

Orchard Care Homes.com (5) Limited

Norton Lees Lodge

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



Overall summary

This inspection took place on 27 October 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service was last inspected on 21 August 2013 and was meeting the requirements of the regulations we checked at this time.

Norton Lees Lodge is a residential service that provides care for up to 40 people. It is a purpose built care service. At the time of our inspection 40 people were living at the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There was a friendly atmosphere in the service. People spoken with told us they were satisfied with the quality of care they had received and made positive comments about the staff. Relatives also made positive comments about the care their family members had received and about the staff working at the service.

Our observations during the inspection told us that there were not sufficient staff deployed to meet people's needs.

Summary of findings

Relatives spoken with also felt that an additional member of staff particularly at meal times would ensure people's needs were being met. This reflected the feedback received by the staff in the provider's latest monitoring report.

We found examples where people did not have access to calls bells because a call bell lead was not in place. The registered manager confirmed these should have been present and could not account for why they were not there.

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

People told us they felt safe and were treated with dignity and respect. Staff told us that they had received safeguarding training and knew about the different types of abuse and the procedure to follow to report any concerns.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People had a written care plan in place. We found some people's individual risk assessments had not been completed correctly, which meant identified risks may not be managed effectively. There was evidence of involvement from other professionals such as doctors, dentists, district nurses and speech and language practitioners in people's care plans.

People made positive comments about the food. Preferences and dietary needs were being met. However, we found people could not access fluids easily in their room as we saw people did not have a jug of water and a cup in their room. The registered manager confirmed these should have been present and could not account for why they were not there.

Staff told us they enjoyed caring for people living at the service. Staff were able to describe people's individual needs, likes and dislikes. Staff told us they felt supported, we found that staff had received regular supervision.

Some people had personalised their rooms and they reflected their personalities and interests. We found the level of daytime activities at the service required improvement. The registered manager told us that a new activities coordinator had been appointed.

The provider had a complaint's process in place. A relative spoken with told us their concerns about the laundry had been listened to and addressed by the registered manager.

Resident and relatives meetings took place so people had opportunities to feedback about the service and suggest improvements.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified. There were systems in place to monitor and improve the quality of the service provided. However, we found the checks on care plans required improvement.

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

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 always safe.

We found there were not sufficient number of staff deployed to ensure people's needs were met in a timely way.

People told us they felt "safe". Staff were fully aware of how to raise any safeguarding issues.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

Requires improvement



Is the service effective?

The service was effective.

Staff received induction and refresher training to maintain and update their skills. There was a system in place to ensure staff were provided with appropriate support to enable them to carry out their duties.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

Good



Is the service caring?

The service was caring.

People and relatives made positive comments about the staff. People told us they were treated with dignity and respect. The staff were described as being friendly and approachable.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Good



Is the service responsive?

The service was not always responsive.

The arrangements in place to ensure preventative measures were followed required improvement. Some people living at the service did not have a call bell lead in place so they could call for staff assistance.

The provision of daytime activities to promote people's wellbeing required improvement.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

There were regular checks completed by the provider to assess and improve the quality of the service provided. However, our findings showed that some of the checks were ineffective in practice.

Relatives and people spoken with knew who the registered manager was and knew they could speak with her if they had any concerns.

Staff made positive comments about the staff team working at the service.

Requires improvement



Norton Lees Lodge

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 checked 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 27 October 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by a specialist advisor and one expert by experience. The specialist advisor was a registered nurse who had experience in caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 21 August 2013 and was meeting the requirements of the regulations we checked at that time.

Before our inspection we reviewed the information we held about the service and the provider. For example,

notifications of deaths and incidents. We also reviewed the Provider Information Return (PIR). The PIR is a pre-inspection questionnaire which helps us plan our inspection of the service. We also gathered information from health care professionals who had visited the service, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with 12 people living at the service, four relatives, the operations manager, the registered manager, the deputy manager, three care workers and activities coordinator. We looked around different areas of the service; the communal areas, bathroom, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: four people's care records, people's medication administration records, three staff files and records relating to the management of the service.

Is the service safe?

Our findings

People spoken with told us they felt “safe” and had no worries or concerns. One person commented: “never been nasty to me, the people [staff] are lovely here”. Relatives spoken with felt their family member was in a safe place. Relatives comments included: “I have never heard the staff raise their voice with any of the residents”, “I do not have any worries at all”, “she’s [family member] absolutely safe, I have no complaints” and “I visit mum most days, just sit here with her and the door’s open mostly so I listen to how they [staff] talk in the corridor. I’ve never heard them be nasty with anyone, there’s no bad temper”.

People who lived at the home did not express any concerns about the staffing levels. Whilst speaking to people in their rooms we noticed that they did not have access to a call bell so they were unable to comment on whether staff responded to their calls for assistance. Relatives spoken with made very positive comments about the staff. However, they felt that an additional member of staff would make a difference for each floor as it would ensure people’s needs were being met, particularly around meal times. Relatives comments included: “could do with one more staff member, staff are often very tired and busy. They never say anything but I see it” and “some days doesn’t seem like enough staff, depends how bad it is, I mean if there are many agitated people”. Our observations during the inspection showed that there were not sufficient staff deployed to meet the needs of people living at the service in a timely manner. For example, we saw that staff were stretched at mealtimes in the dining room on the ground floor and people would have benefitted from more supervision and/or assistance. Whilst other people were eating one person who required assistance to eat had to wait until a staff member was available to support them to eat.

We reviewed the provider’s quality monitoring reports completed in August and October 2015. We saw that the staffing levels had been reviewed; the staffing levels verses the number of people living at the service. We saw the level of people’s dependency was not included as part of review. For example, a person who needed two care workers to assist them with their personal care had a higher dependency level than a person who could independently dress themselves. The August 2015 report stated that 37 people were living at the home. The October 2015 report

stated there were 40 people living at the home. We saw the level of staffing had remained the same. We noted that concerns raised by staff regarding staffing levels had been recorded in the quality monitoring report in October 2015. The staff feedback recorded in the report included the following: ‘she loves her care role but feels that the carers are constantly rushed off their feet and never get any quality time to spend with residents and just chat with them’, “staff are busy and stressed” and “not doing her job as there is not enough time in the day”. This reflected the feedback we received from staff during the inspection and our observations.

We found the provider had not ensured that a sufficient numbers of staff were deployed to meet people’s needs in a timely manner. These findings evidenced a breach of Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014

The registered manager had a process in place to respond to and record safeguarding vulnerable adults concerns. Staff received training in safeguarding vulnerable adults. It was clear from discussions with staff that they were aware of how to raise any safeguarding issues and were knowledgeable about the different types of abuse.

The registered manager showed us the provider’s software management system to manage people’s personal allowances. We checked a sample of the personal allowance transactions against the receipts received from the chiropodist and the hairdresser. We found they had been recorded correctly. We also checked the balance of three people’s monies. We found the cash balance for each person to be correct. We found there were satisfactory arrangements in place to record people’s financial transactions to safeguard people using the service from financial abuse.

We looked at the care records of people who used the service. Although people had individual risk assessments in place so that staff could identify and manage any risks appropriately. We found a few examples where the person’s risks had not been assessed correctly. The purpose of a risk assessment is to put measures in place to reduce the risks to the person. We shared this information with the registered manager and operations manager.

We received positive feedback from a local GP on the service’s management of medicines; staff ensured the

Is the service safe?

specific directions for administering a medication were followed. Staff informed the GP if a person was refusing or unable to take medication so appropriate action could be taken.

We looked at the systems in place for managing medicines at the service. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MAR).

We reviewed the arrangements in place to manage controlled drugs. We saw that controlled drugs were being stored correctly. We looked at the controlled drugs records and found them to be in good order.

We found there was a “protocol” in place, for all medicines prescribed as “when required”. The protocol was to guide staff how to administer those medicines safely and consistently. We saw that measures were in place to ensure weekly medications were given as recommended, such as Alendronic Acid.

We found that a few medicines were not always stored safely. We found that two people’s prescription for thickener were not being stored securely. Tins of thickener should be stored away safely as they present a risk to people if the contents are swallowed. During the inspection the two tins of thickener were stored securely. We spoke with the registered manager who told us they would speak with staff to ensure the tins were always stored securely.

We found the arrangements in place to ensure that medicines which were past their expiry date were disposed of in a timely manner could be improved. For example, we

noted that medicines being stored in the fridge for three people had expired and had not been disposed of. We shared this information with the registered manager and operations manager.

During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal areas. The communal bathroom and toilets were clean and tidy.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, interview records, references including one from the applicant’s most recent employer, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This told us that people were cared for by suitably qualified staff.

We saw evidence that regular checks were undertaken of the premises and equipment. For example, bath hoist checks, PAT testing, pressure cushion checks and wheelchair checks. There were also a range of checks completed on the fire system on an annual basis. For example, fire risk assessment had been completed in July 2013 and November 2014.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible.

Is the service effective?

Our findings

People spoken with told us they were very satisfied with the quality of care they had received. Their comments included: “very happy here, you are not on top of each other, I like watching the trees through the window”, “it’s alright here”, “I think it’s very good here I can’t fault it”, “if you want ask them [staff] anything they’re okay” and “they [staff] look out for everybody – got eyes in the back of their head”.

All the relatives spoken with told us they were satisfied with the quality of care their family member had been provided with and were fully involved. Their comments included: “they [staff] always keep me up to date – they’re on the ball. [family member] has been seen by the dentist and the optician, the staff know her”, “they [staff] get things in I want [family member] to have [food item], if they don’t have it in they will get it for her”, “I would recommend it [service]”, and “I have recommended it to others”.

In people’s records we found evidence of involvement from other professionals such as doctors, dentists, opticians, district nurses and speech and language practitioners. We contacted the local GP, they made very positive comments about the quality care at the service. The GP described how all the people receiving a particular treatment had a dental check up in the last six months. This particular treatment presented a risk of osteonecrosis of the jaw so it was important to ensure these people had regular dental care.

Staff spoken with were aware of the people who needed a specialised diet and/or soft diet. This told us that people’s preferences and dietary needs were being met. People could choose to eat their meals in the dining room or in their room. We received positive comments about the quality of the food at the service. People’s comments included: “foods very good”, “food’s quite good” and “I like my dinner”. Relatives spoken with were satisfied with the quality of food provided. One relative suggested the menu was reviewed as it was reminded them of school dinners. There was a board displaying the day’s menu and names of staff in very faint felt tip in the ground floor dining area. We noted there was no picture menu. The registered manager told us they were in the process of printing off pictorial menus to go alongside the written winter menu.

During the inspection we observed the arrangements in place at lunch time on each floor of the service. We saw the

environment within the dining room in the ground floor was not conducive to providing support to people. The volume of the music was so loud that people were talking more loudly in order to be heard. We saw one person was unable to hear due to the noise to enable them to hear the choices of meals available. Due to staffing levels within the dining room we saw that people had to wait for staff to become available if they required support with eating. In the first floor lounge, the volume of the background of the music was appropriate and conducive to eating. During the meal time one person was very agitated and we saw staff providing reassurance. The person was unstable whilst walking alone and we saw staff were very quick to go to their assistance when they tried to stand up. When the person chose to sit at the table we observed a staff member helping them to eat, offering a spoonful at a time. The person eventually chose to return to the sitting area. Whilst providing this ongoing support to the person staff did their best to continue with the lunch time serving.

All the staff spoken with told us that they felt supported by senior managers working at the service. The registered manager had a supervision and annual appraisal schedule in place for staff. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. This showed that there was a robust system in place to provide staff with appropriate support to enable them to carry out their duties required improvement.

We reviewed the services training summary and three staff records. We saw that staff received training across a number of areas including, dementia awareness, diet and nutrition, fire safety awareness, food safety, medication, moving and positioning and safeguarding adults at risk. We saw there was a process to highlight when staff training was due for renewal or had expired. Our findings during the inspection showed that care staff would benefit from receiving some specialised training. For example, training in pressure care and diabetes. We also found that staff required training on how to complete assessments tools correctly. For example, the Malnutrition Universal Screen Assessment (MUST). We shared these finding with the registered manager and operations manager. The registered manager informed us that the deputy managers at the service were due to attend training on pressure care

Is the service effective?

which was being delivered by the district nurses. The deputy managers would then cascade the training down to the rest of the care staff. They also informed us that they were arranging for staff to attend end of life training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. 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 found conditions on authorisations to deprive a person of their liberty were being met.

Staff received training in MCA and DoLS. The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. The provider had policies and procedures in relation to the MCA and DoLS. The service was aware of the need to and had submitted applications to the DoLS supervisory body who are the responsible body to consider and authorise where they deem it necessary that any restrictions in place are in the best interests of the person. Our discussions with staff told us that staff had gained a good understanding of MCA and DoLS.

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Is the service caring?

Our findings

In the reception areas of the service there was a range of information available for people and/or their representative. This included: Healthwatch, Orchard newsletter, Service User Guide Alzheimer's Society, the complaints procedure and MCA and DoLS. Details of the service's two dignity champions and the Sheffield dignity code were also displayed in the reception area. One relative described to us how they had visited several care homes before deciding on this service. They told us they had received a very good information pack about the service.

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "carers are very good, men are too, they treat you very well", "with people [staff] like her you can't be miserable", "they're [staff] very helpful. I've not been in many care homes but I think this one is very good" and "no danger in here they're [staff] nice people. They are lovely girls".

We saw people could choose where to spend their time. People told us they could choose to get up and go to bed when they wanted. One person commented: "nobody tells me when to go to bed". People could choose where they would like to eat their meals. For example, one person told us they liked to have their meals in their room. Another told us they like to have breakfast in their room and lunch in the dining room.

Relatives spoken with also made positive comments about the staff. Their comments included: "I think they [staff] do an amazing job, how they treat mum is really good", "it's a great home, the staff are great, I think they're fantastic" and "there's a nice set of staff" and "they're [staff] very caring, they have a vocation almost".

We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way. We saw that people responded well to staff and they looked at ease and were confident with staff. It was clear from our discussions with staff that they enjoyed caring for people living at the service. Staff spoken with were able to describe people's individual needs and people's likes and dislikes.

We also received positive feedback from a local GP and a district nurse regarding the staff working at the service. The GP felt the deputy manager really cared about the people living at the service and would go the extra mile when necessary.

We saw the service worked closely with the local GPs to provide end of life care to ensure people had a comfortable and dignified death. The GP told us that staff monitored the person consistently, to keep them comfortable and alerted them if there were any changes. The district nurse told us the staff were 'really caring' and they had so much compassion and that the end of life care provided was really good.

Is the service responsive?

Our findings

People told us they received care and treatment from external healthcare professionals when required. Relatives spoken with also told us that staff were very responsive when their family member's needs changed. One relative commented: "they [staff] always get the GP in as necessary" and "when [family member] went to hospital a staff member came to the hospital with me, beyond her working hours".

We received very positive feedback from the local GP regarding the quality of care being provided at the service. They told us staff developed a good rapport with the people living at the service and easily adapted to their different needs. Staff were knowledgeable about people and could easily identify when something was different or not quite right with a person and would contact the person's GP. They also said that staff were good at determining who may need a nursing assessment. The local GP told us that staff built good relationships with the next of kin and kept them informed of any concerns or changes and that people's next of kin were involved in care plan reviews.

Some people living at the service on occasion had behaviour that could challenge others. The GP said the staff dealt with this behaviour professionally and contacted them immediately if there were any concerns. The GP told us the staff were good at distinguishing between an acute change and more of a chronic picture.

We also spoke with a district nurse who was part of a team of district nurses who regularly visited the service. The district nurse made positive comments about the staff and said they were 'really caring'. However, the team had general concerns around the level of training staff had received regarding pressure care and the need for appropriate preventative measures being followed. For example, people who had grade 1 pressure damage that had become grade 2 pressure damage and then back to grade 1. They also said that staff would benefit from further training on Diabetes. For example, blood sugar levels.

People's care records showed that people had a written plan in place with details of their planned care. People's individual needs had been assessed and any risks identified. We found people's care plans and risk assessments were reviewed regularly and in response to

any change in needs. However, we found a few examples where the person risks had not been assessed correctly. For example, we reviewed one person's waterlow risk assessment completed on 9 October 2015. The person was scored as having a high risk of developing pressure areas. We found this did not take into account the person's build or that the person was living with dementia. Adding in these factors the person should have been scored as having a very high risk of developing pressure areas. We saw the person's care plan dated 8 October 2015 would benefit from being rewritten to take into account the present level of risk. For example, the care plan stated that the person required a pressure mattress/cushion but did not state the type or the setting.

We also reviewed the person's MUST tool; this had not been scored correctly so staff had not recognised that the person was actually at a higher level of risk. During the inspection we checked to see if the person had been repositioned during the day and they had been positioned correctly to ensure their feet were elevated. We checked the person's position several times during the day. For example, the last check was completed at 4:50pm we saw the person's position had not changed and still not been positioned correctly. We reviewed the person daily repositioning charts and found the last entry was on 26 October 2015 at 6:30pm. This showed appropriate preventative measures were not being followed by staff. We shared these findings with the registered manager and the operations manager.

We found that a call bell lead was not available in people's rooms to enable them to call for assistance. We visited seven unoccupied rooms and saw that a call bell was not fitted to the outlet. We also spoke with three people in their rooms; we saw that a call bell on a lead was not available so it could be positioned by them so they could call for staff assistance. One of the people was sat in their chair with their walking frame in front of them. One person told us they would use a call bell if they had one and asked us to ask staff to bring them a cup of tea. We spoke with the registered manager, they confirmed these should have been present and could not account for why they were not there. They told us they had recently ordered some call bell leads. During the inspection the registered manager provided the three people with a call bell lead. They

Is the service responsive?

assured us that each person would have a call bell lead available to use unless it presented a risk to the person. Regular checks would be undertaken to ensure these were available for people to use.

Whilst visiting people in their rooms we noted that there were no jugs of water and glasses available in people's rooms. It is important that people have access to drinks to enable them to maintain good hydration levels. We spoke with the registered manager, they confirmed these should have been present and could not account for why they were not there. They assured us that each person would have fluids available in their room.

These findings evidenced a breach of Regulation 9 Health and Social Care Act (Regulated Activities) Regulations 2014

Throughout the inspection there was a calm and friendly atmosphere within the service. We saw there was a reminiscence board and activities board. We noted that there was no orientation boards displaying the date and weather. In the downstairs lounge we saw that there were two big wall clocks displaying the correct time but the two carriage clocks on the mantelpiece were not working. It is important that clocks are set at the right time to support people living with dementia to orientate themselves. We also noticed in people's rooms that some people's clocks were set at the wrong time or not working. For example, one person had left a small clock in their bed but we saw that the time had stopped. We noticed the lighting in some

areas of the service could be improved for people living with dementia; improved lighting can reduce falls, depression and sleep disorders, and improve independence and general health.

During the inspection we saw the activities listed on the board for that day of the week were not being provided. We spoke with the registered manager who told us that the activities board was being reviewed as a new activities coordinator had just started working at the service. We spoke with the activities coordinator, who told us they were working four days a week, from 10 to 3 pm. They told us they were spending time with individual people and getting to know them. They also told us they provided a gardening club, arts and crafts, games and films. During the inspection we noted the activities coordinator was being utilised to provide additional staff cover at lunch times rather than providing activities.

People spoken with told us they did not have any concerns or complaints and if they did they would speak with staff or a family member. A relative spoken with told us their concerns about the laundry had been listened to and addressed by the registered manager. Another relative told us they had no hesitation in talking to anyone if they were worried or concerned about anything. The complaints process was on display at the service. We found the service had responded to people's and/or their representative's concerns, investigated them and taken action to address their concerns.

Is the service well-led?

Our findings

People knew who the registered manager was and that they could ask to speak with them if they had any concerns. All the relatives spoken with made positive comments about the management of the service. One relative said “as soon as we came here, we felt she [manager] cared, she is very involved and down to earth”.

We also received very positive feedback from a local GP regarding the senior management within the home. They thought the management was superb and the team working at the service needed congratulating. The manager had a down to earth yet professional manner with people and families. There was a good working relationship with staff and a good system of communication with staff and the local GPs.

All staff spoken with made positive comments about the staff team working at the service. We reviewed the minutes for the staff meeting completed in July 2015. A range of topics were discussed including MCA and DoLS, activities, new staff appointments and changes with the service.

There were planned and regular checks completed by the senior managers within the service to check the quality of the service provided. The checks completed at the service included: medication audits, nurse call bell checks and care plan audits. One of the provider's senior managers regularly assessed and monitored the quality of service provided at the service. We reviewed the quality monitoring audits completed in August 2015 and October 2015. The audits completed covered a range of areas including: staffing levels, staff recruitment, staff concerns and

feedback, medication management, infection control, premises safety, accident statistics, falls analysis, staff training, staff supervision, MCA and DoLS, quality of food, complaints, care plans and notifiable incidents. The audits also included a discussion with people living at the service, relatives and visitors. An action plan was produced for staff to complete with a timescale for each audit. However, our findings during the inspection showed that some of these checks were ineffective in practice and required improvement. For example, the system in place to check there were sufficient number of staff deployed to ensure people's needs were being met in a timely manner and checks on whether people could readily access fluids and a call bell in their rooms.

The service held resident and relatives meetings. We reviewed the minutes of residents and relatives meetings completed in February and July 2015. At the start of each meeting an update of the action taken since the last meeting was provided. For example, in the July meeting, the action taken in the laundry, DoLS application and recruitment. We saw that these meetings were attended mostly by relatives rather than people living at the service. A range of topics were discussed at the meeting which included: activities, key worker role, fixtures and fittings and refurbishment plan. One relative spoken with told us that there were regular relatives meetings and that they received a notification through the post. They also told us they had received a questionnaire.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured the people received care and treatment that was appropriate and to meet their needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to ensure that there were sufficient staff deployed to meet the needs of people.