Homesend Limited

Victoria Nursing Home

Inspection report

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Victoria Park
Manchester
Greater Manchester
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Tel: 01612240302

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14 January 2016

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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

We inspected Victoria Nursing Home on the 13 and 14 January 2016; the first day of the inspection was unannounced. At the time of the inspection there were 16 people living in the home. We last inspected Victoria Nursing Home on 5 September 2014. At that inspection we found the regulations we inspected were met.

Victoria Nursing Home is situated in the Victoria Park area of Central Manchester close to local shops and several bus routes. The home is situated within its own grounds with large gardens and adequate parking. Accommodation is provided on three floors with all communal spaces situated on the ground floor. The home provides nursing care for up to 20 adults living with mental health issues and / or dementia.

The home had a manager registered with the Care Quality Commission (CQC) who, due to annual leave, was not present during the inspection. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run.

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

We found that the premises were not as safe or as well maintained as they should have been. This was in relation to the absence of some call bells, bedroom doors not shutting properly, discharging excessively hot water in a bathroom, an unsecured area into the eaves of the house posing a risk of entry and a broken toilet seat and cistern. The premises must be properly maintained to ensure that people are kept safe and their needs are met.

We found that some of the policies and procedures, including information in the staff handbook, were either not in place or were out of date. Policies need to be reviewed and updated to ensure information reflects current legislation and guidance.

We found that suitable arrangements were in place to help safeguard people from abuse. Inspection of training records showed that all staff had completed safeguarding training; however some long-serving staff had not received any updated training since October 2011. We recommend the service considers providing more up to date safeguarding training for the staff.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited and supported. We did note however that the recruitment policy and procedure was not detailed enough. The information contained within the policy and procedure did not reflect the home's actual practice. There was no guidance in relation to checking with the Nursing and Midwifery Council (NMC) that the registered nurses who worked at the service had a current registration. There was also no

information in relation to the decision making process to be used in the event of a disclosure of criminal activity being identified. We recommend the service updates their policy and procedure to reflect what they actually do.

Although we were aware that the registered manager and the nursing staff were qualified as Registered Mental Health Nurses (RMN), it was noted that there was no specific mental health training for the majority of the care staff. To help staff develop their knowledge and skills we recommend the service considers providing mental health training for care staff, with particular emphasis on dealing with challenging behaviour.

The care records we looked at showed that risks to people's health and well-being had been identified, such as the risk of self- harm, choking, pressure sores and poor nutrition. We saw that plans were in place to help reduce or eliminate the identified risks. The care plans gave detailed information about the person's individual preferred routines and their likes and dislikes. This showed a person-centred approach to providing care. We saw however that two of the care plans did not have sufficient information in place to show how people were to be supported with certain aspects of their health. We recommend that, to help ensure the health and well-being of people is protected, the service looks for a best practice solution to ensure that all care records reflect the care required.

Although systems were in place to monitor the quality of the service provided there was not always enough information to show whether any areas for improvement had been identified and addressed. We recommend the service considers current good practice guidance in relation to the auditing of the service and facilities provided.

During our visit we saw staff treating people with respect and dignity. People living at the home were complimentary about the support and care that the management and staff provided.

Social and recreational activities were being provided and interactions between staff and the people who used the service were warm, friendly and relaxed.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and people were able to choose what they wanted for their meals.

We found the system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure that people received timely, appropriate care and treatment.

We saw that procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. Systems were in place to deal with any emergency that could affect the provision of care and we saw that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

Appropriate action had been taken with regards to the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People told us the manager and staff were approachable and felt confident they would listen and respond if any concerns were raised.

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.

We found that the premises were not as safe or as well maintained as they should have been.

We found that suitable arrangements were in place to help safeguard people from abuse however we recommend that more up to date safeguarding training is provided for some of the staff.

We found the system for managing medicines was safe.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited and supported.

Is the service effective?

Requires Improvement

The service was not always effective.

Most of the essential training required had been completed by the majority of the staff however we recommend the service considers providing mental health training for care staff, with particular emphasis on dealing with challenging behaviour.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Records we looked at showed that systems were in place to ensure that all staff received regular supervision meetings.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure that people's rights were considered and protected.

Is the service caring?

Good

The service was caring.

During our visit we saw staff treating people with respect and dignity. People living at the home were complimentary about the support and care that the management and staff provided.

We saw that people's religious and cultural needs were respected.

People records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The care records did not always reflect the care and support required.

People were provided with clear information about the procedure in place for handling complaints.

Systems were in place to ensure continuity of care when people were transferred to another care service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had a manager who was registered with the Care Quality Commission (CQC).

We found that some of the policies and procedures, including information in the staff handbook, were either not in place or were out of date.

Although systems were in place to monitor the quality of the service provided there was not always enough information to show whether any areas for improvement had been identified and addressed.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the service.

Victoria Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

We inspected Victoria Nursing Home on the 13 and 14 January 2016; the first day of the inspection was unannounced. The inspection team comprised of three adult social care inspectors. Prior to the inspection we contacted the Manchester Local Authority commissioners to seek their views about the service. We also reviewed information sent to us by the Manchester City Council's infection control officer. We also considered information we held about the service, such as notifications, safeguarding concerns and whistle-blower information.

We did not ask the provider to complete a Provider Information Return (PIR), prior to this inspection. 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.

During this inspection we spoke with three people who used the service, the registered provider, three registered nurses, one care assistant and the cook. We looked around all areas of the home, looked at how staff supported people, looked at four people's care records, eight medicine records, three staff recruitment and training files and records about the management of the service.

As a number of the people living at Victoria Nursing Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed the support provided in the dining room.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with told us they were happy and felt safe. Comments made included, "Without a doubt I'm fine here" and "Yes I'm safe, who wouldn't be?"

We looked around all areas of the home. We saw the front door to the home was kept locked and there was an intercom system in place. People had to ring the doorbell and, following intercom conversations to ascertain identification, were allowed access by the staff. This helped to keep people safe by ensuring the risk of entry into the home by unauthorised persons was reduced. There was also a fingerprint identification system in place for leaving the premises. This was in place to help prevent people who were considered as being at risk if they went out alone, from leaving the premises.

We saw the provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and the radiators were suitably protected with covers. We did identify that one upstairs window was without a restrictor. The provider and other staff informed us that there had always been one in place and could not explain why it was missing. We saw that several of the bedrooms were without a call bell lead. We were told the people who lived in these rooms did not need one. Several of the bedroom doors did not close to the rebate. This could be a risk to the health and safety of people in the event of a fire.

We saw that the new shower room on the top floor did not have a call bell lead and the ground floor bathroom call bell lead was too short to be reached in an emergency. The hot water to one of the baths was extremely hot. There was no bath thermometer available and we were told this bathroom was generally used by one specific person. This could expose a person to the risk of scalding.

One of the rooms, that had previously been a bathroom and had been made into a bedroom, had an accessible unlocked door that led into the eaves of the house. This could pose a health and safety risk. In one of the ground floor toilets we saw the floor covering was badly marked and the toilet seat was cracked. The cistern in the other ground floor toilet was broken and there was also no call bell in place.

The premises were not properly maintained to ensure that people are kept safe and their needs are met. We found there was a breach of Regulation 15 (1) (c) (e) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We saw that policies and procedures were available to guide staff on how to safeguard people from abuse and that all members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice).We asked staff to tell us how they would safeguard people from harm; they were able to demonstrate their knowledge and understanding of the procedures to follow. Inspection of training records showed that all staff had completed safeguarding training; however some long-serving staff had not received any updated training since October 2011. We recommend the service considers providing more up to date safeguarding training for staff.

We looked at four staff personnel files and saw a safe system of recruitment was in place. This helps to protect people from being cared for by unsuitable people. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We did note however that the recruitment policy and procedure was not detailed enough. Although the registered provider had checked with the Nursing and Midwifery Council (NMC) that the registered nurses who worked at the service had a current registration, there was no reference to the fact that these checks had to be undertaken. There was also no information in relation to the decision making process to be used in the event of a disclosure of criminal activity being identified.
We recommend the service updates their policy and procedure to reflect what they actually do.

We looked to see how the medicines were managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of eight people who used the service. We found that the medicines were stored securely. The medicines were kept in a locked trolley in a locked medicine room (that was in the process of being renovated) and we saw that only authorised registered nurses had access to them. Although no controlled drugs were in use on the inspection days, we saw that the system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

One of the MARs we looked at showed that the person was prescribed a medicine that was to be given 'when required'. Another MAR showed that the person was to be given one or two tablets as required. We found that information was not available to guide staff as to when they may need to administer medicines prescribed in this way. If information is not available to guide staff about 'when required' or 'variable dose' medicines need to be given, people could be at risk of not having the correct amount of medicines when they actually need them. The registered nurse agreed to put this information in place straightaway.

We saw that one person who used the service was prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes to food, for people who have difficulty swallowing. They may help to prevent a person from choking. Although staff we spoke with were aware of how much thickener was to be added to the persons' drinks there was no readily available prescription record of the amount of thickener to be added. It is important that this information is available to ensure that people are given their medicines as prescribed and are kept safe. The registered nurse on duty told us that this would be remedied straightaway.

We saw that appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed.

We looked at the staffing arrangements in place to support the people who lived at Victoria Nursing Home. From our observations, discussions with staff and people who used the service and inspection of the staff rosters we found there was a sufficient number of suitably experienced and competent staff available at all times to meet people's needs. The staff rosters showed there was a Registered Mental Nurse (RMN) on duty at all times who was supported by a sufficient number of experienced care staff. In addition they were supported by domestic, administrative and laundry staff. We were told that the registered manager, also an RMN, worked full time at the home. The hours they worked however were not always recorded on the duty roster. We discussed this with the registered provider who told us this would be addressed. During both inspection days we saw that the registered provider was present in the home. Staff we spoke with told us the registered provider was present most days to offer support and guidance.

The care records we looked at showed that risks to people's health and well-being had been identified, such as the risk of self- harm, choking, pressure sores and poor nutrition. We saw that plans were in place to help reduce or eliminate the identified risks.

Records showed a fire risk assessment and a risk assessment for all areas of the general environment were in place. We found systems were in place in the event of an emergency. We saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. They were kept in each person's care record and, in the event of an emergency arising, also in a central file that was kept in the reception hall. As several of the bedroom doors had key pads on them, that we were told had the approval of the Greater Manchester Fire and Rescue Service, we discussed with the provider the possibility of adding the access codes for each key pad on the plans. The registered provider attended to this whilst we were in the home. We saw that staff received regular training in fire prevention and the action to take in the event of a fire.

The service had a business continuity plan in place., The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire, utility failures and staff shortages. We mentioned to the registered provider that it would be good practice to add to the plan the contact details of the contractors they would use.

We looked at the on-site laundry facilities. The laundry was adequately equipped, looked clean and well organised. We looked around all areas of the home and saw the bedrooms, dining rooms, lounges, bathrooms and toilets were clean. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available on the corridors and hand-wash sinks with liquid soap and paper towels were available throughout most areas of the home. One of the sluices however had a hand wash sink that was storing clean mop heads and there was no liquid soap and paper towels available. The provider agreed to address this issue during the inspection. We also saw that paper towels were absent from several towel dispensers. We were told this was due to the fact that one of the people who used the service regularly removed them and that it was an ongoing problem.

We saw there was a cleaning schedule in place, which outlined the daily and weekly duties for staff involved in the domestic duties in the home. We saw that colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum.

Prior to the inspection we were informed that the home had been inspected by the Manchester City Council's infection control officer in June 2015 and had obtained a commendable score of 94% compliance.

We looked at the documents which showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliances, fire and hoisting equipment. These checks help to ensure the safety and well-being of everybody living, working and visiting the home.

We saw that any accidents and incidents that had occurred were recorded. The registered provider told us this was so they were able to analyse any recurring themes and then take appropriate action to help prevent any re occurrence.

Requires Improvement

Is the service effective?

Our findings

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Victoria Nursing Home. We looked at the training plan which showed what training staff had completed or required. We saw that most of the essential training required had been completed by the majority of the staff. This included areas such as infection control, safeguarding adults, nutrition, food hygiene and health and safety. One staff member told us, "If I ask for it (training) then I get it".

Although we were aware that the registered manager and the nursing staff were qualified as Registered Mental Health Nurses (RMN), it was noted that there was no specific mental health training for the majority of the care staff. The staff we spoke with told us that the nurses supported and guided them in relation to people's mental health needs. We recommend the service considers providing mental health training for care staff, with particular emphasis on dealing with challenging behaviour. This should help staff develop their knowledge and skills further; necessary to support people appropriately and safely.

We were told that verbal and written 'handover' meetings between the registered nurses were undertaken on each shift. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood.

Records we looked at showed that systems were in place to ensure that all staff received regular supervision meetings. Staff we spoke with confirmed that this information was correct. Supervision meetings help staff discuss their progress and any learning and development needs they may have.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff we spoke with told us what support people needed and what their preferences were in relation to their daily activities.

We looked at what consideration the provider gave to 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. Records we looked at showed clearly where decisions had been made in people's best interests. A 'best interest' meeting is where other professionals, and family, where relevant decide on the course of action to take to ensure the best outcome for the person using the service.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered provider told us and we saw information to show that three people were subject to a DoLS and 13 applications to deprive people of the liberty had been submitted to the supervisory body (local authority). Capacity assessments had been completed to determine which people may need a DoLS authorisation. This helped to make sure that people who were not able to make decisions for themselves were protected.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. Staff told us that food was always available out of hours. In addition to the main kitchen there was a smaller kitchen situated off the dining room, where people were able to make drinks and snacks when they wished.

We saw that the menus were on a six weekly cycle and there was always a choice of meal available. The cook told us that salads were always available as a third option and that people could have an alternative to the meals offered. A discussion with the cook showed they were
knowledgeable about any special diets that people required.

We saw that, following a recent food hygiene inspection, the home had been rated a '5'; the highest award.

We observed lunch being served to people and saw they were given a choice of meal and regular drinks; hot and cold. We saw kind, discreet interactions throughout where staff assisted people to eat their meals in a sensitive way. We asked some of the people we spoke with what they felt about the meals provided. Comments made included; "Yes, ok. We get plenty, can't grumble 'cos it's good" and "Nice food and I never go hungry".

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration.

During the inspection we were told the service was supported with general health care by the community nursing service. We were told they were, "Very good and very helpful". We were also made aware that the GPs who visited the home were based in the adjacent house. The care records we looked at showed that people had access to external health and social care professionals. We saw evidence of visits or appointments with GP's, hospitals, specialist social workers, and opticians

Victoria Nursing Home is a large converted detached house that provides bedroom accommodation on three floors; access is via a passenger lift. Toilets and bathrooms are situated on all floors. The communal areas of lounges and dining room are situated on the ground floor. The premises are suitable for the purpose of meeting the needs of the people who live there.

Good

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the registered provider and the staff. Comments made included; "It's not just a job, it is dedication. I love it here. The staff are fantastic and [one of the registered nurses] is fab and always helps me" and "Yes I am happy here and the staff are all very good to me".

People told us they could choose to spend their day as they wished. We saw people relaxing in the different communal areas of the home. One person told us they preferred to stay in their room for most of the day.

For those people not able to tell us about their experiences, we spent some time in the lounge observing how they were spoken to and supported by care staff. People looked well cared for, were clean, appropriately dressed and well groomed. We observed staff treat people with kindness and respect. Interactions between people and staff were pleasant and there was plenty of friendly banter with the people who were able to join in with the conversations. We saw that one of the care staff was speaking quietly to a person who used the service in their native language; encouraging them to eat their meal.

We were told by staff that people's religious and cultural needs were always respected. Staff told us about the coffee mornings that some people attended at the local church. One of the people who used the service confirmed to us that they liked going to the church and the coffee mornings.

We saw that one of the people who used the service was provided with a special diet of vegetarian and halal food.

Whilst walking around the home we identified that some of the bedroom doors had keypad locks and some had no locks at all. We were told that the people with keypad locks had requested them to ensure their privacy was respected and also to prevent certain people from entering their room. Staff told us their wishes were always respected. The registered provider told us that the rooms without locks were like that because it was what people wanted.

We asked the registered provider to tell us how staff cared for people who were very ill and at the end of their life. We were told that some staff had undertaken specialised end of life training. We were also made aware that the registered nurses and some of the care staff were experienced in caring for very ill people. We were also informed that the staff at the home received good support from the community nurses and the local GPs.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept in the staff office to ensure that information about people was kept secure.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us they felt they were well looked after. One comment made was, "They know what I need when I am not feeling good".

We asked the registered provider to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered. This helped the service decide if the placement was suitable and if people's needs could be met by staff. Information we looked at confirmed that assessments were undertaken before people were admitted to the home. The information then gathered was used to develop the person's plan of care.

We looked at the care records of four people who used the service. The care plans gave detailed information about the individual's preferred routines and their likes and dislikes. They also contained direct quotes from people, such as "I like to sleep until midday". This reflected a 'person centred' 'approach to providing care. The care records of two people however did not have in place sufficient information to show how they were to be supported with certain aspects of their care. It was identified that one person, due to their failing physical health, was at risk of developing pressure ulcers. There was however no plan of care to prevent pressure ulcers from developing. The other care plan did not contain enough information about the actual techniques staff were to use to support the person when they became resistant to care and support interventions. We recommend that, to help ensure the health and well-being of people is protected, the service looks for a best practice solution to ensure that all care records reflect the care required.

We looked to see what activities were provided for people. We were told that the activities were centred around what people were able, or wished, to do. During both inspection days we saw that some people were taken out, either to the shops or for a pub lunch. One person told us they liked to 'tinker' with their bikes that were in a shed outside. This person was busy repairing the strings on their guitar.

We were told about the regular coach trips that were arranged to take people to places of interest, such as Blackpool. The registered provider told us that they generally utilised the time between 2pm to 4pm for staff to support people with 'one to one' activities. People we spoke with confirmed that they had regular entertainment for special occasions, such as Valentine's Day, Easter, Christmas and Birthdays. A birthday party was being held whilst we were at the home.

We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving would be sent with them. We were told that staff would always provide an escort in emergencies or to attend appointments unless the person had the support of a family member.

We looked at how the service managed complaints. There was a copy of the complaints procedure displayed in the reception area. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. Information was in place to direct people to external agencies

such as Manchester City Council (MCC). It was documented that people were to contact MCC via email. We discussed with the registered provider that it may be useful to add the address and telephone number of MCC as not everybody had a computer and would therefore find it difficult to complain.

We asked the registered provider if there was a complaints log in place. We were told there was not as no complaints had been received about the service. We were told that if a complaint was made it would be taken seriously and a record would be made of any concerns raised and the action taken.

The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who, due to annual leave, was not present during the inspection. The registered provider was present during both inspection days.

Our conversations with the staff showed they felt included and consulted with. Staff spoke positively about working at the home. They told us they felt valued and that management were very supportive. Comments made included; "I always look forward to coming to work. I love it", "She [the registered provider] cares and all the residents know who she is" and "[The registered provider] is good, very approachable and is involved with the residents". We were also told, "They [management] are very good at allowing people to make decisions for themselves. It is not about making it easier for us. People have freedom of choice here" and "[The registered manager] supports you with anything; really very good and very involved".

We found that some of the policies and procedures, including information in the staff handbook, were either not in place or were out of date. Examples of this were in relation to; recruitment, where it did not reflect the checks that need to be undertaken on nurses to ensure they are on the NMC register and authorised to work as a nurse, safeguarding, where there was no information to show that CQC need to be notified of safeguarding incidents and Riddor, where recent changes have resulted in CQC being responsible for some aspects of health and safety reported incidents. There was no policy on the Mental Health Act 1983 (amended 2007). In addition the MCA and DoLS policy made reference to the old legislation of the Care Standards Act 2002, as did the medication policy.

Policies need to be reviewed and updated to ensure information reflects current legislation and guidance. Relevant nationally recognised guidance was not in place. We found this was a breach of Regulation 17(2) (d) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

We asked the registered provider to tell us what systems were in place to monitor the quality of the service provided. We were shown the checks/ audits that had been undertaken of the care and medicine records. They were detailed and showed where improvements were needed and what action had been taken to address any identified issues.

We were also shown an audit calendar that was 'ticked' when checks had been undertaken. The checks were undertaken on such things as training records, infection control, house- keeping, and people's personal finances. There was no information however to show whether any areas for improvement had been identified and if so what action had been taken and within what timeframe; necessary to ensure people receive safe and effective care. The registered provider told us that they did address any identified issues but did not record the action taken. We recommend the service considers current good practice guidance in relation to the auditing of the service and facilities provided.

A discussion with the registered provider showed they were clear about the aims and objectives of the service. This was to ensure that the service was run in a way that supported the need for people to gain independence, be involved in decision making and respect their right to take informed risks.

Staff we spoke with told us that staff meetings were held regularly; records we looked at confirmed that this information was correct. The records showed that regular meetings were held for the support workers, supervisors, registered nurses, management and catering staff. We asked about meetings for people who used the service and we were told they were held every three months We there was an 'open door policy' at the home and that people spoke to the registered manager and provider manager whenever they felt they needed to.

We were told that annual feedback surveys had previously been sent out to health and social care professionals involved in people's care and support. However the registered provider said these had not been distributed in 2015 due to previous media interest in the home. We were told it was their intention to send out surveys to people this year.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not properly maintained to ensure that people are kept safe and their needs are met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Relevant nationally recognised guidance was not in place.