Complete Care Homes Limited

St Bernadettes 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 August and was unannounced. St Bernadettes Nursing Home is part of the Complete Care Homes group. It is set over three floors, with two lifts available to access different areas of the upper floors. It provides accommodation and nursing care for up to 27 older people, some of whom may be living with dementia. At the time of our visit there were 22 people living at the service.

At the last inspection in May 2014 we asked the provider to take action to make improvements (for example; the staffing levels and maintenance of equipment and records), and this action had been completed when we undertook a follow up inspection in September 2014. You can read the report from our last inspection, by selecting the 'all reports' link for St Bernadettes Nursing Home on our website at www.cqc.org.

There was a registered manager at this service. 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.

Two of the bathrooms at the service were in a poor state of repair, with cracked tiles and flooring that was not sealed. Therefore making it difficult to clean thoroughly. The ground floor shower room had a malodorous drain. These factors meant the premises and equipment was not clean or properly maintained.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

The service ensured that staff were recruited safely and they been through an induction process, whereby they shadowed more experienced workers before working independently. Staff had received training that gave them the skills to protect people from harm and they knew how to report any concerns they had regarding safeguarding.

Regular staff meetings were held and staff received appropriate supervision. They told us they could raise any concerns they had and discuss their development with their manager in an open manner.

Relatives and people spoke highly of the staff and we found that they were knowledgeable about the people they cared for and had received appropriate training to support them effectively. Staff worked within the principles of the Mental Capacity Act 2005 and we saw that they demonstrated a caring approach to people. Staff respected peoples' confidentiality and privacy and asked for consent before they gave care and support.

Healthcare professionals made positive comments about the service and told us that staff listened to and followed their advice and guidance. People were offered clear explanations, by staff, when they required information and were encouraged to make their own decisions and to be as independent as they wanted to be.

People were supported to eat and drink enough and had access to healthcare services when necessary. Care plans showed that staff followed the guidance of healthcare professionals.

Activities were in place that people enjoyed. The service was developing further activities based on feedback from people and discussion around new activities that could be implemented.

Care plans contained information about people's lives, their interests and preferences, which gave staff information about people as individuals.

Complaints were dealt with appropriately and recorded. Actions were taken by the registered manager to respond to the person making the complaint. The responses addressed the issues and resolved them in a positive manner. Where necessary the service made improvements to make sure issues were addressed and lessons learned.

Audits were carried out regularly to monitor and review any areas for improvement. The results of audits were not consistently acted upon to improve the quality of the service. Although audits had been completed issues had not been identified and improvements had not been made effectively.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

Staff told us they felt supported and that the manager was approachable. They told us their views were listened to and they were kept informed of developments within the service. Feedback from people, staff and relatives was used to review and monitor the quality and the service. People, professionals and relatives told us they were confident to talk to the manager and that the service provided good quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Two of the bathrooms and one shower room were in poor condition. They were not clean or properly maintained.

Staff had been recruited safely.

Staff knew how to protect people from harm and report any concerns they had regarding safeguarding.

Medicines were administered safely to people as prescribed.

The service had risk assessments in place to ensure people were supported safely.

Is the service effective?

Good

The service was effective.

Staff received training to provide them with the knowledge and skills to care for and support people.

The service had made appropriate applications for Deprivation of Liberty Safeguards (DoLS) authorisations.

Staff asked for consent from people before care and support was given.

Is the service caring?

Good

The service was caring.

People made positive comments about the approach and attitudes of the staff caring for them.

Staff were patient and kind when giving people care and knocked on people's doors before entering their rooms.

Relatives felt welcomed at the service and could visit when they wanted to.

Healthcare professionals made positive comments about the care the service provided.

Is the service responsive?

Good

The service was responsive.

Care plans contained information about people's lives, their interests and preferences, which gave staff information about people as individuals.

Activities were available for people and these were reviewed and developed by the activities coordinator.

People and relatives were confident to make complaints and the service had dealt with them in an effective manner, resulting in positive outcomes.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits and feedback were used to monitor the quality and development of the service. However, areas that required improvement had not been identified through an environmental audit and the premises and equipment had not been maintained appropriately.

Everyone we spoke with said they were confident to talk to the manager openly and that communication with them was good.

Healthcare professionals we spoke with made positive comments about the service.

St Bernadettes 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 registered 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 15 August 2016. The inspection was unannounced and was undertaken by two adult social care inspectors. Prior to our inspection we reviewed all of the information we held about the service and considered information which had been shared with us by the local authority. Prior to the inspection we had also received a Provider Information Return (PIR) from the service. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information on the completed PIR to help us plan the inspection, support our judgements and also gathered information we required during the visit.

On the day of our visit the registered manager was not available. An acting manager was in place and assisted with the inspection. During the inspection we spoke with seven people who used the service, three visitors, six members of staff, two visiting health and social care professionals, the acting manager and the general manager.

We looked at several areas of the home, including the kitchen, laundry room, bathrooms and some people's bedrooms. We spent some time observing care in the lounge and dining room areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not share their experiences with us. We also observed the lunchtime experience and interactions between staff and people who used the service.

We reviewed four people's care plans and associated documentation. We observed medication being administered and checked the medication administration records (MAR). We also looked at the recruitment, training and supervision records of four members of staff.

We reviewed documentation, which included records relating to the management of the service; for example policies and procedures, audits and staff duty rotas.

Requires Improvement

Our findings

People and relatives we spoke with told us that they felt safe at St Bernadettes Nursing Home. One person told us, "I'm safe and well looked after." Another person said, "They [staff] respond quickly if I have to press by alarm and I have it beside me all the time. If I need help moving, they [staff] all do it safely."

However, when we observed and reviewed the health and safety of the premises, we found some areas of the home which were potentially unsafe and presented a risk of infection to people. Two bathrooms had cracked tiles and floor covering that was not sealed, which was unhygienic and presented a risk to people. A sign on the wall in both bathrooms gave instructions not to flush paper towels or wipes in the toilet, stating it could cause a problem with 'sewage' in the drain in the ground floor shower room. The acting manager told us that this had been a problem in the recent past and that staff were now only flushing toilet paper down the toilet. The acting manager also told us that the ground floor shower room was used by all the residents because they preferred to have a shower rather than use the bath.

On inspection we found that the shower room drain was malodorous and the extractor fan in the room did not work. The general manager took immediate action to resolve the problems with the drain and the broken extractor fan rectifying both issues during the day of our visit. The acting manager told us there were plans in place to renovate the bathrooms and change the use of some of the rooms to wet-rooms and that this work was due to commence early September. However, people could not use the two bathrooms and they were not clean and suitable for purpose or properly maintained.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment.

We saw there were safeguarding policies and procedures in place. Staff had received safety related training, including safeguarding adults, fire safety, moving and handling, food safety and first aid. A staff member we spoke with told us, "We make sure that we know how to use the equipment safely and we have the right training." A visiting healthcare professional told us, "I have seen them [staff] using hoists and they know what they are doing and can use them properly." We saw the training schedule and it confirmed the dates training had been completed and recorded when updates were required, to maintain the consistency of appropriate training for staff. This meant that staff had the training to provide them with the knowledge and skills to deliver safe care and support to people.

All of the staff we spoke with told us they had received safeguarding training and their training records

evidenced this. Staff were able to tell us about the different types of abuse and what action they would take if they were concerned. One staff member said, "I would always go to my manager if I suspected anything, or heard or saw anything I felt was abusive." A professional we spoke with told us, "It is safe here. I have never seen any abusive behaviour or anything that has caused me concern."

A whistleblowing policy was in place that provided staff with guidance about who they could contact if they had any concerns about practices which might place people at risk of harm. None of the staff we spoke with had ever needed to raise concerns and they were all confident that if they did, they could rely on the acting manager or registered manager to take the appropriate action.

Risk assessments were in place to ensure people had the support they needed, should there be an emergency event within the service. The service had a fire safety policy and a building risk assessment had been completed. The fire alarm and emergency lighting were tested regularly. Care plans contained personal emergency evacuation plans (PEEPs). These are documents that record the assistance a person would need to be evacuated from the premises, including the level of assistance they would require from staff, giving staff guidance on how to support them.

Risk assessments were present in peoples' care plans and included manual handling, falls, the use of bed rails, nutrition and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with guidance and information on how to manage and minimise risks and provide people's care safely. However, we found that where people did not want to be weighed, they were not offered an alternative method of assessing their weight. We discussed this with the acting manager who told us they would immediately use an available alternative, by measuring the mid upper arm circumference, so they could continue to monitor any related risks and needs. Despite this, we found that appropriate referrals had been made when required to the Speech and Language Therapy (SALT) team and dieticians and we saw that related guidance for staff was in care plans. The malnutrition universal screening tool (MUST) was used to determine whether or not people were at risk of malnutrition and their dietary and fluid intake was recorded. This indicated that risks to people's health were identified and appropriately managed and reviewed by the service.

Some people were being cared for in bed at the time of our inspection and the care plans we reviewed confirmed that the risk to peoples' skin integrity and pressure areas were being reviewed regularly. However, some people used pressure relieving mattresses and there was not a clear record of the setting each mattress should be maintained at. We asked the acting manager to reassess the pressure relieving mattress settings for everyone who had one in place at the time of our inspection. They confirmed that the day after our visit that they had done this and implemented a checklist in each room to ensure the accurate settings required could be monitored and were visible to staff. We considered that the prompt response to this request mitigated the risk of harm to people.

Accidents and incidents were recorded appropriately and referrals to professionals were completed. For example, one care plan we viewed contained detailed information regarding falls and how the service had responded. We found that body diagrams that detailed any injuries were present in care plans, along with risk assessments and guidance for staff.

People told us there were enough staff and one person said, "I never miss out, even when staff are sometimes off sick. They manage to work it out between them." Staff we spoke with told us, "We can be busy at times, but there are enough staff and we always support each other." And, "We've had a problem with sickness lately, and managers are doing what they can to employ more staff. It's one of those things with every workplace." We asked the acting manager how they manage staffing levels and they told us they

considered the needs of the people in the home and the layout of the premises to assess the staffing levels required. When we reviewed the staff rota we found that there were five carers and one qualified nurse on duty in the morning, four care workers and one nurse in the afternoon and two care workers and one nurse during the night. The home also employed a handyman, a cook, cleaning and laundry staff and two activities coordinators.

The acting manager explained that they had advertised to recruit one part-time cook, one domestic staff member and three care workers. The additional staff would allow for more effective cover during holiday and sickness absences. Information provided by the service prior to the inspection had also identified that the service aimed to reduce the amount of 12 hour shifts staff worked and the provision of additional staff would address these areas effectively. The staffing levels allowed for enough staff to provide appropriate care and support to people to keep them safe.

The staff files we reviewed showed that staff had been recruited safely with the take up of references and checks carried out by the Disclosure and Barring service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with certain groups of people. This meant that the home had taken steps to reduce the risk of employing unsuitable staff.

We observed medicines being administered safely to people and the staff member was courteous and patient. Nursing staff were responsible for administering medicines and they ensured people had taken their medication before the Medicine Administration Records (MAR) was signed. The (MARs) were up to date and reflected the medicines given. The controlled drugs (CD) were appropriately managed and stored securely. CD's are medicines that have strict legal controls to govern how they are prescribed, stored and administered. Some medication was administered from blister packs using the Monitored Dosage System (MDS) and medicine that needed to be stored in a fridge was done so safely, with fridge temperatures recorded and within the required ranges. We completed a check of morning and afternoon medicine administration that had been recorded on different days and the records correctly reflected the amount of medicine that remained in stock. Medication and medicine storage audits had been completed recently and recorded appropriately. This meant that people received their medicine safely and as prescribed by appropriately trained staff. One person told us, "I get my medication as I should; they [staff] are very good with it." Care plans we reviewed contained details of peoples' medication requirements and records were updated when changes in medication took place.

Good

Our findings

People we spoke with made positive comments about the skills and knowledge of the staff that supported them. One person said, "Staff are trained to look after me properly." Another person told us, "They [staff] are very good to me and I can't fault the care I get." A relative we spoke with told us, "The staff are supportive and professional."

When we spoke to staff about starting work at the service and they told us they completed a period of induction and shadowed more experienced workers before they started to deliver care and support to people independently. This was confirmed when we reviewed staff files. Staff had also signed forms confirming they had read and understood the staff handbook and the service policies and procedures. This meant that staff had been inducted appropriately to fulfil their role.

Staff told us they felt supported by the manager and that they had access to regular training and supervision. Supervision is an opportunity for staff to discuss any training and development needs or any concerns they have about the people they support. It is also a chance for their manager to give feedback on their practice. Supervision took place regularly and the records we saw were detailed and recorded that discussion had taken place around areas including, workload, concerns, training, achievements and new ideas and development. One staff member we spoke with told us, "The manager is very good and we are all supported in our roles. I share my knowledge from courses with my colleagues and we all support each other." And, "I have a nursing mentor, who does my supervision with me and I am keen to develop. I have just done a leadership and management qualification."

Staff had access to on-line courses from an external training provider that included safeguarding adults, caring for people living with dementia and administration of medicines. We reviewed the staff training schedule and staff had received training including first aid, Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act and moving and handling. A professional we spoke with told us, "Staff here are good; they know what they're doing. They are well-trained and competent."

Appraisal meetings for staff took place regularly and had been completed in May and June 2016. They were recorded and reviewed appropriately and included areas discussed including, challenges in the role, what has gone well, training and development, short or long term career plans and feedback from the registered manager. Staff confirmed that they were confident to talk to the registered manager and made positive comments including, "I can talk to my manager and I know I am listened to." This meant that staff were supported by the registered manager to raise concerns, review their practice and development needs to

allow them to deliver effective care and support to people.

We observed that staff had the ability to communicate with people effectively. They were patient, encouraging and calm in their manner, offering reassurance to people and interacting with them in a positive way. One staff member told us, "We have used different communication methods, for example a board to write on and pictures for a person to point to. We will make a referral to the Speech and Language Therapist (SALT) if the person needs support." Staff explained that they knew what people were telling them by getting to know them and being aware of their communication support requirements. For example using body language and facial expressions. Care plans confirmed that communication assessments had been completed and guidance for staff detailed the needs and preferences of people. A relative we spoke with said, "Although [relative's name] cannot communicate as well as they did, I can sense they are happy."

The staff we spoke with demonstrated an understanding of The Mental Capacity Act 2005 (MCA). The 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 are called the Deprivation of Liberty Safeguards (DoLS). An example of this is the use of bed rails. Care plans contained risk assessments relating to bed rails being used and these were reviewed monthly to ensure they were being used in the best interest of the person to maintain their safety. At the time of our inspection there were six people with a DoLS authorisation in place and these had been authorised appropriately.

The service had a policy and procedure on the MCA and DoLS to protect people. Staff also understood the principles of the MCA and DoLS and were able to tell us about how they supported people to make their own decisions. One staff member told us, "We must consider people's preferences and support them to make their own decisions. This can be about anything from what they wear, when they want to get up to how they want to be cared for as an individual." This meant that staff supported people in line with the MCA principles.

We observed staff ask for people's consent before giving support and they waited for a response from people. Care plans showed that consent to care and treatment was sought and recorded appropriately. Staff told us they would always ask for consent from people before giving care. One person told us, "They [staff] ask me if I want them to help me with my personal care. Sometimes I want to do it myself and they will help me if I want them to." This demonstrated that staff asked people for consent and respected their decisions to maintain their independence.

The service had received a food hygiene rating of 'five'. This rating reflects the hygiene standards found at the time the business was inspected by a food safety officer and means that the service met all elements of the assessment.

We observed the lunch mealtime experience for people and the food looked appetising. There were condiments on the tables and people were offered a choice of drinks. Staff were attentive to people's needs, and offered support when required. Some people were served their meal on coloured plates, which was in-line with their specific needs and preferences, so that they could clearly see their meal. We noted that three care workers were supporting the people dining at one table and observed that several people ate their meals in their rooms. We spoke to the people who had chosen to eat in their rooms. They were all happy

with their meal and did not feel they required support. A care worker was available for people who were eating in their rooms. We observed the care worker checking on people, asking them if they were happy with their meal and if they would like anything else.

People we observed in the dining room were not rushed to eat their meals and they chatted to each other and to staff in a calm and pleasant environment. People confirmed to us that they enjoyed the food and one person we spoke with told us, "Sometimes I go down to the dining room, but I didn't feel like it today. If I need anything, I can let staff know and they pop in on me to check I'm alright." People told us there were a variety of meals to choose from and that if they want an alternative meal staff tried to accommodate this. On the day of our visit there was one choice of lunchtime meal. The housekeeper was providing cover for the chef and had cooked lunch. The housekeeper explained they were assisting until a new part-time cook was employed. Despite there being one menu choice on the day of our visit, people told us they enjoyed their meal and one person said, "The food is very good, with plenty of variety." Another person told us, "I like to have certain things for my tea and they [staff] always get me what I want. I am having a sandwich this evening and if I want something different they [staff] will get it for me." A relative we spoke with told us, "There is definitely a good food provision."

Food and fluid monitoring charts were present in people's bedrooms and had been completed regularly and appropriately by staff. Care plans detailed people's food likes and dislikes and gave staff guidance on supporting people with their nutritional needs. For example, one care plan recorded that a person liked their vegetables well cooked and that staff were to give them plenty of time to chew their food. This meant that staff responded to people's needs regarding support whilst eating and drinking.

The health needs of people were met and staff referred people to healthcare professionals as and when needed. Information was recorded in people's care plans about their health needs and risk assessments were in place. A malnutrition universal screening tool (MUST) had been used to identify people, who may be at risk of malnutrition. Care plans contained information about people's prescribed medications and monthly reviews were completed. We found there was guidance for staff, for example, on how to apply creams. All contact with healthcare professionals had been recorded, for example doctors, podiatry and tissue viability services. A staff member told us, "If I thought someone was unwell I would go straight to the nurse on duty and the doctor would be called if necessary." A relative we spoke with said, "[relatives' name] had poor physical health on admission and they have pulled [relatives' name] round and that's why I am delighted."

Healthcare professionals we spoke with made positive comments including, "The staff are really good and very helpful and follow the instructions we give them." Another visiting professional told us, "Staff communicate with me well, give me updates on people and they follow my advice and guidance." They went on to say, "I made a suggestion about more suitable chairs for people in their rooms and they acted upon this and replaced them."

The premises had two lifts in place for people who could not easily use the stairs. One of the lifts was large enough to accommodate a wheelchair or a hoist when required. There were hand-rails in place throughout the building for people to use when moving around the premises. This meant that the mobility needs of people had been recognised and appropriate adaptations had been made to meet those needs.

Good

Our findings

People spoke highly of staff. One person said, "The staff are kind and I have a good rapport with them [staff]." Another person told us, "I am happy with the staff, they are patient and I'm looked after very well." When we spoke with relatives about the staff approach they made positive comments including, "[relative's name] is happy and staff are very good." And "I am satisfied with the staff, they are friendly and patient."

When we spoke with staff about their relationships with people they made comments including, "I know the personalities of the people I care for and we [staff] all talk to people to get to know them. The 'Life Story' we have for each person is really helpful for us to find out more information about a person's life." Another staff member told us, "I like looking after the people here and I care about them. We [staff] have good bonds with people."

We observed staff speaking to people respectfully, they took the time to listen to them and were supportive and encouraging. People told us that if they wanted to have some privacy, that their wishes were respected and they were treated with dignity. One person we spoke with told us, "I have my own routine and I like to spend time in my room. Staff pop in to see if I need anything and to have a chat. They respect my privacy when giving me care and will get me anything I want." A professional we spoke with told us, "Staff have a good approach to the people here and families always tell me their relatives have really good care." They went on to say, "Staff will always tell me about people and introduce me to a person I have not met before, which shows they know the residents well and it puts the resident at ease when they first meet me."

During the visit we spent time in the communal areas of the home observing the interactions between staff and people. We found that there was a relaxed atmosphere and people chatted to staff happily. Staff were patient and respectful to people and listened to them, so they had a clear understanding of what the person required. For example, one person was unsure about the activities available at the time. The staff member listened to them and explained clearly the activities they could choose from, without rushing them, which supported them to choose what they would like to do and encouraged them to become involved. This meant that staff had a good understanding of the importance of offering people explanations and giving them time to respond when making decisions.

Advocacy services were available for people when required and the service displayed information for people and relatives to access. Independent Mental Capacity Advocates (IMCAs) were referred to if people needed their support. Advocacy services ensure people receiving support have an independent voice.

The importance of peoples' confidentiality was understood by staff and the service had a confidentiality policy in place. Staff were able to tell us that they are aware of the importance of information about people remaining confidential and one staff member told us, "We know everything about a person is private and we sign a form when we are employed and we [staff] all respect the confidentiality of people's personal information and files." We observed that confidential information was stored securely.

We saw staff routinely ask for consent before providing care and support and they knocked on people's bedroom doors and waited for permission before they entered. We observed that people were assisted to the bathroom or their bedroom in a discreet manner when they required personal care, so that their support needs could be dealt with in private.

A staff member explained how one person didn't always want to get up at the same time each day. The person's wishes were respected and staff made sure the person was safe and comfortable and returned to them when they wanted to get up. They went on to say, "We take pride in giving people their privacy and seeing them being as independent as they want to be." Some of the bedrooms were double rooms, with two people in each room. We observed that curtains were pulled across appropriately to maintain peoples' privacy.

We saw that relatives were welcomed to visit the service at any time and a number of visitors came to the service on the day of our inspection. One relative told us, "Staff are friendly and I have no complaints."

We found that where people wished to make advance decisions regarding their end of life choices, these were recorded appropriately in their care plans giving guidance to staff on their preferences and wishes. Staff had received training in end of life care.

Good

Our findings

People who used the service said staff responded to their needs. One person told us, "The staff look after me well and I make my own choices." Another person said, "I like to be on my own and I enjoy being in my room and can choose if I want to go downstairs." A relative we spoke with told us, "The staff respond to [relatives' name] needs and keep me informed of any changes to care being given or medication."

The care plans we looked at showed that people had assessments of their needs in place. These were reviewed monthly and included areas of risk such as moving and handling, falls, skin integrity, physical health and mobility. Care plans contained clear guidance for staff and detail of peoples' night time care needs. For example, instructions for staff to report any changes in behaviour and how people liked their personal care to be given.

When we spoke with staff members it was clear they were knowledgeable about people's needs and provided them with person-centred care. One care worker we spoke with told us, "We always consider peoples' preferences; our care is all about the person being themselves." Another care worker told us, "We are given information about people during our handover meetings, so we are updated verbally and this is also written in care plans. We know how someone has been and this is specific to them as individuals, so we are always informed."

Care plans were supported by a 'Life Story' document that gave staff additional information about a person's life history, their likes, interests and information about them as an individual. This helped staff to get to know people, so that they could plan people's care more effectively. They contained information about what was important to the person and how their care needs should be met. A care worker we spoke with told us, "I read the 'Life Story' to get more information about a person and it helps me to support them and talk about things that have meaning for them."

Activities were available for people and we observed people joining in with board games and some people chose to have their nails varnished. We observed a positive interaction between staff and people during the activities and people were clearly enjoying the activity and the way staff were chatting to them. There were two activities co-ordinators employed by the service and activities included board games, floor games, for example, skittles, arts and crafts and bingo. The activities co-ordinator also gave people foot massage, which they told us people enjoyed.

A hairdresser came to the service on a regular basis and one person told us, "I have my hair done and I can

pick and choose which activities I want to do." A relative we spoke with told us, "Staff try to involve [relatives' name] in the activities available and I have seen activities going on."

The service newsletter was produced monthly and detailed information for people and visitors. It had a section called 'Activity News' that informed people that new activities were being planned, encouraged people to join in and let them know about the up-coming Summer fete. It reminded people that one to one sessions were available in peoples' rooms and stated 'the activities can come to you.' This demonstrated that people were supported and encouraged to take part in activities.

People had been supported to go out into the community and staff told us they had been taking people to the library, out for ice-cream and the local park. However, there was confusion amongst staff regarding this at the time of our visit. Some staff members told us they had recently been advised that they needed a first aid qualification before they could support people to go out and that there needed to be a nurse accompanying them. We discussed this with the general manager who agreed to clarify this with staff on the day of the inspection. The general manager was of the opinion that this was not company policy.

We spoke to people and staff about how people are supported to make their own choices. One person we spoke with told us, "I can make my own decisions and the staff respect my choices. I don't do anything I don't want to do." One person had a telephone in their room and this allowed them to keep in touch with family and friends whenever they chose to. This demonstrated that people were encouraged to maintain links with the community and the people that mattered to them. Staff told us they were sensitive to people's choices and acted upon them. One care worker said, "We take pride in giving people choice and this includes how they are supported with their personal care and all aspects of their life, this is their home."

Peoples' rooms were homely and comfortable and they had their personal belongings in them. One person said, "I enjoy my room." Another person said, "Look at my lovely room, I have everything I want here." This demonstrated that people were empowered to make choices and live in an environment that had meaning for them.

We asked people if they knew how to make a complaint or raise a concern. They all told us they would talk to a member of staff if they wanted to make a complaint. One person said, "If I wanted to complain I would talk to the person in charge at the time and I know they would do their best to sort it out because they listen." Staff were able to tell us about the complaints procedure and one staff member said, "I tell people they have the right to make a complaint and would use a complaints form if someone wanted to make a complaint. I would tell my manager about any complaints and make sure it was all recorded properly." Another staff member we spoke with told us, "The manager would try to sort out a concern before it became a complaint, so would always try to quickly solve a problem." Visitors told us they would be confident to raise any concerns or complaints with the staff and the registered manager. One visitor said, "Staff are all very good. I have no complaints, not one, and if I did I would speak to the manager."

We observed complaints and compliments forms in the entrance hall, inviting people to give their views and these were available for everyone who visited the service. Records regarding complaints had been received about the food at the service and the acting manager and general manager confirmed that these had been responded to as per the complaints procedure and that the food had improved since the last complaint in May 2016. We also noted that compliments had been made about the food and included comments stating that the food was very good, enjoyable and that staff went 'over and above' for a person who had specific preferences about what they ate. This indicated that complaints were dealt with appropriately and addressed in a timely manner to resolve them positively.

Requires Improvement

Our findings

People made positive comments when we spoke to them about the culture and management of the service. One person we spoke with told us, "I have never had any problems with the management or the staff; they are easy to talk to." A relative we spoke with told us, "Staff keep me informed about things and I would raise any concerns with the manager, who catches me for a chat." Another relative told us, "It's a fantastic service; I give them 10 out of 10 and am very satisfied." A healthcare professional we spoke with said, "This is one of the better homes. It's led well with good care in place."

Staff members we spoke with told us that the registered manager was approachable and they all said they would be confident to go to them with any concerns. One staff member said, "We have a really good manager who makes changes to improve things for everyone." Another staff member told us, "I can talk to my manager openly, which is important and if there are any concerns, we follow procedures and they [manager] look into things fully."

During the inspection the acting manager and the general manager of the service were present and were able to answer our questions in full. The acting manager was also employed as a nurse at the home. They had recently been appointed as acting manager as a temporary measure to provide cover for the registered manager. They were knowledgeable about the service, told us about the people who lived in the home and provided us with the documentation we requested.

They were transparent in the way they shared information with the inspection team. Staff signed a form when they started their employment to confirm they knew where to access policies and procedures and that they had read them. Policies and procedures had been reviewed by the registered manager in April 2016, which meant that people who used the service were supported by staff who had up to date guidance and were knowledgeable about the way the service ran.

Notifications had been made to CQC appropriately regarding incidents that affected the health and welfare of people. Statutory notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC.

Staff meetings were held every month and we reviewed the minutes of three meetings. We found that staff were made aware of any developments within the service and the meeting enabled them to share their views. Reminders of good practice were given to staff through these meetings and issues were discussed, such as, sickness absences, good communication and working hours. We observed that issues raised were

responded to and addressed. We reviewed an action plan that had been developed from a staff meeting held in August 2016. The action plan detailed the issue, the solution and the completion date. Examples included, recruiting new staff to provide more effective availability of staff covering absences, reminders of audit dates and the development of a training folder to support the training schedule in place. A staff member told us, "The staff meetings allow us to be involved and to give our opinions about how the service can develop and any changes we think would benefit the service users."

Audits to establish quality assurance were carried out regularly and included audits on health and safety, accidents and incidents, manual handling, medicines and falls. The complaints and compliments had been recorded and analysed effectively. The registered manager had responded to complaints and addressed the concerns raised to resolve them with a positive outcome. However, environmental audits had been completed but had not identified the broken extractor fan or the malodorous drain in the shower room. Action had not been taken to ensure the two bathrooms were suitable for use or properly maintained. This meant that the required standards and regulations were not being met. This demonstrated that the service had not consistently analysed audit results, not responded to them by taking appropriate action or learnt from them to improve the quality of the service.

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

The registered manager had sought feedback about the service from resident's, relatives and staff via meetings and questionnaires. The views and opinions of people who used the service and their families were requested and analysed. Where people had highlighted areas for improvement these were noted and had been acted upon. For example, actions from the relatives and residents meeting in June 2016 included that several books had been donated and the activities co-ordinator had been reading to people, a guide dog visit was to be arranged and a barbeque was scheduled.

The service newsletter was a source of information about St Bernadettes Nursing Home that included a reminder for visitors that refreshments are available to them at any time, details of activities available and improvements being made within the service. This indicated that the service promoted open communication, that people were given relevant information and were invited to provide feedback that would inform and support the development of the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure that all premises and equipment were clean, suitable for their purpose or properly maintained, by not ensuring that two bathrooms and the shower room were suitably maintained.

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 People who use services and others were not protected against the risks associated with lack of governance because the provider did not consistently identify issues through audits to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.