Huntington House Limited

Huntington House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Huntington House is a family run nursing home that provides support to up to 39 people who may have a physical disability and may have dementia. The home is located in a rural area outside Hindhead. On the day of the inspection there were 35 people living at the home. The people who live at the home have a range of nursing needs and are supported with a full range of tasks, including maintaining their health and well-being, personal care, support with nutrition and activities.

Huntington House was last inspected on 13 January 2014 and there were no concerns.

On the day of inspection we met the registered manager. 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.

The inspection was unannounced and took place on 12 December 2016.

We found three breaches of regulation and have made one recommendation.

Although people felt safe at Huntington House there was not enough staff to meet the needs of people. People had to wait for call bells to be answered, some people had to wait for their lunch and staff did not have time to read people's care plans. This is a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new auditing system had recently been started, which mirrored CQC methodology. Despite this, shortfalls in record keeping, confidentially and staffing levels had not been addressed. This meant that the support did not always meet the needs of people. The registered manager therefore did not have an oversight of the service delivered. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although care staff understood the choices and preferences that people made their care plans sometimes lack this detail and were not always person centred. Needs reflected in people's assessments did not always carry through to their care plans, which led to a lack of information on how to support people with specific diagnoses. This is a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff were adequately trained in safely administrating medicines prescribed medicines were not always managed safely. People's care plan did not have adequate detail about medicines including "as required" medicines and Medicine Administration Records (MARS) were not always filled out consistently. We have recommended that the registered manager follows The Royal Pharmaceutical Society guidance.

Although equipment was generally used safely at Huntington House we saw that a pressure relieving mattresses was not as it was set to an incorrect weight. This increased the chances of this person developing pressure sores.

People were protected from harm. Staff had the training and the ability to understand risk, and reported accidents and incidents in a timely manner. Staff understood how to report suspected abuse so that action could be taken if necessary. Incidents and accidents were investigated and the manager reviewed reports to prevent them from re-occurring. Any potential risks to individual people had been identified and appropriately managed.

Risk assessments had been completed to ensure the home was safe for people to live in and there were arrangements in place should there be an emergency.

Staff were recruited safely and had the skills and knowledge to support people. All nurses had an up to date PIN number to prove they were registered.

The requirements of the Mental Capacity Act 2005 (MCA) were not being fully met as staff lack knowledge of The Act and what they need to consider to effectively carry out their roles and responsibilities. The provider lacked information on who could legally make decisions on behalf of people who lacked capacity. This could potentially lead to people having decision made by people who were not legal entitled to do so. The registered manager had submitted Deprivation of Liberty Safeguard applications where appropriate.

Despite having limited practical knowledge of The MCA staff had the skills to support people with dementia and physical needs. Training was available to staff, which included training courses related to people's needs.

People's nutritional needs were met and people had a varied diet, although opinions about the quality of food was mixed. Staff ensured that people had enough to eat and drink. Staff ensured people were supported to maintain their health and wellbeing and people received support from specialist healthcare professionals when required.

People were cared for by staff who treated them with dignity and respect. Staff knew what was important to people and supported them with this in light.

Equipment had been introduced to help people maintain their independence. People were encouraged to be involved in how the home was run and people and relatives felt comfortable in raising a concern or making a complaint.

The home was led by a manager who was a positive role model. Organisational values of providing compassionate care by treating people as 'part of the family,' were reflected in the support given by staff and the management team. People and staff were involved in the running of the service.

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 always safe.

People were not supported by sufficient numbers of staff. People had to wait for call bells to be answered and had to wait for support.

People had access to equipment that was sometimes used unsafely.

Medicines were not always managed safely.

Accident and incidents were recorded and staff understood how to report suspected abuse.

Risk assessments had been completed to ensure the home was safe, this included ensuring safe emergency arrangements were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

The requirements of the MCA were not fully met as staff lacked practical knowledge of The Act. The service had not effectively recorded who had the legal right to make decisions on behalf of people who lack capacity.

Staff had the skills and training to support people's needs and staff felt supported.

People had varied meals and their nutritional needs were met.

People had access to specialist health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

There was a caring culture amongst all staff members.

People were treated with dignity and respect by staff who knew them well.

Staff took time and did not rush people. Staff took time to communicate in a way people understood.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

Needs highlighted in people's assessment did not always reflect their care plans and care plans were not always focused on the individuals wishes.

People had access to activities.

People and relatives knew how to make a complaint and were confident it would be acted on.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems were in place to monitor the quality of the service however shortfalls in record keeping and confidentiality were not highlighted or addressed.

The service had a positive culture that was open, inclusive and empowering.

Organisational values of supporting people as if they were a member of the family were reflected in the support we observed from staff.

Huntington House

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 12 December 2016 and was unannounced. The inspection team consisted of two inspectors, a pharmacist specialist and a specialist advisor. A specialist advisor is someone with specialist knowledge of the type of service being inspected.

Before the inspection, we checked the information that we held about the home and provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We also reviewed if we had received any complaints, whistleblowing and safeguarding information from relatives and staff. A provider information return (PIR), which is a questionnaire we ask providers to complete before inspection, was received which was used to aid the inspection planning process. We used all of this information to decide which areas to focus on and to inform the inspection.

During the inspection we spoke with 12 people, two relatives and six care staff, including nurses. We also spoke with the chef, registered manager and managing director. After the inspection we requested more information from the provider, which was sent to us.

We observed care and support being provided in the lounge, dining areas, and with people's consent, we visited people in their bedrooms. We also observed part of the medicines round.

We reviewed a range of records about people's care and how the home was managed. These included eight care records and medicine administration record (MAR) sheets and other records relating to the management of the home. These included staff training, four employment records, quality assurance audits, accident and incident reports and any action plans.

Requires Improvement

Is the service safe?

Our findings

Although people said that they felt safe at Huntington House there were not enough staff to meet people's needs. Call bells were not answered promptly which led to people at times receiving unsafe care. People said they had to wait for their call bells to be answered. One person, who had to wait for personal care on the morning of inspection said, "I call on the bell and it takes ages. I can wait a long time." Another person said, "I called the bell to get me a nurse to get me my medicines as I was in so much pain. They took so long, I was in floods of tears."

We observed during the day of inspection that call bells were not answered promptly. A member of staff told us that one person had to wait half an hour to be supported to the toilet. Another member of staff said, "Sometimes we can't answer the bell on time." We also observed there were a lack of care staff in the communal areas that could offer support if and when needed. Another member of staff said, "There is not enough staff to meet people's needs." People waited up to an hour for their lunch and staff told us they had not had time to read people's care plans so ran the risk of supporting people unsafely.

When we spoke to the managing director about staffing levels we were informed that they were determined by the needs of people. The home normally had seven care workers and two nurses on shift during the day however on the day of inspection one of the care workers had called in sick. Being an extra member of staff down compounded the problems and increased the impact on people. The home's rotas indicated this was not a one off and the home had an insufficient staffing level for a prolonged period of time. The managing director admitted that there was, "Room for improvement." We were told that the provider had a plan in place to increase the staffing levels and these would increase immediately. When asked why this increase had not been implemented already we were informed that they were waiting for it to be authorised by the provider. Since the inspection an extra member of staff has been scheduled on and the management have started analysing the call bell response times. Information on call bell response times provided by the managing director indicated a significant improvement in the times people are waiting for staff, which therefore reduces the impact on people.

Due to the impact on people this is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected by safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.
Equipment such as hoists and specialised baths were serviced to ensure they were safe to use and on the whole such equipment and aids were used safely. For example during the inspection we observed safe moving and handling of people using hoists and walking frames. However a person who was at risk of developing pressure sores had a pressure relieving mattress. Despite the mattress being checked daily it was set to a significantly heavier weight than it should have been. This increased the risk of the person developing pressure sores. When we raised this with the managing director the mattress setting was

adjusted. The managing director also informed us that the form used to audit pressure mattresses had been amended to include a column to detail the weight of the person to reduce the risk of this happening again.

Staff identified and minimised risks to people's health and safety in other areas. People's care plans identified potential risks to people and gave clear instructions and guidelines to staff to reduce these risks, which staff followed. Such risks included falls, manual handling, choking, malnutrition and dehydration.

Medicines were not always managed safely. We found that people's care plans did not contain adequate details to help staff care for people who took medicines which needed monitoring. For example, they did not contain information to aid staff to check for side effects and that the medical condition for which they were prescribed was being treated effectively.

Medicines Administration Records (MARs) were inconsistently completed at times, which made it difficult to tell if some people had received their medicines as prescribed. Handwritten MARs had been double signed to reduce the chance of recording errors however records were not always detailed enough to show that creams and transdermal patches had been applied to people correctly.

Protocols were in place to support staff to administer medicines to people on a "when required" basis, however we found that some details were missing from these, such as the time staff needed to leave before administering a second dose of a medicine. Staff had knowledge about people's medicines through medicine training and an annual medicine competency assessment and knew what they were prescribed for.

We recommend that the registered manager follows The Royal Pharmaceutical Society guidance on medicines.

Audits had been undertaken on a monthly basis with relevant action plans to facilitate improvements in practices relating to medicines. Systems were in place to record medicines administration errors, and these had been investigated with action plans shared with staff. Medicines were stored in a safe way.

People were supported by staff who were able to describe different types of abuse and how to report suspected abuse. People and relatives told us they would speak to staff and the registered manager if they had concerns about the care being provided. A member of staff said, "I would document and report to the nurse in charge or speak to the registered manager." Another member of staff said, "If you suspect someone isn't doing something right I'd report it." The registered manager had raised safeguarding alerts with the local authority and had taken steps to address any concerns.

People received safe care following accident and incidents. Accidents, incidents and concerns were reported in a timely manner, and were analysed by management to reduce the risk of similar incidents occurring in the future. When a person had a fall we saw that this was investigated and as a result it was identified the person had an infection. They were prescribed antibiotics for this, which reduced the risk of further falls.

Risk assessments and audits had been undertaken at the home to ensure it was safe for people, staff and visitors. These included a fire safety risk assessment and testing, weekly hoist checks and monthly Legionella testing. Monthly health and safety checks included an audit of fire doors, manual handling equipment and cleanliness.

People were protected in an emergency. Arrangements were in place to manage safety. These arrangements included a contingency plan. Staff had a working knowledge of the evacuation procedure. Emergency evacuation and fire safety systems were regularly tested and reviewed. There was equipment available so people could be supported in an emergency. For example, an evacuation sledge.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff felt they had the right amount of training to carry out their roles and responsibilities effectively. One member of staff said, "I have enough training". Training included courses on moving and handling, safeguarding, food hygiene and health and safety. We were informed by the managing director that when a training need is highlighted then that training is provided.

Although staff felt they had enough training to carry out their roles and responsibilities we found gaps in their knowledge and understanding when it came to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were not always able to make their own choices and decisions about their care. We looked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in nursing homes are called the Deprivation of Liberty Safeguards (DoLS).

At Huntington House the requirements of the MCA and DoLS were not fully met because staff lacked practical knowledge of the implications the Act had on people and their responsibilities as carers. When people lacked capacity to make certain decisions this was not taken into consideration when staff supported them. Staff were not confident with the practical application of the MCA. One member of staff said, "If people can't make decisions we still ask them, it depends on them." Information regarding who had the legal right to make decisions for people when they lacked capacity was not always known or recorded. This could potentially lead to people having decisions made by people who were not legal entitled to do so Despite this not happening yet the registered manager said this would be addressed immediately.

People's freedom had been restricted to keep them safe. When people lacked capacity to understand why they needed to be kept safe the registered manager had made DoLS applications to the relevant authorities. These applications reflected the specific restrictions in place, for example having bed rails in place to reduce the risk of falling out of bed. Despite this staff had limited knowledge of DoLS legalisation and the implications it had on people. One member of staff said, "I haven't heard of DoLS but I have had mental capacity training." When raised with the provider the managing director explained additional training, workshops and support, including competency assessments, had been organised to ensure staff are up to date with MCA and DoLS legislation. Since the inspection the managing director has sent details of this support to us.

People were supported by staff who had a comprehensive induction. Training provided included manual handling, first aid, food and hygiene and record keeping. Staff received regular supervision (one to one

meeting) and annual appraisals with their line manager. These gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. Members of staff felt supported. One staff member said, "I have supervision every three months, its regular. I talk about what I like, training and how to advance my career." Nursing staff received clinical supervisions to ensure they kept up to date with best practice.

People's views on the quality of meals served were mixed. One person said, "Lunch not very nice. Couldn't work out what it was, meant to be chicken cobbler I think." Another person said, "Good quality food, cooking is dismal." Other comments about the food described it as, "Good," and, "Very nice."

Although the feedback on food was mixed people's nutritional needs were met. People who were at risk of dehydration and malnutrition had been identified clearly within care records. Fluid and food charts were in place so that what they ate and drank could be monitored for any changes.

People's weight was monitored to ensure that their nutritional intake was adequate to their needs so they remained healthy. Where people were at risk of losing a significant amount of weight there was evidence this had been quickly addressed, and the trend reversed.

Meals were varied and alternatives were seen to be offered. People were able to choose what they wanted to eat from the menu. When menus were changed people were consulted. After receiving mixed reviews about the quality of the meals the managing director said they plan to create a residents food committee so that they can increase people's involvement in the menu planning.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff made GP appointments when appropriate and people received input from a chiropodist. On the day of inspection we saw a person being supported to an optician's appointment. People were referred to specialists when required. For example, the speech and language team (SALT) for people with swallowing difficulties and the audiology department for people with hearing loss.

People were supported by staff who responded to changes in health needs effectively. People had input from a physiotherapist who visited once a week. People also received input from appropriate health professionals when needed. This input was from professionals such as, dietician and nurses that specialise in Parkinson's, psychiatry and palliative care.

Good

Is the service caring?

Our findings

People praised the caring atmosphere of the home. One person said, "I am well looked after." Another person said, "Staff are marvellous. Nothing is too much trouble for them." One relative said, "Staff are very good indeed and some carers have become friends of ours." Another relative said, "I am extremely happy with the care."

Huntington House received numerous compliments about the care they provided. These compliments highlighted a caring culture that focused on providing the best quality care for individuals. One such compliment read, 'I came here for a peaceful rest and that's what I got with perfection.' Other compliments described the care as, 'Wonderful,' 'Gentle,' and, 'Compassionate.'

There was a caring culture amongst all staff. During the inspection we saw that staff listened and positively interacted with people. People were relaxed in the company of the staff. They were smiling and communicating happily, often with good humour. We observed that staff were conscientiousness towards the needs of people, always greeting people by their preferred name and ensuring they were happy. We observed a member of staff ask a person if they wanted their tray nearer to them as it looked too far away and the member of staff did not want them to be uncomfortable when reaching for their cup of tea. Staff were often heard asking people if they could get them anything else. The registered manager said, "We are really good at making people feel at home," and this came across during our inspection.

Some people had been involved in designing Christmas Cards and we saw that every person would receive a personalised Christmas present from the provider. The managing director explained that when people have finished a respite placement at Huntington House they go home with a hamper full of food and necessities so they settle back into home easier.

All staff we spoke with demonstrated a commitment for people to be at the centre of everything they did. A strong theme of respect and treating people as equals was demonstrated by staff practice throughout our inspection. A member of staff was heard chatting with a person and asked them if they had seen someone's baby yet. The conversation showed a caring relationship, and the person appeared to enjoy this natural conversation as they smiled. Through observations we could see that staff knew people's background history and those in their lives that were important to them.

We saw positive interactions between staff and people. Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them to see if they had interpreted their mood or needs correctly.

Staff involved people in the day to day running of the home, for example, people were actively involved in making choices about the decoration of their rooms, which were all very spacious and personalised.

Staff were positive role models for promoting people's privacy and dignity. We observed that when staff were supporting people with personal care they put a sign on their door handle that said, 'Personal care in

progress.' People said that when they were being supported they did not feel rushed. A member of staff said they maintain people's privacy and dignity by, "Closing the curtains and covering the lower half while I wash the upper half."

People's privacy was respected by staff. Staff were always seen to knock on people's doors before entering. During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, safeguarding information, menus and which staff would be on shift. Information was presented in an easy to understand format such as large text.

Requires Improvement

Is the service responsive?

Our findings

People praised the staff, care and service provided. One person said, "We are well looked after, its lovely here. I have no complaints."

Before people's support commenced an assessment of people's needs was completed with relatives or people who were important to them. This meant staff had sufficient information to determine whether they were able to meet people's needs before support started. This also allowed the provider to understand the likes and dislikes of people so support packages could be tailored to meet their needs and requests.

Support needs highlighted in their assessments had not always been carried through to people's care plans. One person who was at risk of developing sores and had a cream prescribed to help had no plan in place that explained how staff supported them in this area. Some people who had been diagnosed with diabetes, dementia and epilepsy did not have care plans relating to their support needs. Despite this lack of care plans people's health and wellbeing had not been affected as staff knew them well and responded to their needs which reduced the impact of this lack of information.

There was also inconsistency when it came to the understanding, reporting and recording of when some people needed their blood sugar monitored when they had diabetes. This could lead to staff not having adequate information to respond to people's needs effectively. Since the inspection the provider has forwarded an action plan that focuses on the development and implementation of the needed care plans. Examples of diabetes care plans that have been written have been sent through to CQC. There were some inconsistencies when it came to the documentation of people's choices and preferences as care plans were not always focused on individual wishes. The registered manager said they were aware of this and had a plan in place to review and update care plans so they reflected people's likes and dislikes more.

Due to the impact on people this is a breach of Regulation 9 Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw that care plans for people who had recently moved into the home were more person centred. Despite inconsistencies in paperwork staff were able to tell us about people's choices and preferences. Staff had knowledge of the person, their life, preferences and support needs, which indicated that staff knew people better than the care plan suggested. Staff knew what people's past occupations were, their family histories and their likes and dislikes. We saw that people's wishes were respected.

A system was in place to ensure that people's support needs were regularly reviewed. Each person had an individual dependency tool which showed how much support the person needed for specific tasks. This was reviewed monthly. When asked, people said that they were involved in these reviews.

People were supported by staff who were responsive to unforeseen situations. The service had implemented audits that covered falls and infections and monitoring systems were in place so staff could response appropriately to changes in people's vital signs. People told us that staff were responsive to their

changing needs. Staff were trained to pick up, notice and respond to changes of people's needs. We saw that when it was required staff would seek medical support if they had concerns for people's health and wellbeing, for example making doctors' appointments or calling paramedics in an emergency. There were regular handover meetings where people's changing needs were spoken about so they could be responded to on the next shift.

People had access to specialised equipment to aid mobility and access around all parts of the home, including a lifts, hoists and wheelchairs. The service also had arranged a physiotherapist to visit regularly to respond to people's changing health needs so they could maintain their independence.
People told us staff were responsive to their individual needs. One person had been seen by the physiotherapist as there were problems developing with their posture and concerns had been raised about the safety of using a wheelchair.

People were provided with opportunities to take part in activities inside and outside the home. The service employed activity coordinators and a wellbeing coordinator who organised and arranged the timetable of activities at the service. These activities included arts and craft sessions, a pampering session and visits from entertainers, including a harp therapist. We were informed by the managing director that the wellbeing coordinators role was about, "friendship, companionship, spiritual connections and support for relatives."

People had mixed views on the activities on offer. One person said, "There are lots of activities. I enjoy cross words. Sometimes we do quizzes at lunch." Another person said that "I am happy here but I do get bored." We were told that people were offered one to one individualised sessions with activity co-ordinator. For example, in one such session the activity coordinator spent time translating, reading and discussing a letter that was sent to a person from an acquaintance in France. On the day of inspection there was an exercise session for people in the morning. Although people seemed happy and content we did not see any other activities taking place so conclude there was room for improvement in this area

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. People and relatives knew how to raise complaints and concerns and said they were confident in doing so. When received, complaints and concerns were taken seriously by the provider and used as an opportunity to improve the service. There had been 13 complaints in the last year and these had been investigated thoroughly in line with the organisation's complaints policy. The complaints were looked through by management to see if there were any trends. All 13 complaints were separate and unrelated. One complaint was about a call bell being out of reach so the person could not call for assistance. We saw that this had been discussed with staff and that it was now monitored.

Staff responded to people's concerns and worries. The registered manager told us that, "I visit every resident to see how they are, how their night was, if they have any concerns. This helps deliver care according to their wishes." The registered manager explained that she liked to speak to people before the morning meeting with the heads of department so any issues can be proactively looked into. The registered manager said, "If there is an issue that is raised we try to nip it in the bud." On the day of inspection a person had complained about the soup served the day before. This feedback was given to the head chef who was going to respond directly to the person. On another day a person said they had not slept well as they were too hot. On investigation they found there to be a problem with the heating, which was quickly fixed to the delight of the person.

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff expressed satisfaction with the management of the home. Feedback highlighted the registered manager, who was new to post, had brought around positive changes for people. One relative said, "There has been an improvement since the new manager. The place is modernised, the menus re-vamped. People are now asked what they want to eat. The entertainments stepped up and improved. And the core staff team stay longer. They know X's requirements much better."

The care and support provided to people was monitored. A new auditing system which was based on CQC's five questions (safe, effective, caring, responsive and well led) had recently been started and a few audits had been completed. Other audits covered areas such as medication, complaints, incidents and accidents, care plans and nursing hygiene. Each audit included an action plan which identified when the work needed to be done by. These action plans fed into an overall service improvement plan.

Despite having these audits they had not been fully implemented at the service. Due to this the registered manager had failed to pick up on shortfalls in terms of record keeping and confidentiality. We saw that tropical MAR charts, fluid charts and repositioning charts were filled out inconsistently, which could have a negative impact on people's health and wellbeing. We also noted that when waste medicines were disposed of medicines labels containing people's names had been left on empty medicines packs which had been placed in the waste bin. This meant that confidential information was not managed correctly. When asked why the audits had not been fully implemented the registered manager said, "This is a new auditing system and we are getting used to it."

The provider had used audits and feedback to establish there was a shortage of staff. They however had not implemented a plan to increase the staffing levels until the inspection process highlighted the impact on people's health and wellbeing.

The registered manager was not using audits to improve service delivery and ensure support always met the needs of people. The registered manager therefore did not have an oversight of the service delivered. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Huntington House is a family run nursing home. The managing director told us about the home's missions and values. He said that the emphasis is providing care to people as if as they are part of the family. Staff we spoke to understood and followed the values to ensure people received kind, compassionate and person centred care. This ethos was implemented during the day to day running of the service. The managing director informed us that there were plans in place for a new values workshop to help promote teamwork within the home.

The registered manager interacted well with people. People responded well to her and were pleased to see her. The management team had an inclusive manner about them. People were very positive about the registered manager and the management team and felt they could approach them

Staff felt that they could approach the management team with any problems they had. A member of staff said, "Communication is better. The manager is interested in people and has warmth." Another member of staff said, "Our manager is lovely, she hears us and understands us."

People had a say in how the home was run. Resident meetings took place in a responsive and personalised way. The agenda of the last meeting covered introducing new staff, food, plan refurbishment and activities.

Staff were involved in the running of the home. Team meetings were used in an effective way to concentrate on important themes when they arose. The minutes of the meetings were recorded and made available to all staff. Best practice guidance was discussed during these meetings. Staff were given the opportunity to raise concerns in these meetings and there was a response from the management team in the minutes.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effectively.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Assessments highlighted needs that were not reflected in care plans. People's preferences and choices were not always documented.

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 The service had not fully implemented quality audits and failed to pick up shortfalls. When shortfalls in staffing were highlighted no action was taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The service had insufficient staff to meet the needs of people.