

Simicare Limited

St Margaret's Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 17 and 18 November 2016 and was unannounced.

St Margaret's Nursing Home provides nursing care and accommodation for up to 25 older people, who were living with a range of care needs; including some of whom were also living with dementia. Some people needed support with all of their personal care and some with eating, drinking and their mobility needs. Other people were more independent, needing less support from staff. The service is a detached building set in the centre of Hythe alongside the Royal Military Canal. Accommodation is provided on two floors, the upper floor is accessed by stairs and a passenger lift. There were 23 people living in the service at the time of the inspection.

A registered manager was 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.

St Margaret's Nursing Home was last inspected on 30 January 2014 and no concerns were identified at that time. However, this inspection highlighted some shortfalls where the regulations were not met. We also identified areas where improvement was required and made a recommendation the service should adopt.

Medicine quantities were not always recorded, this meant it was not possible to back track to ensure medicines were administered correctly because the starting quantity was unknown. Further guidance and records were required for the application of skin creams to ensure they were administered.

Most checks took place to reduce the risk of Legionella, a water borne bacteria, however, these checks did not meet the requirements of the service's water management policy because they were incomplete.

Staff had not recognised an out of date Percutaneous Endoscopic Gastrostomy (PEG) feeding plan was being used. Mouth care was, in one case, ineffective and there were no records to support mouth care given.

Elements of some care plans were not tailored to individual preferences and clear links were not always made between some conditions and other associated care needs. This did not provide the service with the best and earliest opportunity to be responsive to changes in people's needs.

Quality audits carried out by the registered manager and the provider were not fully effective because they had not provided continuous oversight of all aspects of the service.

Services and equipment including the electrical installation, gas safety certificate, portable electrical appliances, fire alarm and firefighting equipment were checked when needed to help keep people safe. The service was well maintained and comfortable.

The registered manager and deputy manager had a good understanding of the Mental Capacity Act 2005, and Deprivation of Liberty safeguards. They understood in what circumstances a person may need to be referred, and when there was a need for best interest meetings to take place. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and that people's rights were respected and upheld.

There were enough staff to meet people's needs. Staff understood how to protect people from the risk of abuse and the action they needed to take to alert managers or other stakeholders if they suspected abuse to ensure people were safe.

New staff underwent an induction programme and shadowed experienced staff, until they were competent to work on their own. There was a continuous staff training programme, which included courses relevant to the needs of people supported by the service.

There were low levels of incidents and accidents and these were managed appropriately with action or intervention as needed to keep people safe. Risks were identified and strategies implemented to minimise the level of risk.

Care plans were reviewed regularly and included the views of the people and their relatives or advocates when needed. The service showed an awareness of people's changing needs and sought professional guidance.

People were able to choose their food each meal time, snacks and drinks were always available. The food was home-cooked. People told us they enjoyed their meals, describing them as "good" and "first class".

The service was led by a registered manager who worked closely with clinical staff and the care team. Staff were informed about the ethos of the service and its vision and values. They recognised their individual roles as important and there was good team work throughout the inspection. Staff showed respect and valued one another as well as people living at the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Some practices did not support the safe administration of medicines and arrangements were not fully implemented to safeguard against the risks of Legionella.

Recruitment checks were effective and there were enough Registered Nurses and staff on duty.

Assessments had been made to minimise personal and environmental risks to people.

Staff knew how to recognise abuse and accidents, incidents and risks were managed appropriately.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Some specialist feeding requirements were not carried out as directed and checks to monitor people's condition were not always carried out or recorded when they should have been to ensure people's well-being.

Charts to safeguard against the risk of dehydration did not contain sufficient information to readily ensure target amounts of fluid were known.

Staff were provided with opportunities to meet with their supervisor or manager to discuss their work performance, training and development.

New staff received a comprehensive induction and had access to a rolling programme of essential training. Staff were given specific training in the conditions some people lived with in the home.

The service was meeting the requirement of the Deprivation of Liberty safeguards and Mental Capacity Act 2005.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff were kind to people. They respected people's privacy and dignity, and maintained their independence.

Staff communicated well with people and their family members, giving them information about any changes.

People's families and friends were able to visit at any time and were made welcome.

Care records and information about people was treated confidentially.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Individual support preferences had not always been established and some information was not detailed enough to guide staff how to support people consistently.

People and relatives were given the opportunity to make complaints or raise concerns.

People were provided with the opportunity to engage in a variety of activities.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems were in place to assess the quality and safety of the service but these had not always been effective; some records of care or treatment provided were missing or incomplete.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

Staff were aware of their responsibilities to share any concerns about the service.

St Margaret'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.

This inspection took place on 17 and 18 November 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had also sent us regular action plans following the last inspection.

We met and spoke with 12 people who lived at St Margaret's Nursing Home and observed their care, including the lunchtime meal, medicines administration and activities. We spoke with five people's relatives. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with three care workers, two registered nurses, kitchen staff, housekeeping and administration staff as well as the registered manager.

We 'pathway tracked' four of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at care records for three other people.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they liked living in the service and felt safe. One person said, "I feel absolutely safe here, staff always have time for me, they are a nice crowd". Another person told us "I am very happy, I feel safe and cared for. The staff are kind and gentle when they help me, I trust them". A relative told us, "I am pleased we found St Margaret's, I feel confident the staff understand my wife's condition and know how to safely support her", another visitor commented, "I visit frequently, there always seem to be a good number of staff about, the home smells fresh and is always clean". However our inspection identified some areas of practice which meant the service was not always safe.

We assessed procedures for the ordering, receipt, storage, administration, recording and disposal of medicines. Medicines held by the service were securely stored and people were supported to take the medicines they had been prescribed. There was evidence of clear pain assessment processes to support the management of pain to reduce symptoms and distress. Medicine administration records (MAR) were signed to indicate medicines administered and any unused medicines were disposed of appropriately. Staff administering medicine received appropriate training and were monitored regularly to ensure they were competent to manage medicines. Most medicines were provided in a monitored dose system containing all of the tablets to be administered daily. This made it easy to track quantities of medication given. However, some medicines were not provided in this manner and were individually boxed for each person. Staff did not routinely record quantities of these medicines, this meant there was no effective method to back track and reconcile quantities of these medicines with MAR chart entries to ensure the correct amounts were administered. This was particularly important with medicines such as Warfarin where daily doses often vary; there was a risk that missed or incorrect doses could not be identified, investigated and put right if necessary. Records of when people had their prescribed creams applied were inconsistent. Staff and the registered manager told us care staff applied creams but nursing staff signed the MAR charts. However, there was no guidance for care staff about how and where creams should be applied or a record that care staff had done this. Similarly, positions of pain relief patches were not recorded; this made it difficult to know if a replacement patch was positioned on a different site to help prevent skin irritation, or possible skin breakdown.

A water management plan was in place, setting out the steps required to safeguard against the risks of Legionella, a water borne bacteria. However, although most steps had been taken, the services cleaning and disinfecting of shower heads did not meet with their policy requirement to safely control the risk of Legionella.

The provider had not fully ensured proper and safe management of medicines; arrangements were not fully implemented to safeguard against the risks of Legionella. This was a breach of Regulation 12 (1)(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We read five staff recruitment files to make sure proper pre-employment enquiries had been made. All appropriate documentation had been completed and references, identity and Disclosure Barring Checks (DBS) checks had been recorded. DBS checks establish if any cautions or convictions meant an applicant

was not suitable to work at a service. Interview notes had been kept and these showed the service had made efforts to take on the best staff for the job. All nursing staff had been checked to ensure they had a current and valid registration with the Nursing and Midwifery Council. There was a robust recruitment process in place; this helped to protect people using the service.

There were enough staff on duty to meet people's assessed needs. People and relatives said that staff responded to call bells and requests for assistance promptly. One person told us, "I never have to wait long when I want something", although another person told us, "Sometimes staff take a little longer to come if I buzz around lunchtime, but they've never not come". The registered manager explained staffing numbers were calculated by looking at each person's individual needs, establishing their level of dependency and therefore how many staff hours and any particular skills mix were needed to cover each shift. Four health care assistants provided support during the day and support at night was provided by two wake night staff. In addition, one registered nurse was on duty during both day and night shifts. A provision for agency staff was available if needed, but effective planning and staff management meant no agency staff had been used. Activities and evaluation was coordinated by an additional part time member of staff. Rotas showed staffing levels were as planned in the month prior to the inspection.

Staff we spoke with demonstrated they understood about abuse, they described the forms it could take and how to report it both within and outside of the service. They said they would have no hesitation in reporting any concerns they might have. There was an up to date safeguarding policy in place and information around the service reminded staff and visitors of the need to speak up about any suspicion of abuse or neglect and how to do this.

Accidents and incidents were managed in a way which protected people from the likelihood of recurrences. Staff had completed detailed incident reports; all records of accidents, incidents and untoward events were subject to a 100% check by the registered manager and action plans put in place where needed. This helped to ensure the service learned from incidents and reduced the risk of them happening again. For example, risk assessments had been updated about a person who often wouldn't ask for help, but was prone to falls as a result. This gave staff clear guidance about how to respect this person's wishes while doing everything possible to keep them safe.

Other assessments had been made about different risks to people, for example of choking, nutrition, hydration, mobility and pressure area prevention. These gave staff directions to support people in ways which minimised the risk to them. Where needed pain assessments were in place, documenting the reasons why pain relief might be needed, the signs of pain to look out for and that staff should report any significant or prolonged pain to nursing staff. Where people were at risk of skin breakdown or developing pressure areas, turning programmes were introduced together with pressure reduction mattresses and cushions. Regular checks ensured air flow mattresses were inflated to the correct pressure and that the air pumps operated correctly.

People lived in a safe environment. Maintenance records showed any reported repairs were dealt with quickly by an employed handyman. Fire alarms had been tested and documented weekly; and fire exits were unobstructed and clearly signposted. Staff had received fire safety training, they were able to describe evacuation routes and fire drills had taken place regularly. People had individual emergency evacuation plans in place describing the support they would need in case of fire. Fire extinguishers and emergency lighting was tested regularly; suitable arrangements were in place for the service and maintenance of the fire alarm and firefighting equipment.

The provider ensured proper checks were carried out of the electrical installation in the service; the gas

safety certificate was current and portable electrical appliances checked. Appropriate testing and monitoring of water temperatures ensured people were safe from risks of scalding; variations in water temperatures were addressed when identified.

Is the service effective?

Our findings

People and their relatives were positive about the quality of care provided. People told us they had confidence in the staff who supported them, they felt staff understood their needs and knew how to meet them. Comments included, "I've had no problems at all, they look after me very well", "The staff are a hardworking team" and "All of the staff are very good, I'm perfectly contented". People and their relatives said that staff communicated with them well. A visitor commented, "Staff have always been welcoming, any one of them can tell me how my relative is, they are good at keeping me updated if there's been any change in how they are".

Although people commented positively, we found aspects of the service were not always effective. People did not always benefit from effective procedures to ensure health needs were always met and monitored appropriately. For example, in circumstances when a person is unable to do so orally, a Percutaneous Endoscopic Gastrostomy (PEG) is needed as a way of introducing food, fluids and medicines directly into the stomach through the abdominal wall. In these circumstances feed preparation and regimes are generally advised by dieticians and prescribed by GPs. We found one PEG feed regime in place did not relate to the current plan because the regime had been revised and the feed plan in use had not been correspondingly updated. Although the difference was marginal (100mls per day) and related to water used for pre and post feed PEG flushing, it illustrated a failing in care plan reviews for not identifying the discrepancy or linking the changes to the nutritional care plan. This was brought to the attention of the registered manager and rectified during the inspection.

The service routinely linked care delivery methods to the Royal Marsden Manual of Clinical Nursing Procedures, which is a recognised guide to clinical nursing skills. However, we found records were not always in place to support the care required or confirm its delivery. For example, one person's care plan showed they should receive mouth care, although no frequency of care was given. Speaking to the person we noticed their tongue had a heavy white coating and brought this to the attention of staff. Daily care notes did not record any mouth care given and staff were unable to confirm when mouth care had last occurred. Following our prompting, staff arranged for a prescription of an antifungal medicine used to treat infections with fungi and yeasts. We looked at mouth care plans for other people; there were no records to support delivery. Care planning for mouth care was ineffective; it did not meet the intended purpose and did not promote the best outcomes possible or allow for early intervention in the event that a person's condition changed.

Practices did not follow planned care and treatment pathways. This was in breach of Regulation 9 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Food and fluid charts were routinely used to monitor levels of nutrition and hydration. Those seen had regular entries. Nutrition assessments (Malnutrition Universal Screening Tool (MUST) were completed and reviewed each month. Weight was monitored, recorded and action taken to respond to any weight loss. Some fluid charts had a running total of liquids consumed; however, they did not contain information relating to the expected fluid intake for that individual. Without such information, it was difficult to establish

if the required amount was achieved. We have identified this as an area that requires improvement.

People's records showed evidence of regular health appointments and contacts with health professionals for example; diabetes nurses, GP's, dentists, chiropodists, and dieticians to ensure people's overall health and wellbeing were maintained. Records showed health professionals were contacted to give treatment as needed. Staff were familiar with medical advice about how to support people and, with the exception of the correct PEG feeding regime, we saw advice received was put into practice.

The lunch time meal was well-managed and relaxed. The menu was on display and in clear print; people were also directly asked in advance of their meal what they would like to eat from the various options available. Eating aids, such as adapted cups, plates and cutlery had been provided to people who needed them to enable them to eat independently and in a dignified manner. Sufficient staff supported people in the dining area as well as people eating their meal in their own rooms. A member of staff was present to provide support to people who needed help to eat. Softened or fortified food and thickened drinks were provided where needed. Drinks were provided at other times of the day both in communal areas and people's bedrooms; we saw they were within people's reach.

Staff received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS form part of the MCA and aim to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used.

Where needed, DoLS applications had been made to a 'Supervisory Body' for authority to provide care and treatment. Four DoLS decisions received were available and remained current. The provider was complying with the conditions applied to the authorisation. Staff had a good understanding about the legal requirements of DoLS and were able to give examples of restriction and where least restrictive methods were used. For instance, rather than use bedrails to keep a person safe in bed, floor pressure mats would be considered. This would enable the person to get out of bed when they liked, but alert staff to their actions so that they could be supported if needed.

Staff understood the basis of the MCA and how to support people who did not have the capacity to make a specific decision. Staff knew capacity assessments were decision specific. We heard staff encourage people to take their time to make decisions and staff supported people patiently whilst they decided. Policies reflected that where more complex or major decisions needed to be made, involvement of relevant professionals such as GP's and an Independent Mental Capacity Advocate was required. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Information about these processes was available to people and visitors within the service.

Staff told us they felt valued, that the registered manager was supportive and listened to them. They received supervision at least six times a year. This included a review of their work, expectations of them, setting goals and agreeing targets and topics for review, for example, infection control and some clinical practices. Where needed, supervision processes linked to disciplinary and performance monitoring procedures. There was also a separate annual appraisal. Staff told us it was a very supportive atmosphere.

Staff described the service as clean, friendly and a homely place for people to live. They said that they would recommend the service to others, commenting, "I'd be happy for a friend or family member to be looked after here, I think we do a good job". They told us people's choices were respected, the service was not institutionalised and if someone did not want something at one point, like personal care or food, they recognised the importance to give them time and to come back; sometimes a different face worked because

people responded differently to different people. We observed a staff handover during the change of shift. This was structured and informative, giving a summary of each person in terms of their wellbeing and any as yet unmet needs.

Staff were positive about the training received and were able to tell us how they used it in their day to day role. New staff members told us and records confirmed they were required to complete an induction programme and were not permitted to work alone until they had been assessed as competent in practice. Staff said they were continually supported thorough their induction period. There was a continuous programme of training for staff. Training records and certificates confirmed the training undertaken. The training plan identified when essential training, such as fire safety, health and safety, manual handling and safeguarding required updating. Staff training included other courses relevant to the needs of people supported by the service such as dementia awareness, skin integrity and skin pressure management and diabetes. Comments from staff about access to training and the quality of the courses were positive.

Is the service caring?

Our findings

People were cared for in a kind and compassionate way. A visitor described the service as "Kind, caring and safe". Another visitor said there was a "Caring culture" and this had been their main criteria when looking for a home for their relative. They felt St Margaret's had met this criterion when they chose the service and considered it continued to do so. People felt valued and recognised as individuals, telling us they were happy and content in the service. One person said, "Honestly, I wouldn't want to live anywhere else". Another person told us "All of the staff are wonderful. My care has been exceptional, in fact faultless, I couldn't have asked for better".

Staff were clear about how to treat people with dignity, kindness and respect. All of our observations were positive, staff used effective communication skills which demonstrated knowledge of people and showed them they were thought of as individual. For example, staff knew people's about interests, they spoke with people at the same level so it was easier to communicate with them or to understand what was being said. They made eye contact and listened to what people were saying, and responded according to people's wishes and choices.

Staff told people what they were doing when they supported them. They gave some people a narrative, such as your lunch has arrived, tell me what you would like to drink and would you like me to assist you. This respectfully helped people to make decisions and introduced orientation to any support they might need within the context of normal conversation. Staff were courteous and polite when speaking to people in private. They gave people time to respond and spoke in a way that was friendly and encouraged conversation.

Staff showed attention to the details of care, people's hair was brushed; they were helped with nail care, jewellery or make-up, or assisted with shaving. Clothes were clean. This helped to demonstrate that staff valued and respected the people they supported. Relatives confirmed they found staff knowledgeable about the support their relative needed. They commented that whenever they visited, people seemed well cared for and happy. People were supported to maintain important relationships outside of the service. Relatives told us there were no restrictions on the times they could visit the service, they were always made welcome and invited to events. Staff recognised people's visiting relatives and greeted them in a friendly manner and offered them drinks. Visitors told us they could speak to people in private if they wished and gave positive comments about how well staff communicated with them, telling us staff always contacted them if they had any concerns about their family members.

Staff spoke with us about the people they cared for with affection and were able to tell us about specific individual needs and provide us with a good background about people's lives prior to living at the service; including what was important to people. People were addressed by their preferred name and staff took the time to recognise how people were feeling when they spoke with them. For example, recognising and asking if people may be in pain and providing pain relief medication. Staff knew about people individually and chatted about things that were relevant to them. For example, previous jobs, former pets and where people used to live.

People's care plans showed that discussions took place at the time of admission to ask if their family members wished to be contacted in the event of any serious illness or accident. We saw where needed, this had happened. An advocacy service was made available to anyone requesting support, but particularly to people who could not easily express their wishes, or did not have family and friends to support them to make decisions about their care.

People's privacy and dignity was protected. Staff knocked on people's doors and tended to people who required support with personal care in a dignified manner. Care records were stored securely and information kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to underpin this.

Care plans contained specific information about people's wishes for end of life care. The service had signed up to work towards the Gold Standard Framework, a care ethos and working method aimed at providing the best standard of care for all people in the last years of life.

Is the service responsive?

Our findings

People told us they felt staff were responsive and supportive to their needs and were offered choice in all parts of their care. They felt confident about raising any concerns with the registered manager and were involved in discussions about their care plans if they wanted to be. One person told us, "I decide my own daily routine." Another person commented, "I like to stay in my room and keep my own company, staff pop in to see me or I can buzz them". A relative told us they were kept informed about their relatives' care needs and were actively involved in the development of their care plan. They told us, "Any blips in care were dealt with and resolved quickly and efficiently". People said they were happy with the range of activities. Some relatives acknowledged the difficulty in trying to engage people in activities. None of the relatives spoken with raised any concerns at all about the quality of care people received from staff. However, the service was not always responsive because some elements of care planning were not tailored to individual care needs.

Pre-admission assessments were completed from the outset and intended to ensure the service could meet people's individual needs. These included all aspects of their care, and formed the basis for care planning after people moved to the service. Each person had a care plan. Their physical health, mental health and social care needs were assessed and care plans developed to meet those needs. Care plans included information such as people's next of kin, medication, dietary needs and health care needs. However, we found guidance and information about care requirements was not always fully explained, making it difficult to know how some staff would manage care needs consistently. For example, there was no guidance provided to staff about how and when people's catheter bags should be emptied, what to do if blood was present in urine, the increased risk of urinary tract infections (UTIs), how to recognise a UTI, how this may affect people's mobility and cognitive abilities or how the catheter tube should be positioned to prevent risk of skin damage or compression of the tube, which may prevent adequate drainage. Discussion with staff and the registered manager and nursing staff found an understanding of catheter care; however, in the absence of clear instruction, care provided was at risk of staff interpretation rather than clear processes and individual requirements. Although there were few people requiring support with catheter care, a lack of clear instruction meant people could not be assured of consistency of care because individual care requirements had not been established.

Individual needs and preferences had not been established. The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This was a breach of Regulation 9 (3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were knowledgeable about people's conditions such as diabetes, and health care plans provided guidance about most high and low blood sugar level (BSL) readings and what to do in these circumstances. However, people who were living with diabetes can be susceptible to circulation problems in their feet and lower limbs. This can lead to loss of sensation, injury and infection. Diabetes can also place people at greater risk of serious eye problems, such as cataracts, glaucoma, and retinopathy (a disease of the retina). Although arrangements were in place for foot and eye care to take place, foot care in particular was not specifically linked to diabetic care needs. Recording of this day to day care would help to ensure any changes in condition were noted and acted upon.

We recommend the service adopt a best practice ethos to ensure health care plans are individually fully completed for each person in relation to their particular condition to meet published guidelines as set out by organisations such as Diabetes UK and the National Institute for Health and Care Excellence (NICE).

Care plans included information about people's personal hygiene care, moving and handling, nutritional needs, continence, sleeping, skin care, and pain management, as well as more personal information about if people needed help with dressing and undressing; when they liked to get up and go to bed, and preferences about their food, their clothes, and social activities. People's care plans were discussed with them and their family members if this was their wish. Care reviews were carried out each month and were up to date. The service operated a resident of the day system and all care records to do with that person were checked, reviewed and updated. This helped to ensure information remained current and care was person centred.

Changes in health or social needs were responded to. Short term care plans were written for people with acute conditions, for example, chest and urinary infections. Care plans identified if people could communicate their needs clearly and recognised how people living with dementia could suffer from confusion. There was information for staff on how to best communicate with people to maximise understanding and response. Staff spoke about the importance of understanding body language, posture and facial expression in communicating effectively with people as much as verbal communication. Throughout the inspection our observations showed people were cared for and supported in accordance with their individual wishes.

People told us they enjoyed the activities provided by a dedicated activity coordinator, describing them as enthusiastic and fun. Daily notes and evaluation recorded people's activities, their engagement and enjoyment of activities. This enabled staff to make meaningful evaluations and suggest changes if needed. Some activities were delivered on a one to one basis where this was more suited to these people's needs. Other activities were carried out with small groups of people. There was a good recognition of people's needs and ability to benefit or otherwise from group activities. A visitor told us their relative was not an activities person and did not like to join in with group activity sessions. Activities were wide ranging and included music, religious observance, singing and visiting dogs as well as quizzes and games.

The service had a complaints procedure, which was available to people and visitors to see. It was also included in the information given to people and their relatives when they moved to the service. The procedure was clearly written; it contained details of different contacts, but also encouraged people to raise any concerns or complaints with staff or the registered manager. The registered manager had an 'open door' policy and made herself available to people and their relatives, this was evident during our inspection. There was a system for people to write down any concerns or suggestions and staff told us how they would support people doing this.

Documentation showed that all concerns and complaints were taken seriously, investigated, and responded to within policy requirements. People were confident they could raise any concerns with the staff or the registered manager and said they would not hesitate to complain if they needed to. The service had received two complaints within the last 12 months, records showed they had sought to address the concerns raised, however, in one instance, it was clear the concerns raised had not been addressed to the satisfaction of the complainant. A folder of cards, compliments and thank you letters recorded expressions of gratitude to staff.

Is the service well-led?

Our findings

A registered manager was in post. People and visitors were complementary about the registered manager and staff, commenting positively about how approachable they were and describing the registered manager as dynamic. People and their relatives felt they were thorough when dealing with an issue and would ensure it was addressed quickly. People told us they felt all staff made time for them.

The registered manager and key staff undertook regular checks of the service to make sure it was safe and met people's needs. These included areas such as infection control, medicine management, pressure ulcer and wound care, nutrition, mobility and care plan quality. In addition a programme of monthly audits completed by the provider helped to support governance processes and reviewed the quality of life for people, the environment they lived in, care, leadership, operational processes and systems. Where checks identified concerns, action plans, timescales and accountable staff ensured they were addressed. However, the concerns identified during this inspection illustrated that the quality assurance measures in place were not fully effective. This was because they had not recognised or put measures in place to resolve areas where regulations were breached. These include the unsafe medicine practices in terms of a lack of guidance and recording around topical medicines and a lack of auditable process for some tablet medicines, incomplete processes to support Legionella policy requirements, a lack of records for mouth care and guidance about catheter care. Therefore, systems had not ensured continuous oversight of all aspects of the service because this inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place.

The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services and maintain complete records of care and treatment provided was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Established systems sought the views of people, relatives, staff and health and social care professionals. Regular meetings and a suggestions system ensured people and their families felt involved in the service and listened to.

Staff meetings occurred quarterly, were usually held in the evenings and included the whole staff team across all of the units in the service. Staff said it was not always possible to attend these meetings and that they were not always relevant to their work. However, they told us that more focussed meetings did take place on a day to day basis on their own units and that they found these more helpful and informative in relation to teamwork and supporting people. Any actions resulting from meetings were assigned to a member of staff to follow up and feedback.

There was a positive and open culture within the service. Staff told us they found the management at the service supportive and felt the staff team worked closely. A member of staff commented, "There is a genuine open door policy. You can discuss any ideas or concerns and they encourage suggestions". Other staff told us, "We have a good staff team here, we all work well together, it's positive for us and for the people we support". Throughout our observations it was clear that there was a good team work ethic and staff felt

committed to providing a good quality of life to people. All staff we spoke to told us they felt they all worked well as a team and enjoyed working at the service.

The Registered Nurses felt wholly supported by the management team, including the re validation requirements made by The Nursing and Midwifery Council (NMC) for Registered Nurses, to continue practicing as a registered nurse. They felt there was an inclusive culture where they could raise concerns, make suggestions on improvements and they would be listened to. The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection.

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
Diagnostic and screening procedures	The provider had not ensured care and treatment was person centred to meet with people's needs and reflect their preferences.
Treatment of disease, disorder or injury	Regulation 9 (1)(a)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had not ensured medicines were properly managed; arrangements were not fully implemented to safeguard against the risks of Legionella and practices did not always follow planned care and treatment pathways to mitigate risk.
Treatment of disease, disorder or injury	Regulation 12 (1)(2)(b)(f)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not ensured systems or processes were operated effectively to assess and improve the quality and safety of the services provided; or operated effectively to ensure complete, contemporaneous records were kept for each service user; including a record of care and treatment provided.
Treatment of disease, disorder or injury	Regulation 17(1)(2)(a)(c)

