

Donnelly Care Homes Ltd
Kirkella Mansions
Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 July and 2 August 2018 and was unannounced.

Kirkella Mansions is registered to provide residential care for up to 25 older people who may be living with a dementia related condition. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation across two floors. At the time of our inspection there were 21 people using the service.

The registered manager had been in post since 1 February 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in June 2017, we rated the service requires improvement overall and identified five breaches of regulation relating to safe care and treatment, safeguarding people from abuse, staffing, fit and proper persons employed and the governance of the service. This was because ineffective systems were in place to assess potential infection control risks to people's health. The processes in place to report safeguarding concerns were not clear for staff to follow and had not been regularly updated. Not all staff had received safeguarding training, some staff had not received an appropriate induction to the service or received adequate supervisions and appraisals to support them in their role. The provider had not taken reasonable steps to ensure new staff were of suitable character to work in a care setting. Records were not always complete and contemporaneous in respect of people receiving a service. Quality assurance systems were not effective in monitoring and improving the quality of the service. We asked the provider to address our concerns.

At this inspection, we found that some improvements had been made. The provider had put measures in place to meet the breaches of regulation 13; Safeguarding people from abuse, 18; Staffing and regulation 19; Fit and proper persons employed. However, we identified two continued breaches of regulation 12; Safe care and treatment and regulation 17; Good governance.

Medicines were not always being administered as prescribed. We highlighted issues in the ordering, administration and recording of medicines. Complete and contemporaneous records were not always in place for the administration of medicines.

Staff knew people's needs well and understood the importance of person-centred care. Care plans included information about people's level of independence, preferences and religious or cultural backgrounds.

We identified some fire safety issues within the premises. These were discussed with the provider and they assured us these would be addressed immediately.

The environment was clean and staff followed good infection prevention and control practices. Improvements had been made to the decoration of the premises overall. However, we did identify some areas that required attention in relation to infection prevention and control. The provider told us this was a work in progress to ensure all areas were addressed in a timely manner.

Staff had received training in infection control procedures. Measures had been taken to ensure bedrooms were fit for occupancy and posed no risks to people's health or well-being. The laundry room had clear signage to ensure that clean and soiled items were kept separate to avoid cross-contamination. We found some areas that required attention such as, one radiator that had paint peeling off and skirting boards in a hallway that had been scuffed to the bare wood. The registered manager took steps to address these following our inspection.

The provider had completed a range of audits. These were not always effective in driving improvements across the service, as they had not identified some of the issues we found during this inspection.

Staff were knowledgeable about different types of abuse and how to report them. The provider had a schedule of training in place which confirmed all staff had received training in safeguarding. Policies and procedures had been regularly reviewed and updated.

Recruitment practices had been improved to ensure appropriate checks were in place to confirm staff were of a suitable character to work in a care setting. New staff received a thorough induction and records showed regular competency checks, supervisions and annual appraisals had been completed.

The service used a training matrix which had been updated to reflect staff training scheduled and completed.

We observed staff supporting people to eat and drink throughout the inspection. Records showed that staff liaised with health professionals when needed to support people with their health and well-being.

People and their relatives told us there were various activities held regularly which considered people's, choices and preferred interests or hobbies.

Staff sought people's consent and records showed applications had been submitted to the local authority for consideration and authorisation to deprive people of their liberty when appropriate.

Accident and incidents were recorded and analysed. These included any actions taken by the provider to mitigate identified risks to people.

Staff were kind and caring towards people. Staff had a good understanding of how to respect people's privacy and dignity whilst promoting their independence.

Staff gave positive feedback about the support, advice and guidance that senior management provided to them. They felt that staff worked well as a team and communicated effectively to meet people's needs.

You can see the action we have told the registered provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicines were not always managed safely and recorded were inconsistent or inaccurately recorded for some medicines.

The home environment was clean. However, we identified some issues around fire safety, general maintenance and infection control.

Staff received training and understood their responsibilities in relation to safeguarding people for avoidable harm or abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received regular supervisions and annual appraisals.

Staff supported people to maintain a nutritional diet and ensured regular refreshments were served to support hydration.

Records showed the service was working within the Mental Capacity Act (2005) to ensure where people lacked capacity to make decisions, best interest meetings were held to support them. Staff knew the importance of gaining people's consent to care and treatment.

Good ●

Is the service caring?

The service was caring.

People and their relatives told us staff were kind and caring towards them.

Staff respected people's privacy and dignity whilst promoting their independence and offering choices in line with people's likes and preferences.

People felt that staff listened to them and respected their wishes. Staff understood the importance of maintaining people's confidentiality at all times.

Good ●

Is the service responsive?

The service was responsive.

Care plans could be more person-centred and contain information to guide staff around specific health conditions. However, staff were extremely knowledgeable about people's needs, preferences and interests.

Activities were well organised and included entertainment, exercises and various trips outside the home.

The provider had a system in place to manage and respond to any complaints about the service.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Improvements had been made in many areas, but further progress was needed in relation to new and repeated concerns identified during this inspection.

Records were not always well-maintained, accurate or including sufficient detail to guide staff in how best to support people's specific needs and manage their medicines appropriately.

Quality monitoring systems and audits had not always been effective in monitoring the service and highlighting areas that required improvements to be made.

People and their relatives felt the management team were approachable, and transparent in their management and leadership of the service.

Requires Improvement ●

Kirkella Mansions Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 23 July and 2 August 2018 and was unannounced.

The inspection was carried out by one inspector on the first day and two inspectors on the final day.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We contacted the local authority's adult safeguarding and quality monitoring teams to ask if they had any information to share.

The service had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service, three visiting relatives, the registered manager, assistant manager, three care assistants and one senior care assistant.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed two people's care plans and risk assessments, medication administration records and three staff recruitment files including training, supervisions and appraisals. We also looked at records relating to

the running of the service, such as; policies and procedures, maintenance records and audits.

Is the service safe?

Our findings

At the last inspection in June 2017, staff had not received adequate training in safeguarding vulnerable adults. Policies and procedures to guide staff in how to manage safeguarding concerns had not been regularly updated and clear guidelines were not in place for staff to follow. Systems to check the safety of the environment were ineffective and had failed to identify infection control issues. The provider had not followed their recruitment policy when recruiting staff to ensure they were of suitable character to work in a care home. This was a breach of Regulation 12; Safe care and treatment, Regulation 13; Safeguarding service users from abuse and improper treatment and Regulation 19; Fit and proper persons employed.

At this inspection, improvements had been made and the provider was compliant with regulations 13 and 19. However, we identified new concerns in relation to regulation 12, which has resulted in a continued breach of this regulation.

Recruitment procedures had been followed in line with the providers policy. References for prospective employees had been obtained before their employment was confirmed. This ensured that people were of a suitable character to work within a care setting.

Records showed that all staff had received training in safeguarding adults from potential harm or abuse. Policies and procedures had been regularly updated to include clear guidance for staff to follow should they have any concerns of a safeguarding nature. Staff had good awareness of the different types of abuse and how to report them.

Systems were in place to regularly check the environment and improvements had been made in this area. The laundry room had clean and dirty working areas and colour coding was in place to prevent cross contamination between clean and soiled items of clothing. The provider had redecorated most of the building, including new carpets or non-slip flooring. Although the provider had made improvements in this area, we identified other issues and concerns about infection prevention and control and fire safety within the service. For example, we identified two fire doors that were unable to close. The kitchen door hinges had dropped and a bedroom door upstairs was unable to close as the door had not been fitted correctly to enable it to close. Paint was peeling from a radiator cover and some skirting upstairs needed painting as several areas were down to the bare wood. This meant that people would not be safe in the event of a fire occurring as some fire doors would not close to prevent the spread of smoke, fumes and fire. Effective measures had not been put in place to ensure that surfaces were sealed to prevent bacteria accumulating and infections spreading.

Medicines were not always administered as prescribed, recorded or stored appropriately. We viewed seven records for topical medicines or prescribed creams; four showed the last time of administration being May 2018, one was blank and two had no records available for us to view. Medicine administration records (MAR) did not show that medicines had been counted following each administration. One person's medicines had been prescribed to be taken at intervals during the day. Staff told us on a couple of occasions two doses of medicines were being given at once instead of at separate times as the person refused to wake to take their

medicines. Staff had completed the MAR to reflect that the medicines had been given at the intervals prescribed, even though this had not been the case. Staff had not contacted the prescriber to discuss alternative options to ensure this person received their medicines safely. Since our inspection the provider has contacted the GP for further advice. This person's medicines are now administered at appropriate times to accommodate their sleeping patterns. We found other issues in relation to staff not signing in received medicines. One person's MAR chart showed that their anti-depressant medicines had not been prescribed for two days and there was no record kept of the current medicine count. This meant that we could not be sure that all medicines were being given in line with the prescriber's instructions as records were inaccurate, inconsistent or not recorded. Staff had failed to seek the appropriate input from health professionals before changes were made to the administration of people's medicines.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff completed fire safety training and took part in regular fire drills. Personal evacuation plans provided guidance on the support people would need to evacuate the building in an emergency. The provider had a fire risk assessment in place which had been recently updated. Maintenance checks had been carried out to ensure fire equipment was regularly serviced and things such as emergency lighting checks completed.

We observed staffing levels to be sufficient to meet people's needs. Relatives feedback included, "Yes, there are enough staff, they are happy staff" and "All staff are always busy. Could do with one extra person sometimes." The provider used their own system to work out safe staffing levels and staff were asked for their input before these were confirmed. Rotas confirmed that staffing levels were maintained consistently across the service.

The provider had systems in place to ensure regularly electrical testing on portable appliances and electricity or gas were inspected for safety in line with current legislation. Equipment such as slings and hoists were regularly checked and serviced by suitably qualified professionals.

Staff recorded accidents and incidents which recorded a summary of the incident, the immediate actions taken and any preventative measures put in place to mitigate any future risk.

People we spoke with told us they felt safe living at Kirkella Mansions. One person said, "I do feel safe here. The staff are really helpful and kind." A visiting friend told us, "I do feel [name] is safe."

Staff continually assessed people's needs and updated their care plans regularly. The provider identified risks to people and risk assessments had been put in place to guide staff in mitigating them.

Is the service effective?

Our findings

At the last inspection in June 2017, staff had not received regular supervisions and appraisals. Induction training was not recorded in staff files. The provider had not carried out competency checks and ensured all staff received regular refresher training. This was a breach of Regulation 18; Staffing.

At this inspection we found improvements had been made and the provider was compliant with regulation 18.

The registered manager had introduced a new induction process which included completion of the Care Certificate workbook. The Care Certificate is a set of standards that social care and health workers observe. It is a minimum set of standards that should be covered as part of induction training for new care workers. During induction staff were supported by the registered manager with regular supervisions and competency checks to ensure they were well equipped to carry out their role.

Staff told us they received regular supervisions and appraisals. This was supported by records that encouraged self-reflective practice and identified any areas where staff required additional support. Supervisions also incorporated observations and staff were given both constructive and developmental feedback in a positive way. One member of staff told us, "I feel supported. I have regular supervisions each month and I can request one earlier if I need to discuss something. [Name of registered manager] is very approachable and I can talk about any problems or ask questions."

Carpets throughout most of the building had been replaced and were plain neutral colours to support people living with a dementia. There was signage to help people orientate independently around the home. Daily meal choices were written on a whiteboard near the dining area, pictures had been used to support people that may have a cognitive impairment. The day, date, season, weather and staff that were on duty each day were also detailed. A bus stop was near the lounge area with a timetable for local buses. We observed several rummage boxes within the home which were filled with various items to encourage stimulation for people living with a dementia related condition.

The provider had a training matrix in place which showed training that had been completed and scheduled for staff. One member of staff said, "We complete regular training. I have recently completed courses for moving and handling including practical use of hoists and slings and first aid training." Records showed that staff completed regular refresher training that the provider deemed necessary, this included; safeguarding, infection control, fire safety, dementia, and moving and handling.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation 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. Applications had been made to the local authority for consideration and authorisation to deprive people of their liberty. We did identify that one person's DoLS authorisation had expired on 19 June 2018 and when questioned the registered manager was not aware of this. We requested that they consider whether this was still required and if necessary ensure a new application was submitted to the authorising authority immediately. This appeared to be an isolated incident and we saw records to show that DoLS had been regularly re-applied for when necessary and dates for re-applications had been scheduled.

Staff had good awareness of the MCA and understood the importance of offering people choices and supporting them to make decisions. One member of staff told us how they supported people to be independent whilst offering choices, "When I assist people to get up I offer a shower, bath or flannel wash. Depending on the information in care plans, we encourage people to be as independent as they can be and if they can do things themselves, we encourage them to do so." We observed staff asking people for their consent prior to taking them to the toilet or assisting to eat and drink. Care plan records showed that mental capacity assessments and best interest meetings had been held when people were concerned about a person's capacity to make decisions for themselves.

People told us they liked the food. One person said, "The food is fine, I enjoy it." A visiting friend advised, "Staff always kindly ask if I would like to stay for lunch, sometimes I do. The food has always been lovely when I have stayed."

We observed staff providing people with refreshments throughout the day, including ice lollies during the hot weather. We observed staff supporting people at their own pace to eat and drink during the lunchtime period. Staff regularly weighed people and kept records of those that may be at risk of malnutrition. Staff liaised with the cook to ensure they had a list of those requiring fortified diets and people were referred to the dieticians when necessary for additional support with their nutrition and hydration. Where people were assessed as high risk of choking, referrals were made to the speech and language therapists. The cook was informed of any recommendations to change the consistency of people's diets, such as to pureed or fork-mashable to minimise the risk of choking.

People told us they were supported by staff to attend appointments or that the GP visited them at Kirkella Mansions. People's care plans included information about their medical history and guidance for staff to promote and maintain their health and well-being. Records showed that staff had liaised with health professionals such as; chiropodist, opticians and dentist. This ensured people received regular reviews to support their health needs.

Is the service caring?

Our findings

People and their relatives spoke positively about the staff at Kirkella Mansions. People's comments included, "[Name of staff] is very helpful, they listen to me and we have daily chats" and "Staff are very caring, they take their time, I never feel rushed." One visiting friend advised, "Staff are lovely, very approachable." One relative advised, "Staff are pretty good here."

We observed that staff knew people well and really cared about them. Comments included, "The residents always come first, no one takes a break if a person needs support. We all answer the buzzer system and carry pagers which give us the location of the call so we can respond quickly." A second member of staff advised, "People are well looked after and happy. [Name of person] likes to be taken shopping. We walk together to the shop sometimes, it's a nice trip out for them and good exercise." A relative said, "It's a really lovely place and just like a big family."

Staff had built close relationships with people and their relatives. Staff used people's preferred names and respected people's privacy when relatives were visiting. Relatives told us they could visit at any time, no restrictions were in place.

We observed staff taking time to interact with people. Staff asked people how they were and whether they were ready to come into the dining room for lunches. People responded positively and were at ease in the company of staff. One person had a laugh and a joke with a couple of the staff as they were passing through the lounge. This showed us that staff took the time to develop meaningful interactions with people.

Staff told us how they listened to people and respected their wishes. We observed people choosing to eat in their rooms which staff accommodated. One person walked outside into the courtyard to enjoy the sun. Staff gently approached them and asked if they would like to join them inside for some lunch, which they agreed to. The person said, "As long as I can pay for it." Staff replied, "That's very kind of you." They walked together across the courtyard chatting. This showed us that staff had good knowledge of how to approach people that may have a dementia related condition or cognitive impairment in a positive way.

Staff completed training in equality and diversity to ensure that all aspects of people's needs were met. The registered manager told us that the local church visited to provide communion to accommodate people's religious beliefs.

Staff told us how they ensured people's privacy and dignity was respected at all times. One member of staff said, "I close curtains and doors when providing personal care and ensure people are appropriately dressed."

Staff spoke to us about ensuring they supported people to be as independent as they could be. One member of staff advised, "[Name] doesn't like to eat independently, but we encourage her by putting the spoon in her hand. If we use this approach [Name] will do it herself." Some people that were more independent were seen leaving the building to go to the shops or out with visiting relatives. A visiting friend

told us, "I am sure [Name] is happy here. [Name's] independence is maintained and can do as they wish."

People told us how staff were friendly and attentive to their needs. One relative advised, "Staff have been absolutely brilliant with [Name], I couldn't speak more highly of them. [Registered managers name] is so calm and experienced, they know [Name] really well."

The service sought people's view and opinions. In the main lounge area a poster asked 'How are we doing?' The CQC five key questions, safe, effective, caring, responsive and well-led were surrounding the question and below them details of the 'Mum test.' The mum test was introduced for people to think about whether the care anyone receives would be acceptable to them or any close relation and the five key questions take this point into consideration.

Advocacy information was available for people and their relatives. Some people had an advocate in place to support them. An advocate is an independent person that supports and enables people to express their views and voice their opinions in relation to their care and support needs.

Is the service responsive?

Our findings

Staff understood how to support people in a person-centred way. One member of staff told us, "I read the electronic care plan which is regularly updated by the manager. I also refer to the daily notes written by staff. I talk to people and ask them what they have done before and how do they like to be treated. [Name] likes order and routine on a morning." The member of staff talked me through this person's specific daily routine that they liked to do. Staff allowed the person to guide them in relation to their preferences.

Care plans included information about the level of support people required. Risk assessments had been completed for areas such as; falls, infection control, moving and handling, nutrition and pressure care. The provider had utilised best practice tools to assess the level of risk for each person. For example, one person's care plan detailed that they were at high risk of malnutrition. Staff were monitoring this person's weight each week to identify any changes. This meant that health professionals could be consulted immediately, should the person become at risk due to significant weight loss. Care plans were reviewed and updated monthly.

Records in relation to people's health and well-being did not always include information about people's specific health conditions or guidance for staff on how to manage associated risks. For example, one person's "Recommended Summary Plan for Emergency Care and Treatment" (ReSPECT) had been completed by their GP and advised they had a dementia related condition, osteoporosis and hypothyroidism as well as several other health conditions. We found limited guidance for staff in relation to these conditions and how best to support the person in their care plan. Another person had a body map in place which showed some skin damage, the cause and how to manage this was not detailed in the person's care plan. The assistant manager told us they had to cut the person's nails short to prevent them damaging their skin and as a preventative ensure one arm was under the covers and one arm out. This had not been documented in the care plan.

We suggested that the provider seek advice and guidance from a reputable source, about care planning around people's specific health conditions and to ensure risk assessments are in place for any associated risks.

Staff had received additional training in subjects such as person-centred care, diabetes, stroke awareness and dementia. Through discussions with staff we found they were knowledgeable about people's conditions and needs. This meant that any risks to people were mitigated as staff knew people and could tell us about how they supported them. We discussed our findings with the registered manager, who advised they were in the process of trialling different systems to hold health records. They felt the current one was outdated compared to other systems in the current market. The registered manager told us this would be an area of focus, care plans and risk assessments would be reviewed and updated to ensure specific information relating to people's needs was included.

Staff told us that activities were available two or three times a day. People received one to one interactions with staff daily to prevent social isolation. This included reminiscence skills and the use of cards with

photographs on them to encourage people to talk about their lives. The activities co-ordinator played ball games with people to encourage exercise and movement for maintaining motor skills. Staff told us, "People enjoy listening to their favourite music. Sometimes we play a song and ask if they know it, we talk about the song and then have a singalong" and "We have a guy that comes in to play music and entertain people." The local school children had visited at Easter time and people had been invited to attend the schools harvest festival near Christmas time. The activities co-ordinator arranged trips outside the service for people to enjoy. These included; visiting the local pub and library.

Staff spent time getting to know people and had read information in their care plans about life histories. One member of staff told us, "[Name] used to sew in their job and they like to fold things. They like patterned material, so we often encourage them to help lay the tables and they enjoy spreading out the tablecloths." This showed us that staff engaged people in activities that were individual to them, considering their life histories.

The registered manager had completed work in the outside courtyard and several people were seen during the inspection enjoying the sunshine with their relatives. There was plenty of seating, hanging baskets and troughs full of beautiful flowers to create a sensory environment for people to enjoy. During period of hot weather, the registered manager told us they had an outdoor cover to seal the courtyard area from the sun to provide shade for people.

The service had a social media page so that daily updates were available for relatives or friends to read. Staff told us some people had their own mobiles and a landline was available if they wished to ring anyone. Staff told us that various methods of communication were used when necessary such as picture cards. People or their relatives could request information in different formats should they need to, such as large print. This showed us that the service ensured people received information in a format they could understand.

People's care plans recorded important information about any end of life wishes they had. If people did not want to be resuscitated, this was clearly documented.

The provider had a complaints policy and procedure which was displayed in the home. People felt confident that they could raise any concerns and the registered manager would deal with them appropriately. One member of staff told us, "I would report any complaints to [Name of registered manager] and record them in the complaints book. I'm confident they would be dealt with." No complaints had been received since we last inspected this service.

Is the service well-led?

Our findings

At the last inspection in June 2017, audits had been carried out but there was no evidence to show actions identified had been completed. Some health care records were incomplete and information was inconsistent. Policies and procedures had not been regularly updated and staff had not been supported through regular supervisions, training, appraisals and competency checks. We found some issues in relation to infection prevention and control that could have affected people's health and well-being.

At this inspection, some improvements had been made. Staff were being supported through more regular supervisions, annual appraisals and competency checks. A training matrix was in place to reflect completed and scheduled courses. Infection control issues we had identified had been addressed. The provider had improved their quality assurance processes and action plans were in place which had driven some improvements across the service.

However, we identified new issues in relation to medicines management, administration and recording, Infection control, fire safety and the effectiveness of quality assurance systems. These concerns showed us the service had not been consistently well-led. This was the second consecutive inspection where the service has been rated requires improvement and where there has been breaches of one or more regulation.

We have covered the issues relating to the management and recording of medicines, fire safety and infection prevention and control in the 'safe' section of this report.

Systems and processes were not properly embedded to make sure all aspects of the service were safe. The provider completed a range of audits however these had not identified a number of the issues and concerns we found at this inspection. For example, the ancillary audit had failed to identify infection control issues in the building. In addition, fire safety checks had failed to identify that two fire doors were unable to close in their door frames.

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

Care plans and risk assessments were in place. However, we found that they lacked information around specific health conditions and guidance for staff to manage any associated risks. This was an area of focus for the registered manager as they were trialling better systems to improve the information held electronically.

Staff described the culture of the service as, "Jolly and happy" and "Open and transparent. Communications are good. We all work well as a team." Relatives told us, "The atmosphere is homely."

People and staff spoke positively about the leadership of the service and felt they could raise any concerns with management. Staff comments included; "They [Management] are very approachable, we can speak to them any time and raise concerns or issues." The management team operated an open-door policy for staff

to seek advice or discuss their concerns at any time.

The registered manager told us that they held regular meetings with staff and residents to seek their views and to provide opportunities for discussion. During resident's meetings people had made suggestions for changes which had been accommodated. These included changes to the menu's, requests for specific radio stations to be played and more large print books to be made available. Annual questionnaires were also completed by people living at the service or their relatives.

The registered manager maintained best practice by completing regular training courses; attending care sector forums which were run by the local authority as an information sharing process. They also signed up to various newsletters and updates such as the Social Care Institute for Excellence (SCIE). The SCIE is a charity that develops and promotes knowledge about good practice in social care and social work.

The registered manager discussed the services visions and values during the induction of new staff. This ensured that all staff worked to the same ethos, creating a homely and welcoming atmosphere for people. They were aware of their responsibilities in relation to notifying us of important events that happened in the service, such as reporting of safeguarding concerns, deaths and serious injuries.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks relating to people's health and safety had not been identified or addressed.</p> <p>The provider had failed to assess the risk of, and prevent, detect and control the spread of infections. Fire safety control measures were not adequate to keep people safe in the event of an emergency occurring.</p> <p>Medicines were not always administered in accordance with the prescribers instructions. Sufficient quantities of medicines were not available at all times for staff to administer as prescribed.</p> <p>Regulation 12(1)(2)(a)(b)(f)(g)(h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the services provided and to maintain complete and contemporaneous records in respect of each service user, and in the carrying on of the regulated activity.</p> <p>Regulation 17(2)(a)(c)(d).</p>

