

# Leopold Nursing Home Limited

# Saint Mary's Nursing Home

## Inspection report

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## Ratings

### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



## Overall summary

Saint Mary's Nursing Home provides accommodation, nursing and personal care for up to 40 older people, some people are living with dementia.

There were 21 people living in the service when we inspected on 28 September 2015. This was an unannounced inspection.

We carried out an unannounced comprehensive inspection of this service on 19 January 2015. The service was rated inadequate. Breaches of legal requirements were found. These related to infection control, staffing levels, staff training and support, and how people's

consent was obtained. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We also found that the service required improvements in how they ensured the care and welfare of people who used the service and how the service ensured that they were providing a good quality service. We issued warning notices and told the provider they should make improvements by 23 March 2015. We undertook a focused inspection on 27 April 2015 to check that they had followed their plan and to confirm that they

# Summary of findings

now met legal requirements. We found that the provider had made improvements which were ongoing and needed to be sustained and embedded into practice to provide people with good quality care.

Although some improvements had been made we found multiple breaches of regulation that affected the well-being of people using the service.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

There was not 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. There was an acting manager in post who had started working in the service following our last inspection.

The quality assurance systems were not robust enough to independently identify and address shortfalls. There had been some improvements which were ongoing but these were not made in a timely manner to ensure people were provided with a good quality service at all times.

There had been some improvement made in staff training. However, further improvements were needed. Improvements were needed in how new staff were supported to identify training needs and identify how their competence was assessed during their probationary period.

Improvements were needed to ensure that people were supported by staff who had the qualifications, competence and skills to meet their needs safely.

People's care records had been reviewed and updated, however further improvements were required in the ways that people's care was planned for, care records needed to be more person centred which identified the care and support people required and preferred to meet their needs. People's privacy was not always respected.

Improvements were needed to maintain good infection control to safeguard people from cross infection. Environmental improvements were needed to ensure that people were safe.

People's dietary needs were assessed and actions were taken when there were concerns about people's wellbeing relating to their nutrition and hydration.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. Staff had been provided with training in Mental Capacity Act 2005 (MCA) and DoLS. The systems in place to obtain and act in accordance with people's consent had been improved to respect people's rights and choices.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Staff knew how to keep people safe from abuse. However, areas in the environment and infection control which could cause a risk to people had not been identified and addressed.

The ways that decisions about when registered nurses were on duty had not been assessed and monitored. Improvements were needed to ensure that people were supported by staff who were competent, qualified and skilled to meet their needs.

Improvements were needed in how people were provided with their medicines.

Inadequate



### Is the service effective?

The service was not consistently effective.

Staff had not been provided with the training and support to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were implemented when required. Systems had improved to obtain and act on people's consent.

People's nutritional needs were being assessed and met.

Improvements were ongoing and for this rating to become good requires consistent good practice over time.

Requires improvement



### Is the service caring?

The service was not consistently caring.

Staff interacted with people in a caring manner. However, people's privacy and dignity was not always promoted and respected.

People and their relatives were involved in making some decisions about their care. Improvements were needed in how this and people's history was recorded.

Improvements were ongoing and for this rating to become good requires consistent good practice over time.

Requires improvement



### Is the service responsive?

The service was not consistently responsive.

People's wellbeing was assessed, planned and delivered to meet people's needs. However, improvements were needed in how plans were documented and the language used.

Requires improvement



# Summary of findings

Improvements were ongoing with the activities that people could participate in, this was ongoing.

Complaints were addressed and acted on.

Improvements were ongoing and for this rating to become good requires consistent good practice over time.

## Is the service well-led?

The service was not well-led.

Improvements had been made in the quality assurance system but these needed to be embedded into the service provided and sustained over time to ensure people received a good quality service. However, these systems have failed to independently identify and address shortfalls in the service.

**Inadequate**



# Saint Mary's 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.

We undertook an unannounced focused inspection of Saint Mary's Nursing Home on 27 April 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 19 January 2015 had been made. We found that improvements had been made this inspection on 28 September 2015 was to check that improvements had been sustained and that the service had independently identified shortfalls and were taking action to address them.

The inspection team consisted of two inspectors. The team inspected the service against all of the five questions we ask about services: is the service safe, is the service effective, is the service caring, is the service responsive and is the service well-led? This is because the service was not meeting some legal requirements.

We reviewed the previous inspection reports to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about

the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who were able to verbally express their views about the service and four people's relatives/visitors. We also received information from a person's relative who contacted us following our visit. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with seven members of staff, including the manager, catering, nursing and care staff. We also spoke with a visiting professional. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Prior to our inspection we had received concerns about the service provided; these had been reported to and investigated by the local authority. The local authority had kept us updated with the support that they were providing to the service to assist them to improve the care and support provided to people. During our inspection we looked to see what action had been taken as a result of these concerns.

# Is the service safe?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in how the provider ensured that there were sufficient staff numbers to meet people's needs safely and how the service ensured people's safety, including infection control. During our focussed inspection of 27 April 2015 we found that some improvements had been made. At this inspection of 28 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people were provided with a consistently safe service.

Improvements had not been sustained to ensure that the service was clean and the risk of infection control was minimised. We noted a smell of urine in the lounge in one area. We found that there was an arm chair which was wet and smelled which indicated that a person had been incontinent on the chair. We pointed this out to the manager and they directed the domestic staff to address it immediately. It was unclear how long the chair had been wet.

The inside of washing machines and the floor in the laundry needed cleaning. There was dirty laundry on the floor, not in a basket in the laundry room. A bathroom floor which was grooved and could not be effectively be cleaned to reduce the risks of cross infection. Although, there was an ongoing plan to replace flooring in the service, including carpets. This bathroom floor had been identified as a concern at the January 2015 inspection over nine months earlier. Other short falls included dirty 'bumper pads' on a person's bed and used mop heads stored damp which provided a potential breeding ground for bacteria. The sluice walls showed stains and could not be kept hygienically clean as they were porous. Therefore people were at risk of cross contamination. This was fed back to the manager who told us that it would be addressed.

We visited a person in their bedroom and saw that the dowels on their wardrobe were detached and there were blocks of wood underneath it. One of the doors could not easily be opened and closed. The wardrobe was unsteady and was at risk of collapsing or falling on the person, staff or others. This had not been identified as a risk by the service and was potentially dangerous. We told the manager about what we had found, they noted it down and said they would look into it. We found footplate straps

on people's wheelchairs, used to prevent the risk of a person's foot slipping off, were missing or damaged. This had not been picked up as an issue by the service to ensure equipment used by people was safe and fit for purpose.

The manager told us how the service was staffed. However, when we looked at the rota it showed that all of the staff down to work were not present. There were also different numbers of staff working on shifts, for example morning shifts had between four and six staff on duty, and there was no indication of why the different numbers had been assessed. The rota for nurses, showed several staff appeared in both the care staff and nurse rota. We asked the manager about this, they told us that there were 'duty nurses' who worked in the absence of the registered nurses. The duty nurses were qualified in their country of origin but not registered with The Nursing and Midwifery Council (NMC) to practice in the United Kingdom. The manager told us that the duty nurses were trained to administer medicines but did not provide nursing treatment such as syringe drivers and that the registered nurses were on call if needed. There was no risk assessment in place to show what their duties were and actions to take if the need for the two registered nurses arose. There was no indication in the rota which showed if the registered nurses had been called on to provide specific treatment. Therefore we were concerned that people were at risk of receiving unsafe care and treatment.

The staffing rota showed where staff were working long hours to cover shifts. The manager told us that they did not use agency staff, and did not have the back-up cover of bank staff to use, however at the time of our visit the manager was new in post and was not fully aware of the staff cover arrangements. Following our visit the provider told us that both bank staff and agency staff were used, however the preference would always be to use existing staff to provide continuity of care. Staff were contacted on their days off to cover last minute absence. One staff member told us, "Don't use agency, call people in, I don't mind doing a few extra hours." There was no risk assessment to show what action had been taken to ensure staff covering extra hours were both physically and mentally fit to provide safe care.

This is a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service safe?

Given that the service was a nursing home it was not clear why there were times when registered nurses were not present. This also raised concerns about the ability of the provider to ensure that the staff on duty at any one time were suitable and competent to meet people's needs. People's comments varied about if there were enough staff and if they were available when needed. People told us that call bells were not always answered promptly and there were times they had to wait. For example to be assisted with using the toilet. One person's relative contacted us following our inspection visit and told us that their relative had to wait for an hour before they were supported with their continence needs. The provider advised that this had been investigated and whilst there had been a delay but it was for ten minutes. We saw that staff were attentive to people's needs and verbal and non-verbal requests for assistance, including call bells, were responded to promptly. However we were concerned about the consistency of this given comments and the issues we found around the rota. This could leave people using the service at risk because there could be a delay in treatment required if there were not staff who were suitably qualified, competent, skilled and experienced to meet people's needs.

This is a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living in the service. One person said, "Have a new CCTV system at the door and a door code to get in and out, they can see in the office who is at the door and who comes in, people can't just walk in and we can't have people walking out, they can see."

Staff understood their responsibilities to ensure that people were protected from abuse and they told us that they would have no hesitation in reporting concerns. The manager told us about the actions they had taken to reduce the risks of previous safeguarding concerns happening again. This included improving the security of the service and placing security cameras at all exit doors and advising staff of improvements needed in their work practice.

One person told us how improvements had been made in the safety of the environment which included a repaired leak and the instalment of a new shower on the top floor. They were knowledgeable about the areas of improvement in the service which showed that they were involved in what was happening in their home.

People were supported to reposition to reduce the risks of pressure ulcers developing and this was recorded. A tool was used by staff to monitor the risks of pressure ulcers developing and when action should be taken to minimise these risks.

We saw that staff assisted people to safely transfer to and from wheelchairs into and from armchairs using the hoist. This was done safely and staff spoke with people throughout to check that they felt safe and to let them know what they were doing.

Records showed that checks were made on staff to make sure that they were suitable to work in care and were of good character. This safeguarded people who used the service from being cared for and supported by staff who were not suitable and safe to work in care.

People told us that they were satisfied with the arrangements for how they received their medicines. One person said, "The nurses are very good, give me my medication, at night they come round and bring my tablets." A relative told us that they had every confidence in the nurses to ensure the person received their medicines as prescribed, "Nurses good, no problem with meds [medicines]." Records showed that medicines were provided to people at the prescribed times. However, we found an inconsistent approach to the completion of 'body' map records, which supported nurses 'rotating' where they placed prescribed skin patches to reduce skin irritation. The manager said they would look at this to ensure it was undertaken appropriately. Medicines were stored securely so they were kept safe but available to people when they were needed.



# Is the service effective?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in the provision of staff training and support, how the service obtained people's consent for care and treatment and how people's dietary needs were assessed and met. During our focussed inspection of 27 April 2015 we found that some improvements had been made. At this inspection of 28 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people were provided with a consistently effective service.

Some improvements had been made in the training that staff had been provided with and there were plans in place to provide more, in order to support individual needs such as specific mental health conditions. However, further improvements were needed, for example the staff training records showed that not all staff had received safeguarding adults training, which conflicted with the service's quality assurance documents stated that all staff had been provided with safeguarding training. Therefore records were incomplete or incorrect. Only four staff had completed pressure sore prevention and wound management. Despite people using the service requiring care and support to reduce the risks of pressure ulcers developing and treatment for existing pressure ulcers. The manager told us that training was ongoing and improvements continued to be made. For example, records showed that 12 staff were booked on first aid training in October 2015.

There had been changes in the way that staff supervision meetings were recorded, which now showed that staff were able to discuss the ways that they worked, concerns and to receive feedback about their work practice. However, these needed to be embedded in practice to assess if these were effective and improved the quality of the care provided. There were no probationary reports which identified how new staff were supported in performing in their role. This included how they were working, what training and support needs had been identified and if their probationary period was extended or not.

This is a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that their consent was always sought before care or treatment was provided, which was confirmed in our observations. For example staff asked for people's permission before they were supported with their personal care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. Staff had completed training and workbooks on the Mental Capacity Act 2005 (MCA) and DoLS. Staff told us that they had received DoLS training and were able to say how it would affect people and when it needed to be implemented. DoLS referrals had been made to reduce the risks of people being deprived of their liberty. People's care plans had been reviewed and updated and now guided staff on the actions that they should take to gain people's consent. However, a document to assess a person's mental capacity regarding meals was not fully completed and where the document asked what the person's values and beliefs were, for example religious, cultural, moral, staff had written, "Not relevant." This raised concerns about the staff understanding of their training and the appropriate the completion assessments to ensure that consent and choice was sought wherever possible.

People told us that the food in the service had improved and that they were offered choices of meals. One person said, "The food is excellent." They commented that when they went out their lunch was saved for them to have when they got home, in the evening, "If I don't want what is on the menu, I can ask for something else." One person's relative commented that they felt that their relative's dietary needs were met. However, another person commented that the food and variety offered could be improved. They shared examples of how they had not been happy with the quality of food, which they felt was, "Cheap."

We saw that where people required assistance to eat and drink, this was done at their own pace and in a calm way. People were offered choices of drinks throughout the day and glasses of cold drinks in front of people were regularly replenished. We also saw where a person's family were bringing in meals to support the person's cultural needs. This was because the person did not eat the food served in the service.

Improved recording showed the amount of food and fluid people had was being documented. This allowed the staff to monitor if people had enough to eat and drink. People



## Is the service effective?

were weighed regularly and when there had been issues, such as weight loss, the staff had sought support and guidance from a dietician. Risk assessments had been improved which guided staff on how to support people who were at risk of not eating or drinking enough. This told us that people's dietary needs were assessed and there were systems in place to meet them.

A member of the catering staff was aware of which people required supplements to their diet to assist them to maintain a healthy weight. They said that they were kept up to date by the care and nursing staff if people's needs had changed requiring changes in their meals. They were aware of allergies and how they affected people in relation to their diet.

People told us that they were supported to see health care professionals if they needed to. One person said, "I speak to

the staff if I want to see a doctor and a doctor is called," they clicked their fingers to show that this was done quickly. They also told us how they had been supported by the staff and healthcare professionals to manage their condition which they felt had improved. Another person commented, "I am seeing the chiropodist this week." A person's relative said that staff were, "Really good at phoning the doctor," and keeping them updated of the outcome so there were, "No shocks," when they visited.

People were supported to maintain good healthcare and have the support of health professionals when needed. A nursing practitioner visited the service on a weekly basis and staff informed them if there were any areas of concern which affected people's wellbeing. Records showed where people had been provided with support from other professionals.

# Is the service caring?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in how people's diverse needs and preferences were recorded and met. During our focussed inspection of 27 April 2015 we found that some improvements had been made. At this inspection of 28 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people are provided with a consistently caring service.

People told us that the staff treated them with respect. One person said, "They are all very kind." Another person told us, "All of the people who work here are kind hearted." A person's relative commented, "I can't fault any of the staff." Another described the staff as, "Ever so friendly," and described the good rapport the person had developed with individual staff members. Staff spoke with people in a caring manner which people responded positively to, such as smiling.

Some staff, used a person centred approach which improved people's well-being. For example, when a person arrived back from their day out, staff asked about their day and took an interest, listening to what the person said and engaging them in conversation. However this was not always the approach taken and whilst staff were caring they didn't always show interest or listen to what people told them. For example, a staff member guided a person back to their chair, without listening to what the person wanted help with, and then left them.

People's records had been reviewed and updated and included their likes and dislikes and their decisions about end of life care. These included people's wishes for the care, treatment and support they wanted at the end of their life. However there was limited information about how people had been included in reviewing their care. Information of people's history was brief and not detailed enough to provide staff with knowledge about that person.

People were assisted with personal care when they needed it and we saw that people's privacy and dignity was respected when they were being supported. This included staff speaking with people in a way that could not be overheard by others. Bedroom doors were knocked on before staff entered and toilet and bathroom doors were closed when people were being supported with their personal care needs. One person's bedroom door had a notice which instructed staff to wait to be invited in before entering. A relative told us, "Staff are good, will knock," and not automatically enter a room.

However, we saw a lot of doors which had not been fitted with locks. This included people's bedrooms, toilets, shower room and bathroom. The door of a first floor shower / toilet which staff confirmed people used had a hole where a lock should be. Where a shower room had no lock fitted, it opened directly onto the corridor as there was no privacy curtain, meaning the person would be in full view if accidentally opened during use. This meant improvements to the environment were needed to ensure people's privacy was fully respected. The toilet that was used by staff had a lock on it.

# Is the service responsive?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in how care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. During our focussed inspection of 27 April 2015 we found that some improvements had been made. At this inspection of 28 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people were provided with a consistently responsive service.

People told us that they received personalised care which met their needs. One person said, "Everything you want you can get." Another person said, "I am very happy here, I get what I need." One person's relative commented, "I am very happy with the way that [person] is looked after, well looked after." However, one person told us that they felt that the standard of care provided was not as good as it could be and that the, "Common sense level is not very high." They commented that the staff did not notice when things needed doing and only supported them when asked.

People's records had been reviewed and updated and were on a new format. One relative said they had read the person's care plan which had been, "Rewritten," and reflected the support they received. There had been improvements made in how people's care was assessed and planned for and how staff were provided with guidance on how to meet people's needs. However, further improvements were required, because there were more opportunities to ensure that the care records were person centred and reflected people's individual care. This included more consideration of how the person was supported in all aspects of their care, physical and emotional and taking into account their preferences and experiences.

Some records were not effective because it was not clear what they were for or how staff used them to ensure people's care needs were met. There was a dependency profile in place which was completed by ticking the most appropriate explanation of how people presented. However, it was not clear what value this had on planning people's care and the language used in the document did not support good practice. For example it referred to if people's behaviours were, "Normal," "Socially acceptable," and, "Socially unacceptable." Language and information in

people's records were not detailed enough to show the support provided to them with their anxiety/distress. For example one person's care plan had been updated in the, 'Care needs, choices and preferences,' section with the comment, 'Not cooperative and wants to stay in room.' In the, 'How care is to be provided, supporting actions,' section it stated, that staff needed to be patient and be aware of the person's fluctuating moods, however, it stated when communicating to, 'Stand in front of [person].' There was no information about how to provide a more comfortable and proven method of communicating effectively. A description of, 'Verbally challenging,' was in these records but there was no further detail of what this entailed and possible triggers of this to enable a proper assessment of how to best support the person. Behaviour charts did not give a detailed explanation of what the behaviours were and what action had been provided to support the person.

There had been the introduction of a moving and handling manual and relevant parts of the manual were included in care records. However, these were not personalised to the individual. This could lead to inappropriate and unsafe care. The use of language including, "Verbal commands," when identifying how staff should speak with people may not always be appropriate for each individual.

Daily records identified the personal care provided to people, but there was little indication of their wellbeing other than a numerical rating of mood. The lack of information, especially for people living with dementia, did not support staff in identifying which interactions / social situations / activities undertaken had supported the person's wellbeing, and where it caused anxiety, action taken to reduce the risk of it happening again.

We recommend that the provider seek out best practice guidance and training for staff in person centred planning and care.

The manager had previous experience of working in a setting which provided person centred care and had started to guide staff and include this in care records and best practice models.

A staff member told us about the 'resident of the day' system which allowed the person who was allocated to a day to go through their care plans with a staff member, discuss if they were happy with the care that they were provided with and be provided with one to one time to do

## Is the service responsive?

an activity of their choice. Resident of the day documents varied in quality to what was provided to people. For example, one person discussed their memories, their carpet was cleaned and a maintenance check of their bedroom was carried out. Another person's record was blank apart from feedback about the food, carpet cleaned and bedroom checked.

People and their relatives told us that there were no restrictions on the times that people could have visitors. This showed that people were supported to maintain relationships with the people who were important to them and reduce their isolation.

There had been some improvements in the activities provided in the service, however, these needed to be further improved to be meaningful and interesting to people. People told us that they had seen some changes but also had inconsistent experiences. One person's relative commented, "I wish there was more interaction and something for them to do." Another spoke about ensuring the range of activities reflected the different ages and interests of people they were supporting. Where activities had been carried out it demonstrated a positive effect on the wellbeing for people who had taken part and there was a reduction of the risks of being isolated and bored. One person said, "On Thursday they had an arts and crafts teacher, I came down to see what was happening

and I was painting in minutes. They have music, some come in to play music, started the film nights. I painted salt dough." We saw a staff member sat with one person looking at the newspaper, they used this time to engage in reminiscence discussions with the person. We also saw another staff member talking to another person about their memories. The people were smiling and chatting to the staff members which showed they enjoyed it.

Records showed the activities that people had participated in which included arts and crafts, indoor gardening and games. There were photographs displayed in the hall, of a barbecue and family fun day held in August 2015. These photographs showed people laughing and smiling. One person told us how they had, "Enjoyed it."

There was a complaints procedure in place which was displayed in the service so that people and visitors knew how to raise a concern if needed. People told us that they would make a complaint if they needed to. One person's relative told us that they would, "Go straight to the office," and had confidence that the manager would deal with any concern they had. Records of complaints showed that they were responded to and addressed in a timely manner. The outcomes of complaints were used to improve the service, for example speaking with staff about how they should improve the service they were providing.

# Is the service well-led?

## Our findings

Our previous inspection of 19 January 2015 found that improvements were needed in how the provider monitored and assessed the service to ensure that people were provided with a good quality service. During our focussed inspection of 27 April 2015 we found that some improvements had been made. At this inspection of 28 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people were provided with a consistently well-led service.

During this inspection we found some improvements in the shortfalls we had identified at our last inspection. However there was still a failure to independently monitor and identify risks to people's health and safety including infection control, environmental risks and how the service was staffed. This meant the governance and oversight of the service was not robust enough and the overall quality of the service had not improved to a level where people were protected from avoidable harm.

The provider's policies and procedures had been completed in 2007 and were out of date and were not sufficient to guide staff in best practice. For example the safeguarding policy referred to the previous regulatory body and standards. This did not explain how staff could independently refer safeguarding concerns to the appropriate professionals. There was a policy on restraint which listed the, "Reasons for restraint," however, none of the staff had received training in restraint and breakaway techniques. The manager told us that the policies and procedures were due to be updated. We asked to see how incidents such as falls were analysed and used to identify trends. This was not provided, the manager asked a registered nurse for this information, and they showed us a record kept in people's individual records which was record of the number of falls. Incidents were not analysed, monitored to see if there were any emerging themes or trends which could be used to improve the service as a whole for everyone. Not all accident and incident records included actions taken afterwards to support people and/or reduce the risk of reoccurrence.

This is a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there remained significant concerns about the providers overall governance and oversight for the service a new manager had been employed who told us that they were being supported by the previous manager and two qualified nurses to make further improvements.

People told us they could see that improvements had been made which they saw as positive. One person said, "There is a new manager, they are very good." Another person commented how they had been kept updated with the improvements in the service which they thought was good. A person's relative described the improvements they had seen, "Better levels of staffing, management more approachable, food choices have improved, more activities."

People were now given the opportunity to share their views of the service provided in satisfaction questionnaires. The most recent of these were in the process of being summarised and the manager told us that an action plan for improvements would be completed, if required. People also attended meetings if they chose to. One person's relative said that they found the meetings, "Very interesting, the little ideas people come up with," which were listened to and used to improve the service. This included putting out fresh fruit for people to help themselves to. The minutes from the last meeting in August 2015 showed that the new manager was introduced to people, improvements made following our inspections were discussed and further improvements planned. People were provided with the opportunity to raise any concerns and the minutes showed actions were planned as a result of people's comments, including investigating temperature control in the service, sometimes being too hot.

Staff told us that there was an open culture in the service and that the manager was supportive. One staff member said, "The manager is good, knows what they are doing and talking about. We have clear direction." Another staff member commented, "Things have improved, it is much better now." Another spoke about the improvement they had seen in staff morale and team working. They told us, "I like her [manager] knows what she is doing, firm but fair, what a manager should be, listens to both sides of the story. ...if staff happy, residents happy."

The staff meeting minutes of September 2015 showed that they discussed improvements and why they were important. Other subjects discussed included that call bells

## Is the service well-led?

must be answered within five minutes and more activities would be provided. Staff meeting minutes of June 2015 thanked staff for their hard work in improving the service provided.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Care and treatment was not provided in a safe way for service users. Regulation 12 (1) (a) (b) (c) (d) (e) (h).</b>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>There were not sufficient qualified, competent, skilled and experienced staff on duty at all times to meet service user's needs. Staff were not provided with the training, professional development and supervision as necessary to enable them to meet people's needs effectively. Regulation 18 (1) (2) (a).</b>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>The provider's quality assurance systems were not robust enough to identify and address shortfalls in the service to ensure that service users are provided with good quality care at all times. Regulation 17 (1) (2) (a) (b) (f).</b>