provider had completed their NVQ level 4 in December 2008, but had had no formal training since then. They told us that they relied on the advice of their consultant and that of other health care professionals such as the Parkinson's nurse and the palliative care team to keep up to date with best practice. They did not attend local provider forums in order to gain peer support. This meant that the providers were not able to give staff guidance in relation to person centred care and published best practice and that people might be at risk of inappropriate care.

This was a breach of Regulation 19 (1) (b) of The Health and Social Care Act (Regulated Activities) Regulation

2014.

Staff we spoke to told us that the provider and registered manager were very approachable. One staff member said "it's really good management but here, its very family orientated." The registered manager and provider and were always on call and always available. People and relatives told us that the provider came round every day to see if people were ok.

Staff meetings were held on a regular basis. Records showed that these meetings were about informing staff about the running of the home or to highlight issues with residents. This included instructions on washing and the use of the tumble dryer and that some residents had swapped their usual seat in the dining room. They did not show that staff opinions had been sought and there was no evidence that ideas and suggestion had been made or put into place.

The provider told us that the visions and values of the home was to ensure that residents were happy and comfortable. That it was a home from home environment and that their aim was to lift their standard of living. We saw that it was a very homely environment and that staff proactively promoting dignity and privacy and that they maintained a warm and friendly atmosphere. We saw that staff echoed these values in the way they spoke and cared for people.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate an effective quality assurance system.  Regulation 17 (1) (2) (a)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to ensure people were suitable to work in the home.  The provider and registered manager were not up to date with training or current best practice.  Regulation 19 (1)(a)(2)(a)(3)(a)  Regulation 19 (1) (b)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider was not ensuring staff were suitably trained.  Regulation 18 (1) (2) (a) (b)