

Mr Anthony Howell

# St Bridget's Residential 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

St Bridget's Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This unannounced comprehensive inspection took place on 3,4 and 5 January 2018.

St Bridget's Residential Home is in Bournemouth and can accommodate up to ten older people. At the time of the inspection eight people were living at the home.

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

At this inspection we found three breaches of the regulations.

The provider had an established system for ensuring people were recruited to work in the service safely. However, the system had not always been followed. Staff recruitment records did not always include a full employment history and some recruitment checks and employment references were inconsistent. This was a breach of the regulations.

People's rights were not always protected because staff had not acted in accordance with the Mental Capacity Act 2005 (MCA) in regard to and following conditions placed on their Deprivation of Liberty Safeguard. This was a breach of the regulations.

The provider had not displayed their current Care Quality Commission rating on their website. This was a breach of the regulations.

People felt they were safe and there were systems in place to safeguard people. Staff had completed training in safeguarding people and spoke knowledgeable about how to raise concerns if they suspected people were being abused.

People told us they enjoyed living at St Bridget's Residential Home and said the staff treated them with kindness and warmth. Relatives were very happy with the care and service provided by the home. Staff knew people well and cared for them in the way they preferred.

Risks to people and the service were managed and planned for. People's medicines were stored safely and administered as prescribed.

There were enough appropriately trained staff available on each shift to ensure people were cared for safely. Staff received appropriate training which was refreshed at regular intervals. Staff told us they felt well supported by the management team.

People's needs were assessed and planned for. People had good access to healthcare and staff referred people appropriately to health care professionals. Health professionals supplied positive written feedback on the service people received at St Bridget's Residential Home.

People told us they knew how to make a complaint and said staff listened to them and took action if they needed to raise concerns or queries. Records showed complaints were investigated in accordance with the provider's complaint policy.

People were provided with a choice of healthy home cooked food and drink that ensured their nutritional needs were met.

People, relatives and staff told us they felt the service was well led, with a clear management structure in place. There were governance systems in place to assess and improve the quality and safety of the service. However, the systems in place were not fully effective as they had not identified the shortfalls and breaches of regulation found at this inspection.

## 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 generally safe but improvements were needed in relation to the recruitment of staff.

There were systems in place to safely manage and store medicines. However, we recommend staff seek advice from pharmacists before making changes to medicines.

Risks to people were assessed, planned for or managed.

There were enough staff on duty to provide safe care and support for people. Staff knew how to report any allegations of abuse.

**Requires Improvement** ●

### Is the service effective?

People's needs were not always effectively met. This was because staff did not always work in accordance with the Mental Capacity Act 2005.

Staff received on going support from senior staff who had the appropriate knowledge and skills.

People were offered a variety of choice of home cooked food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Care and support was provided with kindness and compassion by staff, who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were aware of people's preferences and took an interest in people and their families in order to provide person centred care.

**Good** ●

### Is the service responsive?

The service was responsive.

People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought.

Good 

### Is the service well-led?

People and staff felt the service was well led, however breaches of the regulation and areas for improvement were found during the inspection that had not been identified by the management team.

The provider had not displayed the CQC rating from the last inspection on their website. The previous CQC rating was, however, displayed in the home.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

Requires Improvement 

# St Bridget's Residential 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 3,4 and 5 January 2018 and the first day was unannounced. The inspection was conducted by one inspector on day one and day three and by one inspector and an inspection manager on day two.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered manager notified us of. In March 2017 the registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the PIR to plan and undertake the inspection. We also asked the local authority who commission the service for their views on the care and service given by the home. We requested and received written feedback from a selection of health professionals and a GP who visited the home on a regular basis.

We met with all eight of the people living at St Bridget's Residential Home and spoke to those who were able to speak with us. We spoke with the owner, the registered manager, four members of care staff, the cook and three relatives.

We observed how people were supported and looked at three people's care and support records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us. We also looked at records relating to the management of the service including; staffing rota's, three staff recruitment files, incident and accident

records, training records, meeting minutes, premises maintenance records, quality assurance records and all of the medication administration records.

# Is the service safe?

## Our findings

People told us they felt safe living at St Bridget's Residential Care Home. One relative said, "We are very happy and know she is safe, we are kept informed all the time. They always phone us, it's very good." Another relative told us, "I have peace of mind knowing she's here, it's safe." Although people and relatives told us they felt safe with the level of care provided at St Bridget's Residential Care Home, during our inspection we identified a breach in the regulations relating to the safe recruitment of staff.

The provider had a recruitment process in place for recruiting staff to work at the service. However, records showed this process was not always followed. Staff recruitment records had incomplete employment histories. Disclosure and Barring Service checks (DBS) had been carried out by other providers, but no checks had been completed to verify the information. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Some employment references had not been fully followed up or the outcome recorded if there were inconsistencies or queries regarding people's previous employment. Employment application forms had not been fully completed in a number of areas which included, declaration of offences and reasons for leaving previous employment. These shortfalls were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines as prescribed and storage of medicines was safe. Some people, under a 'best interests decision' of the Mental Capacity Act 2005 (MCA) needed to have their medicine administered covertly disguised in their food or drink. Advice had not been sought from the pharmacist to confirm the medicines would be effective if they were crushed or given covertly in food or drink. We discussed this with staff, who were not aware that it was good practice to seek advice from a pharmacist when crushing medicines. This was to ensure that the medicine was suitable to be crushed, and to check whether there were any foods or drinks that the crushed medicine should not be given with. We recommend that staff seek advice from a pharmacist before making changes to medicine, such as crushing tablets or opening capsules.

We checked the medicine storage and stock management systems in place for people. Medicines were stored safely with temperatures recorded twice each day to ensure medicines were stored within a safe temperature range. We checked the storage and stock for some specialist medicines and found the stock and the medicine record book balanced for those medicines.

People's medication administration records (MARs) had been fully completed with reasons for medicines not being taken recorded clearly on their MAR. There was a clear system of colour coded body maps in place for staff to record where and how much prescribed creams to apply for people. People had their allergies recorded and staff were able to tell us how people presented if they required additional pain relief. The majority of people could tell staff if they were in pain, for those people who were unable to verbalise, staff described how people showed they were in pain. For example, one person would rub their legs and knees and another person fidgeted in a specific way. Staff said these specific movements alerted them that the person may require additional pain relief.



Staff were trained in the administration of medicines and had their competency assessed each year to make sure they were safely administering medicines to people. An independent pharmacy completed an audit of the services medicine management systems each year. A recent recommendation from the last pharmacist inspection had been for the service to install a medicine fridge. Shortly following that inspection the provider had purchased and installed a medicine fridge to ensure people's medicines were stored safely.

Safeguarding adults information was displayed in the communal areas of the home, guiding people on how to report any allegations of abuse. Safeguarding training had been delivered to staff and staff spoke knowledgeably about the different types of potential abuse and knew how to report any allegations of abuse.

Care plans and risk assessments had been updated to reflect people's changing health needs. We reviewed, in depth, the care and support records of three people. This was so we could evaluate how people's care needs were assessed and care was planned and delivered.

People had risk assessments and management plans in place for their, mobility, skin and nutrition. For example, staff noticed one person had started falling more frequently. Staff discussed how this could be managed and an alarm mat was placed in the person's bedroom so that staff would be alerted when the person was mobilising from their bedroom. This gave staff the time to get to the person and support them to mobilise safely around the home.

People had the correct equipment in place to support and maintain their safety. Air mattresses were set at the correct setting for people's weight to maintain their skin integrity and people who required pressure cushions had these in place. Risk assessments had been completed for people that required bedrails in place to help keep them safe while they were in bed. Bedrails were covered with soft protectors to help maintain people's skin.

We observed there were enough staff on duty to meet people's needs. People, relatives and staff told us there were enough staff available to care for people safely. The registered manager reviewed people's dependency on a weekly basis to ensure if people's care needs changed, there were enough staff on shift to care and support people safely.

There were systems in place to ensure the safety of the premises, including regular servicing of equipment. There were up to date service certificates for premises equipment and services, which included, electric portable appliance testing, gas safety, fire alarms, fire extinguishers, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. The provider completed a flush of the water system and monitored the water temperatures on a regular basis. The premises had been tested for Legionella and was Legionella free. Legionella is a water borne bacteria that can be harmful to people's health. There was no current electrical hardwiring certificate. We discussed this with the registered manager who said they were in the process of getting quotes for the electrical work.

Risks in relation to the building were managed, with contingency plans in place for emergencies. People had personal emergency evacuation plans, which provided staff with guidance on how to support people to safety quickly and efficiently when required.

There was a system in place to record, review and analyse any safeguarding, medicine errors, incidents and accidents that took place. For example, following an incident where a person was continually slipping from their chair. A staff led discussion had taken place and arrangements had been put in place for a chair with a deeper seat to be provided which minimised the risk of the person slipping.

Throughout our inspection we saw the home was well maintained, clean and free from odours. Personal protective equipment was available for all staff. Staff were trained in infection control and the registered manager was the infection control lead for the home. Laundry was washed on a boil wash to ensure bacteria would be killed and the risk of cross contamination reduced. Some surfaces in the laundry area were not impervious and were stained and chipped. This could lead to a risk of cross contamination which could be a risk to people's health. We discussed this with the registered manager who said they would arrange for a replacement surface to be installed. This is an area for improvement.

## Is the service effective?

### Our findings

We requested written feedback from a GP who regularly visits the home, who stated, "The residents always appear happy and contented, any instructions we leave are followed and the home always calls us appropriately."

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.

Mental capacity assessments and best interest decisions were in place for people in relation to specific decisions. Where possible these decisions had been made in consultation with people's relatives, representatives and health professionals. There was a system in place to check if people had a Lasting Power of Attorney arrangement for health and welfare and/or finance. This meant people would have appointed people to help them make decisions or support them with decisions made on their behalf.

We spoke with the registered manager about their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the registered manager.

Six people living at St Bridget's Residential Home either had a DoLS in place or were in the process of having a DoLS applied for with the local authority. Most of the DoLS had expired, we discussed this with the registered manager who told us they had reviewed all of the DoLS with the local authority. They confirmed a system was in place with the local authority to manage and review their DoLS.

We identified some shortfalls around adherence of The Mental Capacity Act 2005. One person's DoLS included specific conditions to be followed to maintain their health and wellbeing. Records showed staff had not followed the condition placed on this person's DoLS and had not recorded their responses in their daily log.

The shortfalls in adherence to The Mental Capacity Act 2005 were a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed before they moved into St Bridget's Residential Home. We discussed equality, diversity and human rights with staff and the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. The registered manager told us they completed all the pre-admission assessments for people wishing to come and live at St Bridget's Residential Home. They told us any areas that were identified at a pre-

assessment for a person that may lead to further staff learning and development, would be discussed with all staff in the home before the person came to live there. For example, if someone had different cultural or religious beliefs that staff had not experienced before. They said they ensured everyone was treated fairly and equally and if they identified any training needs with staff they would look at different methods of ensuring training needs were met.

People's assessments included all aspects of their needs including characteristics identified under the Equality Act. For example, assessments included people's religious and cultural needs, their sexual orientation and important relationships. This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care.

People had a range of health assessments and care plans completed and these were reviewed monthly to ensure people received appropriate care to maintain or improve their health and promote a good quality of life.

People and relatives told us the staff were well trained and knowledgeable. One person said, "The staff have all been here quite a while, it's very good because they all know how to care for her, how she likes things done." Another relative told us, "The staff are very good, a consistent team which always works better."

We reviewed the training schedule for all staff. New staff completed the Care Certificate which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector. Staff told us about their experiences during their induction. They said they had felt well supported and always 'shadowed' more experienced staff before they were left to care for people independently.

Staff told us they received their training through various methods. Some training was done on a one to one basis and other courses were delivered in house by the providers own training staff. They also completed external training with an independent training provider. Staff told us they found all of the different methods useful. The Registered Manager told us the in house trainer delivered small training sessions to the staff on shift, ensuring a flexible approach which included sessions done in the evening to ensure all staff had the opportunity to complete the training.

Staff said they were well supported by the registered manager. Records showed staff received regular supervisions and an annual appraisal. Being a small home staff told us they could always approach the manager at any time for support and guidance.

We observed a lunchtime during our inspection. People said they really enjoyed the food. One person said, "It's all home cooked. It's nice, especially the meat." We spoke with the cook who confirmed the service had received a five rating from environmental health. This is the highest rating available. The cook said they were supported to purchase good quality produce. They devised their own menu's on a four weekly cycle and told us people could always choose a different meal if they didn't like what was on the menu. The cook knew people well and could tell us what specific foods people liked and disliked and people's different dietary requirements.

Some people required their food and fluid to be monitored to ensure they were eating and drinking enough to prevent the risk of malnutrition or dehydration. There was a system in place for staff to record the amount of food and fluid people ate during the day. The system included target fluid amounts for people, which meant staff could see how much people needed to eat and drink to remain healthy. People had their weight

checked and recorded regularly and any major fluctuations were referred to a health professional or dietician.

Records showed people were referred to a range of health professionals, which included, the mental health team, district nurses, physiotherapists, GP's and chiropodists. A relative told us they had full confidence in the staff to identify and refer changes in their relative's health. They said, "The staff highlighted some issues with her tablets, they contacted her GP and it has all been changed, she is much better now."

The registered manager told us if people had to move to another service or go into hospital they ensured their information sheet and a copy of all their recent medicines accompanied them to ensure continuity of care.

Some people living at St Bridget's Residential Home were able to move independently around the home. We observed they mobilised safely around the home during our inspection and spent time chatting to staff and people in all areas of the home. People that needed support and assistance were supported by staff who were kind and patient. For people with restricted mobility there was a lift that took them to the first floor. Bathrooms and toilets had grab rails in place to assist people in maintaining their independence. People's bedrooms were personalised with their own pictures, photographs and personal possessions. Communal areas were bright and had a mixture of armchairs for people to use.

## Is the service caring?

### Our findings

Relatives and people we spoke with told us they found the staff to be, friendly, gentle, kind and caring. One person told us, "The staff are all very nice, always kind, they treat me very well." One relative told us, "The staff are very friendly here, I've no concerns at all, I'm always welcome." Another relative told us, "The staff respect her wishes, sometimes she doesn't like to get up and they respect that...she is happy here."

Relatives and people told us they were always treated with respect by the staff who knew them all very well. A GP supplied us with written feedback about the home which stated, "I have always found the staff at St Bridget's Residential home to be very helpful and caring."

Throughout the inspection we observed staff providing care and support to people in a kind, calm and gentle way. Staff used people's preferred names when chatting to them and took the time to make sure they were comfortable and had everything they needed. Staff made sure people had drinks within easy reach and checked whether people were warm enough, by providing them with warm blankets.

Where people were able to use call bells we saw these were generally in easy reach. One person's call bell was on their bed and when we gave it to them they showed us how they had made a loop for it to go over their wrist so they always had it to hand. People told us call bells were answered quickly, one person said, "I don't have to wait long."

Staff ensured people's dignity and privacy was maintained by carrying out personal care in their bedrooms. Staff told us they made sure people's clothing was appropriately arranged when they were being hoisted from their bed to their chair to ensure their dignity was maintained.

The majority of the people living at St Bridget's Residential Home were able to communicate verbally. Staff were able to explain the different ways people communicated with them if for any reason they could not verbally communicate. They told us how people expressed themselves with different facial expressions and specific body language movements.

Where possible people and their relatives were involved in planning people's care and lifestyle in the home. Records showed people's views and preferences for care had been sought and were respected. For example, one person's care plan stated they liked their bedroom door to be left open a little at night and they liked to have their lunch sitting by the patio window. There was a document completed for each person that gave their life history, their hobbies and what was important to them as well as their likes and dislikes.

People and relatives told us they were made to feel welcome whenever they visited and they were kept informed regarding the well-being of their relative.

## Is the service responsive?

### Our findings

A visiting relative told us, "As a family we're really happy...we've no concerns or complaints and would go straight to [the owner] and [the registered manager] if needed."

People's care and support plans and records showed they received person centred care that was specific to their preferences, likes and dislikes. People's health and support needs were identified and included a range of assessments such as, mobility, skin integrity and nutrition. These assessments led to completion of person centred care plans that were clearly written and gave guidance for staff on how people preferred their care and support to be given. For example, one person's care plan stated, "Soft covers to be in place at all times on bed rails, rails to be raised when [person] in bed' and '[person] likes to wear their wedding ring and watch at all times'. Another person's care plan stated, "[person] prefers to wear their long hair down' and 'enjoys their duvet days'.

Care and support plans were reviewed each month to ensure their changing health needs were met. Where people required pressure mattresses and pressure cushions to maintain their skin integrity, mattress pressures were correctly set to reflect their weight. Pressure cushions were available for people, clean and well maintained. People were weighed regularly and referred to appropriate health professionals if their weight became a concern. Where people required hoisting to mobilise them from their bed to their chair, clear moving and handling plans were completed. Handling plans gave staff guidance on how the person liked to be mobilised and which slings and coloured loops were to be used to ensure the person was mobilised safely.

The registered manager told us they had previously used the services of an activity co-ordinator. However, the activity co-ordinator had recently left the service as they felt people living at the home did not want to engage with the types of activities they offered. One relative told us they felt activities had been limited and acknowledged people did not always want to join in with the activities offered. One person told us they spent a lot of time on their own watching television. The registered manager said they would continue to provide regular independent activities such as, pet therapy, singers and gentle armchair exercises, birthday parties for people living at the home and reminiscence sessions. They said the service had a mini bus that took people to coffee shops, garden centres, the seafront and Poole Park when the weather was warmer. People's cultural and religious needs were identified and staff told us visiting clergy were always welcomed at the home. The registered manager told us the Salvation Army had visited the home recently. We recommend, to reduce the risk of social isolation, staff are supported to encourage people to access a variety of meaningful activities both inside and outside of the home, to enrich their lives and promote their well being.

Care plans identified communication needs of people living with a sensory loss. For example, one person was living with a sensory loss, their care plan stated, "Speak clearly and slowly". We asked staff how they supported this person. They told us they always announced their arrival and ensured they explained what they were going to do and how they were going to provide care and support to the person. We spoke to this person who told us they were very happy with the care they were given and found the staff to be very good,

kind and patient. Large print books were available for people to read and staff spoke knowledgeably about what type of books people liked to read. The library visited regularly which meant there was a choice and supply of books for people.

One of the communal bathrooms had an electronic riser seat on the toilet for people who had difficulties mobilising. Staff told us people found this easy to use and the riser seat greatly aided their mobility. Where people were at risk of falls, alarm mats were placed in their bedroom to alert staff when the person started to mobilise. This allowed staff to respond quickly to people when they wished to move around the home and reduce the risk of them falling. People had access to call bells in their bedrooms and told us staff responded quickly to them if they had needed to use them.

There was a system in place for receiving, investigating and resolving complaints. People and relatives told us they knew how to make a complaint and felt any concerns they raised would be addressed. There were no ongoing complaints at the time of the inspection and the provider had received one complaint since the last CQC inspection. We reviewed the complaint which had been actioned in accordance with the provider's complaint policy. There was guidance on display in the communal areas of the home, informing people how and who to make a complaint to if required. Some of the information required updating with the details of the Local Government Ombudsman. We discussed this with the registered manager who told us they would update the information as soon as possible.

We saw a selection of compliment and thank you cards from people and relatives, expressing their thanks and appreciation of the care and support they and their relatives had received. Comments included, "Just to say a very big thank you to all the staff who were more than kind to dear [person]" and "Thank you for giving Mum a nice birthday."

Records showed people and their relatives had been consulted and their wishes recorded in relation to their end of their life. Records included, where they wished to die, what was important to the person and any specific wishes they wanted to be met. For example, specific clothing and personal items such as photos and soft toys they wished to go with them.



## Is the service well-led?

### Our findings

Written feedback from a GP stated, "The home provides a very 'homely' feel and I have no concerns regarding anything – ie they are safe, caring and responsive – as such they are also effective and I presume well led." Although relatives told us they felt the service was well led, during our inspection we identified three breaches of the regulations and some areas for improvement. The providers existing audits and systems had not identified these weaknesses which meant these audits and systems were not fully effective.

Although the most recent Care Quality Commission rating was displayed in the communal area of the home. The provider had not displayed on its website, the most recent rating by the Care Quality Commission following the last inspection completed in September 2015 when the home was rated as Good.

Failure to display the performance assessment was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff told us they felt the home had a friendly and homely culture. Staff said they were well supported and worked as a close knit team. They said they felt the home worked well and gave a good standard of care to people. The registered manager told us they felt proud of their staff team and the standard of care given to people. Regarding the staff, they said, "I couldn't do it without them." The registered manager told us they were supported by the provider to make certain decisions together, but were also given enough responsibility to manage the service as they wished.

Staff told us they felt they were treated fairly and equally by the management team. They said communication was good and being a small home they felt they all worked very well together. Staff said they felt listened to and valued. One member of staff said, "I enjoy working here, it's like family a nice small home. I get good support and the management team are very approachable, I can always go to them for advice."

There was a system in place to gain the views of the service from people and staff. Records showed the results from previous surveys were reviewed and analysed by the registered manager. These annual survey had been sent out during March 2017 and the provider had received six completed questionnaires. The questionnaires covered the following areas, welcoming atmosphere, responsiveness of staff, staff attitude, any areas of concern, cleanliness and respect and dignity. The results of 2017 surveys were positive, comments included, " Always found staff very welcoming". One completed questionnaire had asked, "What other activities are offered for residents for exercise, therapy and stimulation?" The registered manager told us following the completion of the survey they had discussed this with the person raising the question.

Records showed resident and relatives meetings were held. These were attended by staff, residents and relatives and gave residents and people the opportunity to feel informed about the day to day running of the home. Staff felt communication within the home was good. Regular staff meetings were held and daily handover meetings took place at the start of each shift. A handover book was completed which staff said was an easy, simple way to ensure they were up to date with any daily changes relating to people.

There were quality assurance systems in place to ensure the quality and safety of the service for people and staff. These included audits on care plans, staff appraisals and supervisions, accidents and incidents, medicines which included a detailed observation of staff managing and administering people's medicines, premises and maintenance systems, fire systems, equipment and the cleanliness of the home. Where shortfalls were identified these were generally noted and recorded for further action.

The provider had a range of policies in place, such as, staff recruitment, whistleblowing and safeguarding adults.

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The registered manager told us they kept up to date about changes in practice via attendance at local social care hub events and e mail correspondence with the local authority.

The registered manager told us they had positive relationships with the local district nurse teams and GP practices. They acknowledged they would investigate further local forums and workshops that they could attend which would support them in their role and provide opportunities for on-going learning and guidance. We recommend the registered manager investigates the availability of on line regulatory guidance, newsletters, local events and forums to provide additional up to date guidance and advice.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Staff did not always follow the principles of The Mental Capacity Act 2005. Records showed staff had not followed the conditions placed on a person's DoLS.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  We identified shortfalls and inconsistencies in the recruitment of staff.
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  The provider had not displayed their current CQC rating on their website.