Priory Grange Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Priory Grange is registered with the Care Quality Commission (CQC) to provide care and accommodation for a maximum of 41 older people, some of whom may be living with dementia. The accommodation is provided over two floors and all bedrooms are en-suite. There is a passenger lift so people with limited mobility can access the upper floor easily. Corridors are wide enough to accommodate wheelchair users as are doors to all bedrooms, bathrooms, toilets and communal areas. There is choice of communal areas where people can spend their time one of which is currently being refurbished and will include a bar area for people who use the service and their friends and families to socialise.

All toilets and bathrooms are large enough to accommodate wheelchair users easily. Various aids and adaptations are provided around the building to assist people to remain independent and aid their mobility. Staff have access to equipment to enable them to assist people to move safely.

This inspection took place on 21 and 23 November 2016. An evening visit was undertaken on 21 November, which was unannounced. The second day of the inspection was the 23 November and was announced. The reason we undertook an out of hours inspection was because some allegations had been made that people were in bed early against their will; the outcome of this will be covered in the main section of the report. The service was last inspected December 2014 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection 38 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people's medicines were not always handled safely and they did not always receive medicines as prescribed by their GP, including some opiate based pain killers. This could mean people were in unnecessary pain due to staff not following the GP's instruction. We also found some mistakes when staff had hand written medicine doses on the medicines administration record; this could mean that people received the wrong dose of medicines. We found there were no instructions for staff to follow with regard to administering 'as and when required' (PRN) medicines. This could mean that people might get too much or too little medicine.

We found that staff did not always follow good practice guidelines with regard to the handling of items, which could pose a risk of cross infection. We found that the lids on clinical waste bins did not work properly so staff had to lift these by hand and this increased the risk of cross infection. There was no hand washing facilities in bed rooms for staff to use so they had to use a communal bathroom increasing the risk of cross infection. Some of the equipment used in people's rooms was dirty and need of a deep clean, and some

personal items like tooth brushes needed cleaning. Some chairs and beds were in need of replacement or cleaning, as was some bed linen.

Risk assessments in place did not always give clear instructions to staff about how to best keep people safe, and some people's care plans did not contain essential information about their needs. Charts used to monitor people's welfare, for example, food and fluid intake had not been consistently completed and care plans for people's assessed specific needs had not been completed so were not available for staff. This could mean people were at risk of not being supported safely and kept safe from the risk of harm, and that staff might not deliver the right care to meet people's needs. These are all breaches of regulations and you can see what we have told the registered provider to do at the end of the report.

Staff knew how to recognise abuse and who this should be reported to. They had received training in this area and this was updated regularly. Staff, who had been recruited safely, were provided in enough numbers to meet the needs of the people who used the service.

Staff had been trained to meet the needs of the people who used the service and this training was updated regularly and as required. Staff were provided with opportunities to gain further qualifications and experience.

People were provided with a wholesome and nutritionally balanced diet. Their weight and nutritional intake was monitored by staff and health care professionals were contacted when required. People who had dietary needs were provided with the food they needed to keep them healthy, for example, fortified diets were provided for those people who were frail and had a poor appetite.

The registered provider had systems in place which ensured people were protected by law if they needed any support with making informed decisions. Meetings had been held to make sure any decisions made on their behalf were in their best interest.

People were cared for by staff who were kind and caring and who they had good relationships with. People were supported with dignity and staff understood the importance of respecting people's privacy and diversity. Staff were sensitive to people's needs and assisted them discreetly. Staff supported people to be as independent as possible and to maintain life skills, however small these might be.

People had activities to choose from and were encouraged to participate whenever possible. People spent a lot of time in their rooms but the staff ensured they were included with what was going on in the service and did not become bored, by visiting them regularly and talking and interacting with them. People's rooms displayed personal items, which they had brought with them when they came to stay at the service.

The registered provider had a complaint procedure in place and people who used the service could access this if they wanted to raise any concerns or complaints. Others who had an interest in the welfare of the people who used the service could also access the complaints procedure. All complaints were recorded and investigated to the complainant satisfaction wherever possible. Complainants were signposted to other agencies they could contact if they were not happy with the way the investigation had been undertaken by the registered provider.

The registered manager was accessible to the people who used the service and staff. They also made themselves available to visitors and relatives. Consultation was undertaken with the people who used the service and others who an interest in their welfare; this included relatives, friends, and visiting health care professionals. Findings from these consultations were collated and action plans put in place to address any

issues identified. The registered provider undertook regular visits to the service to oversee quality, practise and progress. Staff meetings were held regularly to ensure staff were kept well informed about any changes in the service or work practises. The registered manager undertook internal audits to ensure the smooth running of the service and all equipment used was serviced and repaired as per the manufacturers' recommendations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all areas of the service were safe

People's medicines were not always handled safely and staff did not always follow good practice guidelines with regard to cross infection.

Some areas of the building, equipment and personal items were not clean and contributed to the risk of cross infection.

Risk assessments which helped staff keep people safe were not always in place, and documentation which monitored people's progress was not always completed.

People were protected from abuse by staff who had received training and knew the procedure for reporting any abuse they may witness or become aware of.

Is the service effective?

Good

The service was effective.

People who used the service were provided with a wholesome and nutritional diet.

Staff received training and support to gain further qualifications and experience.

People who needed support with making informed decisions were protected by the use of relevant legislation.

People who used the service were support to access health care professionals when required.

Is the service caring?

Good

The service was caring

People were cared for by staff who were kind and caring and understood their needs.

Staff understood the importance of respecting people's dignity

and right to privacy.

People were encouraged to remain independent and to maintain skills in their everyday lives.

Is the service responsive?

Requires Improvement

Not all areas of the service were responsive

The care people received was not always person centred and their needs were not accurately recorded in their care plans.

People had a choice of activities to choose from both inside and outside of the service, weather permitting.

The registered provider had a complaints process that people could access if they wanted to raise any concerns. Others who had an interest in people's welfare also had access to the complaints process.

Is the service well-led?

Requires Improvement

Not all areas of the service were well-lad

The registered manager was accessible to the people who used the service, staff, relatives and health care professionals.

People who used the service and those who had an interest were asked for their views about the service and how it was run.

The registered manager had systems in place which monitored the service and ensured its smooth running, however, issues found as part of this inspection had not been identified by any audits undertaken.

Priory Grange Care Home Limited

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 registered provider was 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 21 and 23 November 2016. An evening visit was undertaken on 21 November which was unannounced. We then returned on 23 November and this was announced. The inspection was completed by two adult social care inspectors.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service. We also looked at the information we held about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times. We spoke with 12 people who used the service and eight of their relatives who were visiting during the inspection we spoke with seven staff including care staff, the cook, the deputy manager and the registered manager.

We looked at nine care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medicines administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. Comments included, "I like all the staff – I can trust them all" and "They are all good, yes I do feel safe here." They told us they thought there were enough staff on duty to meet their needs. Comments included, "I think there's enough, they never keep me waiting" and "There always seems to be a lot [of staff] on duty, I press my buzzer and they come."

Visitors told us they trusted the staff. Comments included, "I know when I leave my mum here she's in safe hands" and "I like the way you have to be let in - they know who's coming into the building and why." They told us they found the staff on duty were provided in enough numbers to meet the needs of their relatives. Comments included, "There always seems to be plenty about when you need them" and "I can always find the staff if I need them, they are always busy."

We looked at the way the service handles the medicines which belonged to the people who used the service. We found staff practice while directly administering medicines to people was good. The member of staff responsible for administering the medicines wore a red tabard which stated they were not to be disturbed, they asked people if they needed pain killers and only dispensed form the package if needed to cut down on waste. However, there were some issues. These included one person who did not have a controlled pain relief patch administered at the right time, and the stock control record in the controlled medicines book did not tally correctly with the medicines administration records (MAR) used daily by the staff. We found gaps in the signing of the MAR chart and one person had not been offered the right amount of pain relief. We found mistakes when staff had hand written instructions in the MAR charts, for example, incorrect recording of the dose of pain killers. Staff had used hand written MAR charts for concurrent months this did not show the administration of medicines and could not be audited effectively to ascertain if people had received the right amount of medicines as prescribed by their GP. There were no protocols in place for the use of 'as and when required' (PRN) medicines including opiate based pain killers. All these issues contributed to the risk of people not receiving their medicines as prescribed by their GP and being at risk of receiving the incorrect dose.

Generally we found the service to be aware of any infection control issues and saw that personal protective equipment (PPE) was available for staff to use; this included gloves, sanitiser gel, aprons, red bags for soiled laundry, yellow clinical waste bags and white perfumed bags for soiled pads to go in to before they went into clinical waste bags. The washing machine had a sluice function and checklists to record that toilet and room areas had been cleaned were signed by domestics. The service had scored five in food safety; the highest score awarded by the local authority environmental health department. There was a notice in the entrance to the service reminding visitors not to visit if they had a cold, flu or any gastro-intestinal viruses.

However, we found staff did not always follow good practice guidelines with regard to infection prevention control procedures (IPC) and the disposal of potentially infected waste. We found that lids on clinical waste bins did not work properly so staff had to lift these by hand posing potential risk of cross contamination. There were no hand washing or drying facilities in people's rooms for staff to use so they had to use a communal bathroom, again posing a potential risk of cross contamination. There were no signs in any of the

bathrooms, toilets or sluice rooms instructing staff to wash their hands. Some commode pans had not been cleaned thoroughly and showed signs of staining. The way the laundry was set up and used created a potential for cross infection due to soiled laundry coming into contact with clean laundry.

We also saw poor storage and cleanliness of toothbrushes and other people's toiletries in certain bedrooms. We found these to be stored together with hair brushes and not cleaned after use resulting in an accumulation of old toothpaste. We found an appliance used to wash people's hair in bed was not clean and had the potential to collect waste water, which would become stagnant and harbour harmful bacteria. Some bedrail protectors were found to be worn and grubby, some bed linen was stained and some chairs in people's bedroom were in need of a clean.

All the care files we looked at contained a risk assessment, however these were not always detailed enough to ensure people received the right support they needed. For example, one person suffered from seizures and this was only identified through the MAR chart which had recorded the administration of buccal midazolam, a medicine used to treat epilepsy. When we looked at the person's care file there was no plan for staff to follow with regard to supporting the person. There was no information about seizure monitoring despite forms being available, such as the types of seizure the person had, the signs for staff to look out for, what the usual frequency of their seizures were and if there was any pattern to it, whether there was any foods the person had to avoid, what staff had to do to keep the person safe during a seizure, what medication should be administered and when staff would need to call an ambulance. Two other people had a catheter in place and when we looked at their care files there were no plans for the staff to follow, which described how they were to be cared for. For example, changing the day to night bag, position of tubing when in a chair or when in bed, personal hygiene around the catheter, monitoring of fluid intake and output, monitoring colour and odour of urine and what to do if there were concerns.

Not to ensure enough information is available to guide staff to mitigate risks posed by some aspects of daily life could put people in at risk of receiving the wrong care and attention to meet their needs. Lack of effective medicines management systems could put people at risk of not receiving their medicines as prescribed by their GP. A failure to provide a clean infection free environment could put people at the potential risk of cross contamination and unnecessary infection. These are all breaches of regulation 12 (2) (b) (h) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people who used the service had a personal emergency evacuation plan (PEEP) in place. This instructed staff how best to support the person in the event of an emergency. These were individualised and took into account people's needs including mobility. Other emergency procedures were in place for staff to follow in the event of a flood or essential services like gas and electrical failures. These instructed the staff in what to do, who to contact and how to keep people safe.

The registered provider had procedures and guidelines in place for staff to follow if they suspected any abuse was occurring at the service. Staff told us they found the registered manager approachable and felt confident they would take any allegation seriously and report it to the proper authorities. One member of staff said, "I would have no hesitation to go to [name of registered manager] with any concerns about anything I'd seen or heard." Another said, "I trust the manager to do the right thing." Records we looked at showed staff had received regular training in how to protect vulnerable adults from abuse and who to report this to. Our records showed the registered manager had notified us about any allegations of abuse.

All accidents and incidents had been recorded and there was an ongoing assessment of the nature of the incident or accident, for example, whether there had there been malpractice by staff or faulty equipment. All

results had been analysed and findings recorded, and we saw evidence of these being discussed with staff or referrals to specialist health care professionals, for example, falls teams or the district nursing services when required.

We saw rotas which showed the amount of staff which should be on duty daily to meet people's needs. The registered manager told us they kept a constant eye on the staffing numbers and made sure enough staff were on duty to meet people's needs. They also made sure care staff were supported by enough ancillary staff so they could concentrate on caring for the people who used the service effectively.

During the inspection we looked at four staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references, one where possible from a current employer, and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment. The Disclosure and Barring Service carry out criminal records and barring checks on individuals who intend to work with vulnerable adults. This helps employers make safer recruitment decisions and also minimise the risk of unsuitable people working with vulnerable adults. Recruitment files also contained photographic identification and proof of identity.

The registered manager told us disciplinary procedures were available to be used when needed.

Good

Is the service effective?

Our findings

People we spoke with told us they were satisfied with the food provided at the service. Comments included, "The food here is really good", "You couldn't ask for better, the cooks really good" and "There's always a choice at every meal time." They told us they thought the staff had the skills to meet their needs. Comments included, "They seem to know what they are doing, they look after me well" and "They all seem very professional and keen." People told us they were supported by the service to access health care professionals when they need them. Comments included, "They call my doctor when I'm not feeling well", "They help me go to the hospital for appointments and the like" and "I see the nurse every day and the staff make sure I'm looked after properly."

Visitors told us they thought the food provision at the service was good. Comments included, "I think they [the people who used the service] get well fed", "You can always smell the cooking, it smells really nice" and "The food seems pretty good really." They told us they thought the staff were well trained to meet their relatives' needs; comments included, "I think the staff are really well trained, they are patient, kind and look after the poorly ones really well" and "I know they know all about my mum and make sure she's well cared for, even though she needs a lot doing for her now." They told us they were kept well informed about the relatives' welfare. Comments included, "They ring me if anything is wrong and keep me in the picture" and "They always let me know if the doctor's been or if mums not well."

The registered manager had systems in place to ensure staff received the training they needed to effectively meet the needs of the people who used the service. They monitored staff training and ensured this was updated when required. The registered provider had identified training which they considered essential for staff to complete. This essential training included Fire training, safeguarding vulnerable adults from abuse, health and safety, moving and handling, first aid and dementia. Staff also had the opportunity to undertake nationally recognised qualifications in care and to expand their knowledge and experience. Specialised training was also provided; this included diabetes and how to support people whose behaviours may challenge the service or put themselves and others at risk. Staff told us they found the training was adequate to equip them to meet people's needs. They said, "The training here is really good, I have learnt a lot since coming here" and "We get loads of training, it's really good and my confidence has grown because of it." Newly recruited staff underwent a period of induction and this was based on good practise guidelines. Their competency was continually assessed and the registered manager ensured they received support with any areas they were struggling with.

All staff received regular supervision; this afforded them the time to discuss any work related issues or practice issues. We saw the registered manager had addressed some practice issues with staff which had led them to develop their practice and become a valued member of staff. The staff received annual appraisals where their training needs were discussed and any opportunities for further training explored. Staff told us they valued the supervision they received. One member of staff said, "I like the time we get to talk about work, it makes me feel valued." Another member of staff said, "The manager is always available so we can go to her at any time for advice and guidance, but we do get regular formal supervision sessions which are good."

People's preferred method of communication was recorded in their care plans. There were also instructions for staff to follow when someone had difficulty with verbal communication. The staff were instructed to talk slowly to the person and not rush them for an answer.

The staff had effective lines of communication; information was shared between shifts in a hand over where staff described what had happened to people and how they had been on that shift. Visits form GPs and any changes in medicines or care was passed on.

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. We found the registered manager had made applications to the supervisory body and was awaiting the outcome of these.

Throughout the inspection we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care.

People who used the service were provided with a wholesome and nutritional diet. The cook was knowledgeable about people's likes and dislikes and how to provide a nutritionally balanced diet for older people. She understood the importance of proving a high calorific diet to those who had a poor appetite and provided fortified meals, drinks and snacks for them and others to eat. We saw people's food preferences were recorded in their care plans along with their likes and dislikes.

The food on the day of the inspection looked wholesome, nutritious and well presented. The majority of the people who used the service sat in the dining room to eat their meal and this was seen to be a social occasion with lots of chatting between themselves and the staff. More food was offered if people wanted it and some people accepted this offer.

The dining room was pleasantly set out and table were laid out with table cloths and cutlery. People were offered a cold drink with their meal and then a hot drink to follow. Staff discreetly assisted those people who needed help to eat their meal and various aids and adaptations were used to assist people to remain independent.

People who used the service were supported by a range of healthcare professionals including GPs, community nurses, social workers, community mental health teams, the falls team, speech and language therapists and dieticians. Record showed people were supported to attend hospital and GP appointments or their GP visited them at the service.

Good

Is the service caring?

Our findings

People we spoke with told us they thought the care staff were kind and caring. Comments included, "They [the staff] are angels, you couldn't ask for a nicer bunch" and "I think they look after us really well, I get along with all of them." One person said, "We have a laugh and joke - it's all in good fun." People also told us staff treated them with dignity and respected their privacy. Comments included, "They always knock on my door before they come into my room, they are all polite" and "I never feel embarrassed with the staff, they are all very good."

Visitors we spoke with told us they thought the care staff were kind and caring. Comments included, "They are always nice and polite, I've never heard a cross word spoken by any of them" and "They are always cheery which makes things a bit better."

We saw staff had a good rapport with the people who used the service. We saw and heard lots of laughter and good humoured banter around the service. Staff were discreet in their approach and asked people sensitively if they needed any assistance. Lots of the people who used the service spent time in their rooms and we saw staff visiting them and assisting them regularly.

Staff understood they had responsibly to respect people's diversity and help them lead a lifestyle of their own choosing. We saw they had received training in this area and staff told us they had a duty to respect people's differences. Comments included, "We are here to help the residents not to judge them" and "They are what they are and we have to respect that." The registered provider had policies and procures in place, which reminded the staff of their duty to respect people's diversity and care plans identified if anyone had any cultural needs including a specific religion.

We saw staff explaining to people what they were doing and how they were going to assist them. For example, we heard staff explaining to people who were in bed how they were going to lift them and attend to their person care. This was done sensitively and discreetly respecting the person's dignity and choice. Staff told us they thought it was a fundamental part of caring that they respected people's privacy and dignity. One staff member told us, "I make sure I ask the residents if they understand what's happening and if they are happy for me to help them." Another said, "We do some very personal things with the residents and I think it's only right we ask them if it's okay."

The staff told us they try and maintain people's independence for as long as possible. One member of staff said, "I know we have lot of residents who need a lot of help and that okay, but I like to make sure they can do things for themselves even if it's just washing their hands and face and putting on their cardigan, it keeps their dignity."

We saw some people who used the service had been involved in reviews and meetings about their care and their opinions had been noted. Lots of the people who used the service had someone who acted on their behalf; this was usually a member of their family. The registered manager told us they could access advocacy services if anyone needed these but at the present time no one who used the service was

supported by an advocate.

The registered provider had policies and procedures for staff to follow with regard to keeping personal information safe and secure. Care plans were in a cabinet and staff only accessed these when they needed to. Staff told us they would only share information with those people who were authorised to see it. They said, "We can't just show anything to anybody, it's all confidential", and "I never share any information with anyone, it's nothing to do with them." The registered provider had a policy in place for the use of social media and what the consequences would be if staff shared information in this way.

Staff recruitment and supervision files were kept in the registered manager's office and only accessed by those staff authorised to do so. Some information was stored on the computer and we reminded the registered manager of the need to register with the Information Commissioners Office; this is needed when any information is stored on computers.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us activities were provided. Comments included, "They come and ask me if I want to go and do any games or anything, but I like to be here [in their room] most of the time", "We do things around Christmas, I think we are having a choir or some singers" and "We went out in summer, that was nice." People told us they knew they had the right to raise concerns and complaints. Comments included, "I would go and see the boss", "I don't really have any complaints, I think I would talk to the staff" and "I tell my daughter and she tells the manager."

Visitors told us they knew there was a complaints procedure in place and they could approach the registered manager with any concerns. One visitor told us "I raised a complaint with the manager and she dealt with it very professionally and it was sorted."

Care plans we looked at were not person centred and did not provide staff with enough information to ensure people's needs were met. For example, two people were assessed as having schizophrenia but there was no mention in their care plan about this or how staff were to support the person. One person required nail care due to having a contracted hand. We found their nails were long and some were dirty. We also saw these were digging into the palm of their hand. We could find no care plan about how to manage hand and nail care for this person and we saw no evidence in the daily notes that staff were completing nail care. One person had a sore heel which was attended to by the district nursing service, but there was no care plan in place to instruct staff in how to care for the wound. Despite this staff were following the nurses instructions about keeping the person's foot elevated; feedback from the district nursing services raised no issues and was positive and complemented the staff's friendliness and training.

We found that some aspects of the care plans read like assessments rather than guidance for staff, for example, 'needs two staff for personal care' but then did not go on to describe how the personal care should be given. We found there was a monthly evaluation on how the person had been. However, information was scattered throughout the file rather than drawn together in one care plan. There had been an attempt to collate the specific information into a 'keyworker checklist' which highlights the main points but in some instances important information was missed off. For example, one person had epilepsy and this had not been included in their care plan.

A4 Diaries were being used to record daily notes, however, these were coming apart and there was a risk of pages being lost. We found that staff did not record a great deal of information in the daily notes and there was a lack of follow on information. For example, we found in the clinical notes there were issues mentioned, such as one person had a sore groin, another had 'blue' feet and another had loose bowels. However, we could find no follow up information in the daily notes which would indicate if improvements in the person's condition had taken place or what further action had been taken.

We found monitoring charts were not completed so a full audit could not be undertaken with regard to people's fluid and food intake, and could not provide an effective audit trail. Some staff had recorded what people had eaten and others had recorded the type of food eaten, for example, one member of staff had

recorded 'two Weetabix for breakfast', yet another had recorded 'meat for lunch' but no amount. Fluid charts did not have an optimal intake amount to aim for so staff were recording amounts given but this did not indicate if this was enough. This was especially important for those people who had a catheter. These records showed that on some days people had very little to drink. One entry showed that in a 24 hour period one person had drunk only 100mls of fluid. A failure to provide care which is appropriate, meets people's needs and reflects their preferences is a breach of regulation 9 (1) (a) (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that some activities were provided on the day of inspection. This took the form of making cards and decorations in preparation for Christmas. We also saw adverts around the building for entertainment and parties which had been planned for Christmas.

As part of the inspection we undertook an 'out of hours' visit. This was in response to a concern which had been raised with us about people going to bed early and against their will. We visited the service at 7pm and stayed for three hours. On our arrival we found the majority of people were in bed or in their bedrooms watching TV. We asked people why they were in bed and those that could tell us confirmed it was their choice and they found it more comfortable in bed rather than sat in a chair. During the visit staff were going round with hot drinks and snacks. Some people were still up and were sitting in the lounge watching TV. These people confirmed they could choose to go to bed when they wished.

On the second day of the inspection we found that a lot of people were cared for in their rooms or in bed. Again people confirmed this was their choice and they preferred to stay in their rooms. We spoke with the staff and they confirmed they respected people's choice to stay in their rooms, but also told us they tried to get people to come out of their rooms but this was difficult. We spoke with the registered manager and discussed the fact that people were spending a lot of time in their rooms and being cared for in bed. It was suggested to the manager they explore ways in which people could be tempted out of their rooms and this may include more organised activities. They agreed they would look into this and ask and evaluate people's suggestions.

The registered provider's complaints policy was displayed within the service and an easy read version was available to ensure it was accessible to each person who used the service. When complaints were received they were investigated and responded to in line with the registered provider's policy, and where possible action was taken to improve the service.

Requires Improvement

Is the service well-led?

Our findings

People who used the service told us they had been consulted with about the running of and their satisfaction with the service. Comments included "[Registered manager's name] pops into my room to see if I'm okay or if I need anything", "I have been asked about what I think of the home, I told them I think its fine." One of the people who used the service remembered attending a meeting; they told us, "We have had meetings about the home. We talked about outings and what to do at Christmas." They also told us they found the registered manager and the staff approachable. Comments included, "Oh yes she's [the registered manager] nice and always takes the time to speak to you" and "[Registered manager's name] comes and talks to us, I wouldn't have a problem going to see her about anything, I don't think."

Victors told us they had been asked their opinion about the service. They told us they had completed surveys and attended meetings. One visitor said, "We have been asked about the home and what things we would improve" and "I have been to meetings and it was quite nice really just to meet everyone else." They also found the staff and the registered manager approachable. They told us, "I have no problem going the manager, she's okay. I have made complaints in the past and she's been fine and sorted it out" and "I do speak to the manager, she takes the time to listen to you."
The registered provider had auditing systems in place but these had failed to identify the issues we found during the inspection, which have led to breaches of regulations with regard to risk assessments, administration of medicines, infection control and providing appropriate care and support for the people who used the service. Lack of effective monitoring puts people at risk and does not move the service forward and aid the smooth running of the service to ensure it is safe, effective, caring, responsive and well-led; this is a breach of regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they found the registered manager approachable and supportive. One staff member told us, "I can go to [name of registered manager] and ask her anything, she will always give me advice." Another said, "She [the registered manager] is happy to talk to you, she never makes you feel small or that you are asking a silly question." We saw staff approaching the registered manager during the inspection to ask about the welfare of the people who used the service and to provide her with updates as to how people were progressing. The registered manager made herself available to staff and was supported in doing this by the deputy manager. They both were a presence around the service and staff were interacting with them. The staff told us the management team would support them in any caring tasks they needed, but they also understood managers had role to fulfil. One member of staff said, "They both help you as much as they can." Another said, "You can ask the manager or the deputy if you need help and they are willing come and help you."
We saw staff meetings had been held on a regular basis. Minutes of these showed staff had been involved in any changes or new ways of working. They also showed the staff had a forum to discuss any concerns they may have with any of the people who used the service, or any working conditions. Staff told us they found the meetings valuable and a way of updating themselves with any current changes. One member of staff said, "I don't mind coming to the staff meetings, they are quite interesting." Another said, "The meetings we have are good, the manager shares a lot of information with us." The registered manager also made the

effort to undertake meetings with the night staff; they told us, "Sometimes night staff can't make it to the day time meeting so I come in and talk to them, or make sure they have access to the minutes."

The registered manager told us they tried to create a service, which was safe and made sure people who used the service received the care and attention they needed to keep well. They told us, "The home is about making sure the residents are safe and well looked after, we do this by having staff on duty who know their needs and can support them properly. We have training for staff to make sure they have the skills to care for the residents, but at the very bottom of all we do is the commitment to looking after people and making sure they are comfortable and have what they need." The registered manager told us they welcomed any feedback about the service and used this to improve areas which were identified as an issue. We saw consultation had been undertaken with the people who used the service and their relatives. This had mainly been in the form of surveys and questionnaires. Some face to face meetings had been held with the people who used the service and their relatives, where various topics had been discussed. This included outings, activities, menus, and plans for Christmas entertainment.

Our records showed the registered manager sent the appropriate notifications to us about any incidents that occurred at the service, which effected people's wellbeing or the smooth running of the service. Notifications are documents which are required to be sent to the CQC by law so we can monitor the risk to the service and assess its ongoing compliance with regulations.

Those who had an interest in the welfare of the people who used the service were asked for the opinions about the quality of the service. Again this was mainly in the form of surveys and questionnaires. Results of all surveys undertaken with the people who used the service, their relatives and visiting health care professionals were collated and action plans put in place to address any issues found. All complaints were analysed as were accidents and incidents to establish if any points could be learnt from these. This was to drive the service forward and continually improve practice.

The registered provider undertook visits to monitor the performance and the running of the service. They attended during the inspection and we were able to discuss any findings with them and their future plans in how to develop the service to meet the changing needs of the people who used the service. The registered manager undertook internal audits of the service; these included staff training, care files and the environment. All equipment used by the staff to assist people with mobility needs was serviced and repaired as per manufacturers' recommendations. Fire drills and fire equipment tests had been carried out. All confidential records were stored safely and only accessed by those staff who had the authority to do so.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was failure to provide care which was appropriate, meet people's needs and reflected their preferences

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not to ensure enough information is available to guide staff to mitigate risks posed by some aspects of daily life could put people in at risk of receiving the wrong care and attention to meet their needs. Lack of effective medicines management systems could put people at risk of not receiving their medicines as prescribed by their GP. A failure to provide a clean infection free environment could put people at the potential risk of cross contamination and unnecessary infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had auditing systems in place but these had failed to identify the issues we found during the inspection, which have led to breaches of regulations with regard to risk assessments, administration of medicines, infection control and providing appropriate care and support for the people who used the service. Lack of effective monitoring puts people at risk and does not move the service

forward and aid the smooth running of the service to ensure it is safe, effective, caring, responsive and well-led