Bupa Care Homes (ANS) Limited

Middlesex Manor Nursing Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Inadequate
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 2 October 2014 and was unannounced.

At our last scheduled inspection in July 2013 the service was not meeting the requirements of the law in relation to nutritional needs. We carried out a follow up inspection in September 2013 and found that the service was meeting the regulation and there were no concerns.

Middlesex Manor Nursing Centre is purpose built and consists of three units of single rooms with ensuite facilities. The home provides nursing care for up to 83 people. At the time of our visit there were 72 people living in the home, most people were older people, some people had dementia and other people had physical disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

During our inspection feedback from people, observation and most records we looked at demonstrated there were many positive aspects to the service including kind, well trained staff and skilled, experienced leadership. However, it was evident that the registered manager had a significant number of management duties to carry out in this large service. There was not a deputy manager in post to assist her with some of the day-to-day duties such as record keeping, supervision of medicines, checking staffing levels and auditing. The registered manager had received some support from senior management but some failings in these areas had not been identified which effected the quality of the service. So we have asked that action be taken to address these matters.

People's safety was compromised in the way some medicines were managed and administered. We found shortfalls in the recording and auditing of medicines.

People told us that they were happy with the service, felt safe and had their privacy and dignity respected. Our observations and discussion with relatives supported this. Conversations with people's relatives indicated that there was general satisfaction with the service provided. However, we found that most people did not have much to do and we saw little evidence of people taking part in meaningful activities individually or as a group.

Staff were familiar with people's needs and their key risks. However, it was not evident at the time of the inspection how the staffing numbers and skill mix had been determined to ensure people's varied and at times complex needs were met at all times. We found that there was a lack of sufficient staff to ensure that people received their meals without delay.

Staff received regular relevant training, were knowledgeable about their roles and responsibilities and received support from the registered manager and other senior staff. Staff had the skills to provide people with the care and support that they needed. Appropriate checks were carried out when staff were recruited.

Staff had received training about the Mental Capacity Act 2005 (MCA). However, we found staff were not always following the MCA for people who lacked capacity to make a decision. For example, an application under the MCA/ Deprivation of Liberty Safeguards (DoLS) for a person using the service had not been made, even though their liberty may have been restricted.

We found most people's health and care needs were assessed and regularly reviewed. Staff liaised with health and social care professionals to obtain specialist advice so people received the care and treatment they needed.

There was a clear management structure in the home. The registered manager was accessible and approachable. People who used the service, staff and people's relatives felt able to speak to the registered manager and nursing staff when they had any concerns or other feedback about the service.

There were systems in place to monitor the quality of the service and make improvements when needed. Checks of some equipment and call bells had not been carried out at the time of the inspection. However, promptly following the inspection the registered manager ensured these checks were carried out.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were aspects of the service which were not safe. Some areas of the management and administration of medicines were not managed safely.

It was not evident that there was always sufficient staff and skill mix to meet people's varied and often complex needs. Staff were recruited appropriately and understood how to safeguard people they supported.

The home had systems in place to identify and manage risks relating to people's health, welfare and safety. People did not have concerns about their safety.

Inadequate

Is the service effective?

There were aspects of the service which were not effective. Staff did not always follow the Mental Capacity Act 2005 and ensure the appropriate operation of Deprivation of Liberty Safeguards (DoLS) for people who lacked capacity to make a decision.

People chose their meals and were provided with the support they needed to eat and drink. However, some people waited considerable time before receiving their meals. We saw that nutritional assessments had been completed but some nutritional monitoring records were inaccurate and suitable action was not always taken when people's weight significantly changed.

Staff received the training and support they needed to carry out their various roles and responsibilities.

People and their family members were involved in decisions about people's care. People were supported to maintain good health and to access health services when they needed them.

Requires Improvement

Is the service caring?

The service was caring. People told us staff were kind and respected their privacy and dignity. They told us that staff provided them with the assistance they needed.

People were involved in decisions about their care. We saw that most care plans we looked at had been signed by people who used the service or a relative when appropriate which indicated agreement with the plan of care.

Good

Is the service responsive?

There were aspects of the service that were not responsive. It was not evident that the service was responsive to people's individual social needs as we found a significant number of people did not have the opportunity to participate in any planned meaningful activities.

Requires Improvement

Summary of findings

People's needs were assessed and appropriately reflected in care records. However, we found a person's needs had not been reassessed when their needs had changed.

People knew how to raise complaints which were generally responded to appropriately and in a timely manner. People had the opportunity to attend meetings and complete annual satisfaction surveys. Improvements to the service were made in response to this feedback.

Is the service well-led?

There were aspects of the service that were not well-led. There were systems in place to monitor the quality of the service and to make improvements when needed. However, we found areas where recent checks had not taken place or had not been robust, so some deficiencies in the service had not been identified.

The registered manager demonstrated leadership and accountability. People spoke positively about the registered manager. She was approachable and ran the home in an open and transparent manner. The registered manager received some support from senior management but there was not a deputy manager in post to assist with the numerous management duties.

Staff told us that they were supported and felt able to express their views about the service.

The registered manager had a good working relationship with health and social care individuals and organisations. Links with the community were promoted.

Requires Improvement

Middlesex Manor Nursing Centre

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 unannounced inspection was carried out on 2 October 2014 by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A pharmacist inspector also carried out an unannounced inspection on 8 October 2014.

During our visit we spoke with 18 people who lived at Middlesex Manor Nursing centre and seven of their relatives. We also spoke with four nurses, nine care staff, a housekeeper, an occupational therapist from the NHS Trust rehabilitation and reablement service, a quality manager and the registered manager. We spent time observing care and support being delivered in the main communal areas. We looked at records, which included; 12 people's care records, four staff recruitment records and records relating to the management of the service. Following our visit, we spoke with two health care professionals, a social worker and a hairdresser who had contact with staff and people living in the home.

Some people had complex needs so we used the Short Observational Framework for Inspection (SOFI) to observe the way they were cared for and supported. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection the provider 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 reviewed the information included in the PIR along with other information we held about the home.

Inadequate

Is the service safe?

Our findings

People who used the service told us they felt safe This was confirmed by relatives and other visitors we spoke with. People knew who to speak to if they had a concern about their welfare and were confident that they would be listened to and appropriate action would be taken. Comments from people included, "I do feel safe here," and "There is certainly no abuse here." A visitor told us that their relative was "safer here than at home." Healthcare and social care professionals we spoke with had no concerns about people's safety. However, we found some shortfalls that meant some aspects of the service were not safe including aspects of the way medicines were managed and administered.

Nurses administered medicines to people. People told us they received their prescribed medicines. However, we found some omissions in the recording of administration of medicines. For example records did not indicate some liquid medicines had been administered and our stock count of an antibiotic indicated that it had not been administered. We counted several stocks of medicines which were dispensed in their original packs, to check the accuracy of the records. We found that there were some discrepancies in records and actual stock of some medicines so we could not be assured that all medicines were given as prescribed. One fridge used for the storage of some medicines was unclean with a spillage of a feed on an open box of injections. The controlled drug cupboards were used to store non medicine items which could mean that unauthorised people could gain access.

We looked at the medicines audits carried out by the home. We found that these checks were not always carried out in all units of the home. We also found that staff were not always randomly auditing individual records and supplies particularly for those people on more complex regimens. These omissions indicated people were not always protected against the risks associated with the unsafe management and administration of medicines.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found there were times when staffing levels were insufficient to deliver care that met people's individual needs and ensure their welfare and safety. A significant number of people had complex care needs and were cared for in bed. Although the registered manager told us that the staffing numbers and skill mix were set with regard to people's dependency needs, there was no system in place that showed this. For example, on the ground floor unit it was not evident how it had been concluded that two care staff and one registered nurse were sufficient staff to provide care and support at night for up to 26 people many of whom were immobile.

Feedback from staff about the staffing levels in the home varied. Some staff told us that they felt that there were sufficient staff on duty however, three staff and a relative of a person we spoke with said that they felt that staffing levels were insufficient. We spoke to care staff who had just completed a night shift. They told us they were busy all night meeting peoples' varied and significant needs. A relative of a person who used the service said, "They could do with more staff."

During mealtimes we observed that some people had to wait a significant amount of time before being provided with their meal whilst staff were providing care and support to others. Two people waited an hour and ten minutes for their breakfast and people in the dining room waited 45 minutes for their meal. We saw people on the first floor sat for 15 minutes at the dining room table before being offered a drink.

Although the home was clean we observed that it took a significant time for a housekeeping member of staff to clean a bathroom where we had found a spillage that needed cleaning. A housekeeper told us that there was a shortage of housekeeping staff on the day of the inspection.

A relative told us that on some occasions they waited for several minutes before a call bell was responded to by staff. We rang call bells on three occasions to check response times. The responses ranged between one and seven minutes. A wait of seven minutes could be of risk to a person's welfare and safety if they needed urgent assistance from staff. We heard one person calling from their bedroom. We noted they had no cable on their call bell which meant it could not be used. We discussed this with the registered manager who arranged for a member of the maintenance team to rectify this during the inspection and they also checked that other people's call bells were working. Following the inspection the registered manager

Inadequate

Is the service safe?

provided us with documentation that confirmed that checks of all the call bells had been carried out and were in working order. The registered manager told us the call bells were now checked weekly.

The registered manager told us that there had recently been an increase from one to two nurses on duty during the day on the ground floor unit to meet the nursing needs of people. When we checked the staff rota we found that on one unit a nurse who was unavailable to do their nightshift had not been replaced with another nurse. Nursing cover and leadership for that unit had been provided by a nurse working on another unit so people might have been at risk of not having their nursing needs met promptly when needed if that nurse was busy.

The number of staffing shortfalls we found meant that there was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were systems in place to protect people from abuse and to keep them free from harm. Staff were knowledgeable in recognising signs of abuse and the related reporting procedures. Information about reporting abuse was displayed. Staff told us that they had received training about safeguarding people and training records confirmed this. All except one member of staff we spoke with had a clear understanding of the organisation's whistleblowing procedures.

The service managed a small amount of cash for some people in the home. We saw that records including receipts of expenditure were available. Regular checks of the management of people's monies were carried out by the registered manager and other management staff to reduce the risk of financial abuse.

People's care plans included risk assessments to do with people's mobility, personal care and behavioural management. These assessments identified hazards that people might face and the support they needed to minimise the risk of being harmed. During our inspection we found that staff followed this guidance. For example, we saw staff use appropriate equipment when assisting people to transfer from their bed to their wheelchair.

Staff took appropriate action following accidents and incidents. Incidents and accidents were recorded, investigated, reported to the provider and where appropriate, organisations including the CQC and local authorities were informed. Action was taken to make improvements and minimise the risk of them happening again. A person told us that their relative "had a fall some time ago and they [staff] rang us immediately." Staff knew about emergency procedures and the emergency services they would need to contact, for example, if there was a fire.

We looked at recruitment records of four members of staff. We found that the staff recruitment and selection processes carried out by the service were safe. Application forms had been completed which had included people's employment history, two references obtained and formal interviews carried out. Criminal record and barring checks had also been completed to establish that people were suitable to care for people living in the home.

Requires Improvement

Is the service effective?

Our findings

People's care plans included the Malnutrition Universal Screening Tool (MUST) which identified people who were malnourished and provided a score of their level of risk of malnutrition. We saw for one person the MUST score had been completed incorrectly so did not identify the accurate risk of the person being malnourished. We found a nutrition plan had not been put in place for this person even though they had lost a significant amount of weight. Three other people's records showed they had gained a significant amount of weight but no action had been taken in response to this. We discussed nutrition screening with the registered manager and quality manager. The quality manager told us each month they audited three people's care plans. We viewed the records of a check of a person's nutrition care plan and noted the section on the audit as to whether a MUST score was completed did not identify if the MUST score was correct. This indicated the quality assurance process in relation to nutrition screening was ineffective.

The chef told us "fortified" meals and different types of milk were supplied to the units and staff decided who needed them according to people's individual needs. However, on the 2nd floor unit there was no list of people's specific nutritional needs to assist staff in identifying the texture and nutritional content appropriate for people's individual requirements. This information was also not available in some people's care plans. These oversights did not assure us that people were protected from the risks of inadequate nutrition and of not receiving meals in a manner they required, such as pureed.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People said they thought the food was good. We saw people had a choice of meals and could eat where they wanted. Some people ate their meals in their bedrooms. A person told us that she preferred to eat in her bedroom. We observed staff being attentive to the needs of people as they supported them with their meal. People who required support with their meals said they felt staff gave them enough time to eat their meal without them being rushed. A kitchen assistant we spoke with had a good understanding of people's needs and preferences regarding meals. We saw some people were provided with pureed meals. These were well presented. People's comments about the food included, "I eat everything, it's all very good," and "The food is very good," "The lunch was alright," "I eat everything" and "I can have a drink at any time".

At the time of our inspection the registered manager told us that there were no Deprivation of Liberty Safeguard (DoLS) authorisations in place and no applications for DoLS authorisation had been made for any people using the service. DoLS are part of the Mental Capacity Act 2005 (MCA) and exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. People must only be deprived of their liberty if it is in the best interests of the person and there is no other way to look after them. It should be done in a safe and correct way.

Although the registered manager was aware of the recent Supreme Court judgement which broadened the scope of the DoLS we found at this service there was a lack of awareness of the judgement's implications. For example, there were a significant number of people living in the home who were always accompanied when out of the home and were not free to go out into the community alone. In addition, three staff could not recall having received MCA and DoLS training so might not be aware of what procedures to follow if people were being deprived of their liberty.

We found one person's care plan included a request made by their social worker in June 2014 that a DoLS application be made in the person's best interests. However, at the time of the inspection a DoLS application and a written risk assessment about the person leaving the home unaccompanied had not been made despite the person having on occasions left the building alone. Following the inspection the registered manager promptly made a DoLS authorisation application and a risk assessment was completed. However, the lack of action to apply for a DoLS authorisation and the overall lack of awareness when DoLS authorisation applications should be made meant there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All the care plans we looked at included an assessment of people's capacity to make particular decisions. Staff involved people in decisions about their care and sought their consent. For example, we heard a care worker ask a person if they wanted help with cleaning their teeth and shaving. The care worker waited until the person

Requires Improvement

Is the service effective?

consented to being assisted before helping them with their personal care. Staff knew about the process for making a decision in a person's best interests and care plans included records of these decisions. For example, we found a decision about the use of bedrails had been made in a person's best interest with involvement from their family members and the person.

Staff training records showed staff had received up to date training in key aspects of their role such as dementia care, moving and handling, health and safety, pressure area care, end of life care and behaviour that challenges. We found that staff development was supported as most care staff had achieved recognised qualifications in health and social care.

Staff had regular supervision meetings with senior staff where they had the opportunity to discuss areas of their choice and best practice. A programme of annual appraisal was also in place. This showed systems were in place to support and develop staff.

All the people we spoke with told us they were able to access health care services as and when necessary. This was confirmed by family members. Staff had regular contact with visiting health professionals and sought advice from them when needed. A person told us arrangements were made for them to see a doctor when they requested and whenever they felt unwell. A person attended a hospital appointment during the inspection. Comments from people included, "I can get to see the doctor when he comes on a Tuesday," "They [staff] would organise any healthcare when needed," "Medical changes are discussed with me and the family," and "We pay for a person to come and cut my relative's toe nails".

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. This was confirmed by family members. Comments made by people who used the service included, “I have no complaints,” “I get on with everyone here, they look after me well,” “The staff are nice,” “They listen to me, I have a shower every day,” “I’m very happy here, it’s all very good,” “I am cared for as I need and they discuss changes with the family.” People’s relatives told us, “They have consulted with us on her care,” “They know exactly what care she needs,” and “It’s a very nice home.”

We saw that staff interacted with people in a respectful and considerate manner. We heard staff initiate conversations with people and spoke with them when providing them with assistance. The registered manager told us that several staff spoke a number of languages so people who had difficulty in understanding or speaking English were able to communicate with staff about their needs.

People maintained relationships with family and others important to them. A visitor informed us that the home had ‘open’ visiting which enabled them to see their relative at a time convenient for them. A person who used the service said “My visitor can come at any reasonable time.” Visitors told us that staff had regular contact with family members about the care needs of people who used the service. Records we looked at confirmed this.

People told us that staff respected their privacy. We saw staff knock on people’s bedroom doors. Doors were closed when staff supported people with their personal care. Comments from people who used the service and visitors included, “From what I’ve seen, they do exercise respect and dignity,” “They absolutely treat her with respect and dignity,” and “The staff are respectful”. Staff told us that treating people with respect had been included in their induction programme.

We found people had access to the equipment they needed to promote their independence. For example, people used walking frames and wheelchairs to enable them to move freely within the home. A person who used the service told us that their wheelchair enabled them to independently access the garden.

People who used the service told us they were given choices by staff. A person told us that they decided when to get up and what to wear. Other people confirmed they had a choice about when they had a bath or shower. A person said “I have a shower everyday which is what I like,” “They [staff] listen to me about my care. We saw people were provided with a choice of food and drink. Comments from people included, “I can choose what to wear,” “I go to bed when I like,” and “If I want something different to eat, they make it for me.”

Care plans addressed people’s individual needs and preferences. A person told us that they had been asked whether they had a preference with regard to the gender of the care workers who assisted them with their personal care and staff had listened to them. Care plans included detailed information about people’s life histories, interests, religious and cultural needs. Several staff we spoke with knew people well and were able to tell us about people’s individual needs and provide us with some details of people’s personal background. A relative of a person who used the service spoke very highly of a care worker who they said was “very good and understands my [relative’s] needs.”

Representatives of several faiths regularly visited the home to support people with their spiritual needs.

Care plans contained a record of people’s wishes regarding end of life care and support. Some people had advanced directives care plans which included people’s wishes about the care they wanted at the end of their life. People had support from the community palliative care team. We found there were medicines prescribed for a person receiving palliative care in case they needed them for pain relief and other symptoms of their medical needs. These were documented on the person’s medicine administration records and in the end of life care plan.

Requires Improvement

Is the service responsive?

Our findings

People's care records showed that assessments were undertaken to identify people's individual care and support needs and care plans included guidance which showed how these needs were met with support from staff. People told us "The staff listen to what I say" and "I am cared for as I need and they discuss changes with the family". Relatives told us that people's care was focused upon them as an individual. People told us that staff understood their needs and had involved them in decisions about their care.

Care plans showed that people's relatives had been invited to discuss their relative's needs and they had been involved in the review of the person's care plan. A relative of a person said "I am very involved in all decisions about my relative's care and they keep me informed about her care." Another relative said, "They have a monthly review and they take note of my father's needs", "He had a fall some time ago and they rang us immediately". Another relative told us that they felt fully involved in their relative's care plan and had the opportunity to regularly discuss the person's care with staff. They said that they felt listened to and their relative received the care that they needed by caring staff. A visitor told us that their relative was "well looked after" and "the staff seem kind and competent". However, one family member did not recall meetings being held about their relative's care plan.

The care plans and risk assessments we looked at were generally up to date. However, we saw one person's care plan recorded they had a pressure ulcer but when we asked a nurse about its management plan we were told that it had healed. We discussed this with the nurse, quality manager and registered manager on the day of inspection. We found a second person's care plan had not been updated since the person returned to the home following a hospital admission, so staff did not have an accurate care plan record to ensure they had up to date information about how to meet the person's needs.

The registered manager informed us that the activities co-ordinator was not on duty at the time of the inspection and that it was the role of the care staff to support people with leisure pursuits when the activities worker was not working in the home. However, we found care staff busy spending most of their time during the inspection supporting people with their personal care and other needs. There was a programme of activities displayed. However, we did not see any organised activities on the day of inspection and there was little evidence that indicated people were supported to take part in hobbies and leisure pursuits of their choice. We saw a person knitting and another person completing a jigsaw puzzle and people sat in the lounges of each unit or in their bedrooms mainly watching television or sleeping. This was evident during the period of our focused observation (SOFI).

We saw the 'Resident Customer Satisfaction Survey 2013' showed that 97% of people agreed that they were treated as an individual by the service and 100% had rated the social and recreational activities and events as good or excellent. However visitors and people who used the service said, "There's not enough to do, why can't they do more trips out," "My relative engages with staff but does not take part in activities," "There could be more physical type activities," "I feel bored lying in bed. I don't have enough to do" and "There is not much to do." One person informed us they had enjoyed a summer fête organised by the home. The lack of opportunity for people to take part in activities particularly when the activities co-ordinator was not on duty could lead to people being socially isolated and bored.

The home had up to date complaints policies and procedures in place. Staff had an understanding of the complaints procedure and they told us they would report all complaints to senior staff. There was a suggestion box located in the reception area. There had been 26 compliments about the service from April to September 2014. All the people we spoke with told us they felt able to raise any concerns or complaints with staff including the registered manager and people were generally confident their concerns and complaints would be taken seriously, and responded to appropriately. A person told us that the registered manager had responded appropriately to a concern they had raised. Complaints and the action taken in response to complaints were recorded electronically and audited by the provider. However, we noted a care plan had details of a complaint from a family member but the action taken by staff in response to this had not been recorded or included in the electronic complaints records we looked at. Comments from people included, "If anything is bothering us we have been told to come and talk about it," "If I am unhappy about something with the care, I would complain" and "They deal with complaints straight away."

Requires Improvement

Is the service responsive?

People had the opportunity to attend 'residents' meetings. We saw minutes of a recent meeting which showed the registered manager had promoted the 'open door' policy and had asked people to let her or nursing staff know if they had any concerns about the service. At the meeting a person had spoken positively about the care. Audit records showed that the quality manager asked people for feedback about the service when they carried out their regular checks of the home. Also two 'provider reviews' carried out by a regional manager showed that she had spoken with people during her visit and their feedback had included some positive views of the meals.

Some of the people we spoke with recalled being asked for feedback about the service. A person who used the service told us "There is a yearly survey of residents and relatives." A 'Resident customer satisfaction survey' had been carried out in Autumn 2013 and the results indicated people were satisfied with the service. A person told us that they could speak to the registered manager or nurses at any time. They said, "They listen and sort things out" another person said that staff "listened to their opinions". However, two relatives we spoke with told us they had not been asked for feedback about the service.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of service. However, the systems were not effective in identifying, assessing and managing the range of health, welfare and safety risks presented to people using the service. There were regular quality checks of the systems and working practices in the home. We saw records of two recent audits of the service carried out by a senior manager. Both contained an action plan of improvements that needed to be made and dates of when these were completed. These audits included checks of care plans, infection control, staff supervisions, health and safety and the environment. Other checks included a recent audit of pressure ulcers which had been reviewed at a clinical review meeting and an improvement plan was put in place.

However, we were shown a 'Quality Metrics Report August 2014' which measured the outcome of delivery of care in several areas of the service such as people's involvement, accidents and incidents, and care plan reviews. There was no record of the registered manager's response to this information so we were not able to determine whether any action to make improvements to the service had been made. We found that recent checks of call bells and calibration of weighing scales had not been carried out and we found that the systems for monitoring the management and administration of medicines and people's nutritional needs were not robust.

This lack of effective monitoring of the service meant that there were risks presented to people using the service and therefore a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The deputy manager post was vacant with a senior nurse taking charge of the home when the registered manager was not on duty. The lack of deputy manager could have had an impact with regard to our findings that some checks of areas of the service were not carried out and other checks found to be not robust. The quality manager told us she was aware of the need for more management support and was now regularly spending time in the home supporting the registered manager with checks of the service and providing her and other staff with advice and support.

The registered manager had managed this service for several years. Staff and relatives of people told us the registered manager was approachable and visible within the home and responded appropriately when they had brought any matters to her attention. The registered manager told us that she worked often 'hands on' providing people with care and support. This was confirmed by a healthcare professional we spoke with.

Care staff were aware of the management structure. People including health and social care professionals spoke in a positive manner about the manager and the home. Comments from people included, **"**The manager is very approachable," "The manager is always available to talk with". "The staff communicate well and leadership seems good," "Staff go out of their way. It is a family atmosphere" and "The management of the home is good".

Staff told us that they had the opportunity to attend staff meetings where they discussed a number of topics and received guidance about ways to improve people's care. Staff told us that they felt comfortable raising issues to do with the service and were listened to. A member of staff said "I've been here a year and I am very happy working here".

The registered manager, nurses and care staff participated in daily meetings. Minutes of these meetings showed areas of the service such as cleanliness of the environment, incidents and people's needs were discussed and action to make improvements was agreed.

Healthcare professionals told us they had a good working relationship with the registered manager and were satisfied with the service provided by the home. We found that the registered manager promoted contact with the community by holding open days and other events including summer fêtes and participation in the National Care Home open day in 2014.

Records showed that resident's/family meetings took place regularly. Minutes of a recent meeting showed that people had discussed the catering and GP contact in the home. Records showed that people regularly provided feedback about the service which included 26 compliments since March 2014.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines by means of making appropriate arrangements for the recording, safe keeping and safe administration of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. There were not sufficient numbers of staff at all times.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs The registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration through support for the purposes of enabling service users to eat and drink sufficient amounts for their needs. Assessments and care plans had not been updated and staff were not adequately informed. Regulation 14 (1) (c)

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse where any form of control or restraint is used by having suitable arrangements in place to protect service users against the risk of such control or restraint being unlawful. Regulation 11 (2) (a)
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person must protect service users and others who may be at risk, against the risk of inappropriate or unsafe care and treatment, by means of identifying, assessing and managing risks related to the health, safety and welfare of service users. Regulation 10 (1) (b)