

Mr Pierre Grenade

Nada Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Nada Residential and Nursing home is a privately owned care home that is situated in the Cheetham Hill area of North Manchester close to a variety of local shops and other community services. The home is registered to provide nursing care and accommodation for up to 28 people who may have a combination of mental health and personal care needs.

This was an unannounced inspection of Nada Nursing Home on the 4 and 5 November 2015. At the time of our inspection there were 22 people living at the home.

We last inspected Nada Residential and Nursing Home in April 2014. At that inspection we found the service was meeting all the essential standards and regulations that we assessed.

There was a registered manager in day to day responsibility of the service. Whilst the registered manager was on the premises the inspection was carried out with support from the assistant manager and clinical lead. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the

Summary of findings

service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found 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.

Effective systems were not in place to assess, monitor and review the service provided so that people received a good quality service.

The provider had not ensured the principles of the Mental Capacity Act 2005 had been consistently applied so that valid consent was sought, acting in accordance with people's wishes. CQC were not formally notified of a person being deprived of their liberty. Further action was required to ensure requests for authorisation were made where people were potentially being deprived of their liberty to ensure their rights were protected.

Appropriate action had not been taken to address the shortfalls on the fire risk assessment to ensure people were kept safe from harm or injury.

Opportunities for staff training needed improving so that staff had the knowledge and skills needed to carry out their role and responsibilities safely and effectively.

Clear and accurate records in the administration of 'when required' medication and medicines returned to the pharmacy were not in place to show people people's medicines were handled safely and effectively.

A programme of redecoration and refurbishment was needed throughout the service to enhance the standard of accommodation and facilities provided for people. Hygiene standards needed improving to minimise the risks of cross infection.

Opportunities for people to participate in a range of activities needed enhancing to meet the individual needs of people. **We have made a recommendation about the type of opportunities made available to people to promote their well-being and encourage their independence.**

People's care records directed staff in the care and support people needed to meet their physical and health care needs.

Relevant information and checks were completed when recruiting new staff.

During our visit we saw examples of staff treating people with respect and dignity. People living at the home and their visitors were complimentary about the staff and the care and support they provided. Sufficient numbers of staff were seen to be available to respond to people's needs.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met.

People told us, and records showed, that people had regular access to health care professionals so changes in their health care needs could be addressed.

The registered manager had a system in place for reporting and responding to any complaints brought to their attention.

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?

The service did not ensure people were kept safe.

Action required in relation to fire safety had not been completed and this potentially placed people at risk. Arrangements to minimise the risk of cross infection needed improving. Records needed to be improved with regards to the safe administration of medicines to ensure that people were kept safe.

People were cared for by sufficient numbers of staff who were aware of their care and support needs. Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

Risk assessments were completed to help protect people's health and well-being. Suitable arrangements were in place to ensure the premises and equipment used by people was safe.

Requires improvement



Is the service effective?

The service was not effective.

People living at Nada Nursing and Residential Home were not always involved and consulted with on decisions about how they wished to be cared for. Systems needed improving to ensure people were not being deprived of their liberty to ensure their rights were protected.

Opportunities for staff training and development needed improving to ensure care and nursing staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

People were not provided with a good standard of accommodation which was well-maintained.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed at nutritional risk.

Requires improvement



Is the service caring?

The service was caring.

Staff were seen to be polite and respectful towards people when offering assistance. Staff spoken with knew people's individual preferences and personalities.

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

Some staff had received specialised training to enable them to care for people who were very ill and needed end of life care.

Good



Summary of findings

Is the service responsive?

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

We found people were offered occasional activities. Routines could be enhanced so that, taking into consideration people's wishes and preferences, more meaningful opportunities are provided., This would help to promote their health and mental wellbeing.

Systems were in place for reporting and responding to people's complaints and concerns.

People and their relatives were involved and consulted with about the care and support they wanted and needed. People's care records provided clear information to guide staff in the safe delivery of people's care.

Requires improvement



Is the service well-led?

The service was not well-led.

Systems to effectively monitor, review and improve the quality of service provided were not in place to help ensure people were protected from the risks of unsafe or inappropriate care and support.

Opportunities were provided for people living and working at the home to comment on their experiences.

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

The registered manager had notified the CQC as required by legislation, of any accidents or incidents, which occurred at the home. However formal notification where a person has been deprived of their liberty had not been reported.

Requires improvement



Nada Residential and 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 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 was an unannounced inspection and took place on the 4 and 5 November 2015. The inspection team comprised of two adult social care inspectors.

During the inspection we spent time speaking with three people who used the service, two visitors, two care staff as well as the cook, domestic, clinical lead and the deputy

manager. We also looked at four people's care records, four staff recruitment files, training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning and safeguarding teams and health professionals who visit the service, to seek their views about the service.

We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. As requested the provider was completed 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.

Is the service safe?

Our findings

During the inspection we asked people if they felt safe living at the home. The three people we spoke with said they did feel safe. One person told us, "I feel safe. There is no one violent here. Any incidents when people get annoyed are handled well. The staff know what to do."

We checked the systems for the receipt, storage, administration and disposal of medicines at the home. One person we spoke with said, "I always get my medication when I should." We were aware that one person was receiving end of life care. Their GP had recently visited and prescribed medicines to ease their symptoms and keep them comfortable.

We were told that only nursing staff were responsible for the administration of people's medicines. We looked at training records to see if nursing staff had received updates in training ensuring their practice was up to date. We found two nurses and the registered manager had completed training in 2015. Records confirmed new staff had yet to undertake any training. We asked the deputy manager if competency assessments had been completed, particularly with the newly appointed nursing staff and agency staff. This was to check they understood the system in place and that their practice was safe. We were told and saw evidence of a competency assessment, which explored clinical practice including medication. This had been completed in 2014 for an existing member of staff. The deputy manager acknowledged these had not been completed for newer members of the nursing team or agency staff.

We looked at a sample of the medicine administration records (MARs). The MARs showed that people were given their medicines as prescribed, ensuring their health and well-being were protected. We found that medicines, including controlled drugs, were stored securely and only the nursing staff had access to them and the treatment room.

We were told that one person received their medication 'covertly'. This means that medicines are disguised (placed in food or drink) when being administered to people. We saw information on the person's care records to show the decisions had been made in the person's best interest and agreement had been sought from the person's GP for their medicines to be given this way.

We saw some people were prescribed PRN (when required) medicines. We asked the clinical lead nurse if information was provided to guide the nurses when PRN medicines maybe required, particularly as some people were not able to ask for medication. We were told that PRN protocols were not in place. This meant people may be at risk of not receiving the medication they need as information to guide staff, such as signs and symptoms was not available.

We looked at the disposal of medication. We were told that medication was disposed of in a large medicinal waste bin and returned to the pharmacy for incineration. Records were completed detailing those items returned. We asked to see evidence of the returns records however the most recent records could not be located.

Clear and accurate records should be in place to demonstrate that the management and administration of people's medication is managed safely and effectively. This meant there was a breach in Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at 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, electric circuits, portable appliance testing and lifting equipment. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We looked at what systems were in place in the event of an emergency occurring within the home, for example a fire. The records we looked at showed that checks had been carried out with regards to the fire alarm, nurse call bell systems and the emergency lighting. On examination of four people's care records we saw only one person had a personal emergency evacuation plan (PEEPS). This information assists the emergency services in the event of an emergency arising, helping to keep people safe. The deputy manager advised us on the second day of our inspection that individual PEEP's had been updated and would be placed on file. We saw that a comprehensive fire risk assessment had been undertaken in July 2015. The service was advised to make improvements in sixteen areas. We discussed this with the deputy manager who advised that all but three areas remained outstanding.

Failing to monitor and mitigate assessed risks may

Is the service safe?

place the health and welfare of people at risk of harm. This meant there was a breach in Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around most areas of the home and saw that the bedrooms, dining room, lounges, bathrooms and toilets were clean. People we spoke with told us; “It is cleaned all of the time” and “They clean things up straight away.” However there was strong malodour in and outside of the bathroom on the first floor. We also found armchairs were worn and soiled and presented a risk of cross infection. We raised this with the deputy manager and asked that this be addressed. We were told and saw records to show that an environmental audit had been carried out in October 2015. This identified new chairs were needed and the bathroom on the first floor required complete refurbishment.

We saw staff wearing protective clothing, such as; disposable gloves and aprons when carrying out personal care duties. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms and toilets. We also saw yellow ‘tiger’ bags, used for the management of clinical waste were also available. We were told that red bags were not used for soiled items sent to the laundry. We spoke with the deputy manager who said they would seek advice from the health protection team.

We spoke with ancillary staff. We were told and rotas showed that both domestic and laundry staff were available five days a week. On two days there was one member of staff responsible for both the cleaning and laundry; some staff did not feel this was sufficient. Ancillary staff spoken with told us they had received training in the control of substances harmful to health (COSHH) and infection control. However on examination of training records we found all staff required updates in this training. This meant staff may not understand what they need to do to minimise the risk of cross infection to people. We discussed the training needs of staff with the deputy manager. They acknowledged that further training was required.

We looked at how people were safeguarded from abuse. Prior to our inspection we had been made aware of issues and concerns raised with the local authority and health teams. We discussed these with the deputy manager and were advised of one investigation which had yet to be concluded. We were advised following our inspection that

a strategy meeting had been held with relevant parties and concluded the allegation was substantiated. The provider has been advised of action to be taken to ensure the safety and protection of people in their care.

We saw that policies and procedures were available to guide staff in safeguarding people from abuse. An examination of training records showed that safeguarding training was provided every three years for staff. Records showed that 13 of the 21 staff team had completed this training. The deputy manager acknowledged further training was required. Staff spoken with were asked to tell us how they would safeguard people from harm. Some staff were able to demonstrate their knowledge and understanding of the procedure. This training is important to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected.

We looked at the care records for four people to see how areas of identified risks were managed. We saw a range of risk assessments had been completed including pressure ulcer development, nutrition, use of hoists, challenging behaviour, smoking, alcohol intake, bed rails and falls. Assessments included the actions required to minimise such risks. Assessments had been reviewed on a regular basis and there was evidence to show that advice and support had been sought from health care teams where necessary. Where people had been assessed as high risk additional monitoring records had been put into place. This included nutritional intake, environmental checks due to some people smoking in their bedrooms or drinks diaries to monitor people’s intake of alcohol and any triggers resulting in the person using the alcohol. This helped to recognise any changes in need so that appropriate action could be taken where necessary.

We looked at four staff personnel files to check how the service recruited staff. The files contained an application form and any gaps in employment had been explored. There were copies of the person’s identification, written references and detailed interview records, evidencing the suitability of candidates. We noted on one file the references were not from the person’s last employer but from friends or colleagues. Where possible professional references should be sought to help inform the decision about the suitability of the candidate.

Records showed that the registration of the nurses was checked regularly with the Nursing and Midwifery Council

Is the service safe?

(NMC) to ensure they remained authorised to work as a registered nurse. We also saw that 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 looked at the staffing arrangements in place to support people living at Nada Nursing and Residential Home. We spoke with people, their visitors and staff, looked at staffing rotas and observed the support offered throughout the day. People told us that staffing ratios had recently been

increased following the appointment of new staff. Rotas examined confirmed what we had been told. Records showed that in addition to the registered manager and deputy manager, the clinical lead nurse or a qualified nurse was on duty with three care staff throughout the day. They were supported by kitchen, domestic and activity staff. Night cover comprised of a qualified nurse and two care staff with additional support from 'on-call' staff should further assistance be required. From our observations we found there were sufficient numbers of staff to respond to people requests in a timely manner.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 deputy manager told us and we saw information to show that one person was subject to a DoLS. Relevant assessments and the signed authorisation were on the person's file. Authorisation for a second person had yet to be received. CQC must be notified when a deprivation of liberty safeguard had been authorised for a person. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe. A failure to inform CQC of events involving people meant we were not able to see if appropriate action had been taken by the registered person to ensure people were kept safe. **This meant there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.**

We looked at how people were consulted and consented to their care and support. We found a number of people living at Nada Nursing and Residential Home had complex mental and physical health needs and relied on others to make decisions on their behalf about their care and support. An examination of two people's records stated that the person had not been involved in planning their care due their 'cognitive ability'. On one care file we did see a mental capacity assessment and decision making tool had been completed showing how a decision had been made in their 'best interest'. However this document was not routinely used. Records did not clearly demonstrate if a person had the capacity to consent, if decisions had been made in the person's best interest or consider if a person

was potentially being deprived of their liberty or demonstrate that decisions had been made in the person best interest ensuring their rights. This meant people's rights were not protected. **This meant there was a breach in Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. We asked staff if they had received training in MCA and DoLS. We received a mixed response. An examination of training records showed that MCA training had been provided in 2013 however had not been updated as part of the 2 year programme. We saw that DoLS training had yet to be completed by eight members of the team. When asked, staff were able to tell us their understanding of the MCA but had little understanding of the DoLS procedures. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Nada Residential and Nursing Home. We spoke with the deputy manager, clinical lead nurse and care staff and examined training records.

We were told there was a programme of induction, staff supervision and appraisal and team meetings. We saw minutes of meetings and were provided with a supervision schedule, which confirmed what we had been told. Staff spoken with told us they received an induction which included an orientation programme, training in food hygiene and health and safety and shadowing of more experienced staff for a period of up to two weeks before being put on the rota. On examination of the four staff files we found only one checklist to evidence induction had taken place. We discussed our findings with the deputy manager and asked if inductions were completed with agency staff or if consideration had been given to the implementation of a new programme of induction, 'the care certificate' introduced in April 2015. The deputy manager was aware of the programme, however this was not used. Formal inductions for agency staff were not completed.

The deputy manager told us that training was sourced from external providers, distance learning as well as in-house training. We looked at the training matrix, which showed

Is the service effective?

what training staff had completed or required. We saw training opportunities included areas such as moving and handling, MCA and DoLS, safeguarding adults, nutrition, dementia care, alcohol dependency, mental health awareness and infection control. Additional training was identified for the qualified nursing staff, such as medication, syringe driver, wound care and clinical observations. However we found there were significant gaps in training for both care and qualified staff. We discussed this with the deputy manager who acknowledged that improvements were needed.

Opportunities for on-going staff training and development helps to ensure people's health and well-being is safely met by staff with the relevant knowledge and skills needed to do so. **This meant there was a breach in Regulation 12 (1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Nada Nursing and Residential Home comprises of 22 single bedrooms and three double rooms on two floors. On the ground floor people had access to a lounge, dining room and smoke room. Bathrooms and toilets were available throughout the building. We were told that some improvements had been made to the environment. However whilst looking around the home we found rooms and furnishings were old and worn, flooring had burn marks and a window on the first floor was rotten and split. Work was required to improve standards throughout the home.

One person we spoke with told us; "I'm worried about the environment." A visitor also said, "I think it's clean but I think the home could be brighter and they should have better chairs for the residents in the lounge" and "The lounge is dingy and the chairs out of date." We were shown a 'furnishings audit' completed in October 2015. This identified a small number of improvements needed however did not explore the decoration. People should be confident they are provided with a good standard of accommodation which is well maintained. **This meant there was a breach in Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care

needs were met. The home followed the TAMSIN programme (Training and Mentorship Support in Nutrition) sponsored by the local CCG to improve healthy eating and nutrition in the community.

We asked people their views about the food offered. We were told, "The food is good. There is enough. Supper is dead boring. I would prefer a sandwich or cake", "The food is alright. They give you what you want if you ask for something else", "I was underweight when I came here & I'm well now", "The snacks are nice, smoothies, cakes or biscuits", "If I wake in the middle of the night when I can't sleep they make me a hot drink & toast" and "The cook spoke to the nutritionist when I first came and they gave me special milk to fortify me. They asked me what food I would like, my appetite came back slowly". A visitor to the home also commented, "Staff make sure she eats what she can. The day time food is amazing but the evening is not fantastic".

We saw people's food preferences were checked on admission to the home and information was given to the cook. People told us they could have cooked breakfast (bacon & eggs), lunch was a main meal, with a lighter evening meal and supper was available at 8pm. Hot and cold drinks were offered frequently during the day. We saw information displayed within the dining room advising people what snack were available between meals. People told us this had been implemented following a resident's meeting. Four people had halal diets which the home catered for.

During the inspection we were advised by the cook that following a previous food hygiene inspection the home had been rated a '2' (5 being good and 1 poor). The service had produced an action plan detailing the improvements to be made. A further food hygiene inspection was taking place on the second day of our visit. We contacted the food hygiene inspector to see if the necessary improvements had been made. We were told the service had been rated a '4'.

On examination of one person's records we saw they had been diagnosed with an eating disorder. A malnutrition screening tool (MUST) had been completed, there was a weekly weighing schedule and fortified food and drink was being offered following advice from the dietician. The helped to ensure their nutritional needs were being met.

Is the service effective?

Another person had swallowing problems. A speech and language therapist had visited the home to assess the person's needs, as well as provide training to staff about food consistencies and the use of thickeners. Thickeners are added to drinks, and sometimes food, to people who have difficulty swallowing, and they may help prevent choking. Daily monitoring sheets were also completed to monitor their dietary intake and any supplements. When we spoke with the cook we found they were aware of people's individual dietary needs.

People told us and records showed that people had access to external health and social care professionals. We saw evidence of visits or appointments with GP's, dietician,

mental health team, speech and language therapists, chiropodist, optician, social workers and practice nurse. A visiting community psychiatric nurse (CPN) told us, "The clinical lead is very competent to deal with my client's complicated condition."

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. The clinical lead nurse and a care worker told us staff would always provide an escort unless the person wished to go with a family member. This helped to ensure the needs of people were communicated to other agencies so that continuity of care could be provided.

Is the service caring?

Our findings

We asked people their views about the care and support offered by staff. People spoke positively about their experiences. People told us; “The care is absolutely wonderful. I’ve felt well looked after”, “I can talk to them all. They do what I ask” and “All the staff are very dedicated to their jobs.” However one person added; “I’ve got to like it.”

During the inspection we saw good humoured interactions between people and staff. People were referred to by their first names and were supported in a patient, unhurried manner. People told us they were able to make their own decisions, for example; they said they were able to sit where they liked, do what they wanted to do, chose what they wanted to wear and when they wished to get up. When asked what was good about the service, one person told us, “I like the privacy. They leave me to it.” They said that staff respected their wishes to spend time in the privacy of their room but would regularly check on them to make sure they were alright. We also saw staff knocking on people’s doors and waiting to be invited before entering people’s rooms.

One person told us their visitors were made welcome. They said, “The staff help my relative, they make her a cuppa when she visits me & take her back to the bus stop.”

From our observations and discussions with staff, they were able to demonstrate their understanding of the individual needs of people and how they wished to be cared for.

We were made aware that one person who used the service was very ill and at the end of their life. We visited this person in their bedroom to see how they were being cared for. They were sleeping and looked comfortable and pain free. Their visitor told us staff were very caring, adding; “I

think this place is amazing. They have looked after her really well. The staff love her to bits and she loves them.” They also spoke positively about the clinical lead nurse. They said the nurse was very kind and they had confidence in them.

We saw evidence to show the clinical lead nurse had liaised with the GP to ensure the person was kept comfortable and medicines to ease their symptoms were available. The GP had also provided a statement of intent to issue a medical certificate to avoid the necessity for the involvement of the coroner. This meant the person could be buried within 24 hours in line with their religious beliefs and wishes. We were told that training had previously been undertaken in end of life care called Six Steps. We saw information to show that the service was seeking reaccreditation. This was to help ensure that all people who used the service received appropriate end of life care.

Whilst looking around the home we saw people had personalised their bedrooms with belongings from home. People were able to lock their rooms from the inside for safety or privacy. Staff were able to ‘override’ the lock in the event of an emergency. We were told there was currently only one hoist available as the second hoist had broken. Staff spoken with said this did not pose any problems as there were only a small number of people who need assistance to mobilise with the hoist. Looking around the home we saw clear signage was displayed on some bedroom doors and toilet/bathroom facilities to promote people's independence.

We were told and saw people’s records were stored securely in the office so that confidentiality was maintained. Additional monitoring records completed by care staff were kept discreetly in the dining room and therefore accessible to staff when needed.

Is the service responsive?

Our findings

We spoke with people and staff and observed how people spent their time. We asked people about how they spent their time. People we spoke with told us about recent opportunities but felt further improvements could be made. People commented, “We had a party for Halloween. We blew up balloons. It needs more things like that”, “This morning is normal there’s not much going on”, “I look at the TV all day” and “There is not enough for me to do. We have had a BBQ, a tea party and a Halloween party since the summer. It is getting better but I get bored. I would like to go out for the day.” From our observations we saw little interaction between people and staff unless offering care and support. At times staff were seen sat in silence in the lounge supervising people whilst they watched television. Staff told us people enjoyed music, talking and watching TV. One staff member felt people were not bored.

We spoke with the designated activities person who worked on a voluntary basis 20 hours a week. The activity worker had only been in post since August and was in the process of developing a programme of activities and events. They told us much of their time had been spent speaking with people on a one to one basis; enabling them to learn about people’s hobbies and interests. We saw the activity worker completed a record of all activities which had taken place and those people involved. They told us they planned to develop pen pictures with each person, exploring their likes, dislikes and routines. **We recommend the service considers current good practice guidance in relation to the choice of activities offered to help promote the well-being of people with living with complex health and support needs promoting their involvement and enabling them to retain their independence.**

We were told that consideration was given to people’s cultural and religious needs. The activity worker told us that plans were being made for the Christmas period. We discussed other religious festivals, such as Eid. We were told that these too could be incorporated into the activity programme. Staff also told us they shopped locally for halal meat to meet people’s cultural needs. We saw evidence of this. Staff said that one person was now too frail to go to church. Staff had arranged for the local priest to visit the person at the home. Three other people had been offered the opportunity to visit the local mosque however had

chosen not to attend. Several people did not speak English as their first language. Several staff within the home spoke a number of different languages and were therefore able to communicate with or translate, where necessary on behalf of the person.

We spoke with the clinical lead nurse about the preadmissions assessment process. We were told and saw records to show that people and their relatives, if relevant, were consulted with so that relevant information about the person’s needs and wishes could be gathered. Additional assessment information was also sought from the local authority or clinical commissioning group (CCG). This enabled the service to make a decision about the suitability of placements. Information gathered would then be used to develop the person care plan. We examined the records for four people. We found the care records contained sufficient information about people’s support needs and areas of identified risk. Records were reviewed regularly to ensure that information was accurate. The clinical lead told us that placements may be refused if they felt this would have a negative impact on those currently living at the home.

During the inspection we spoke with one person who had recently moved into the home. They told us they were there for assessment and knew the placement may be temporary. They were visited by a community psychiatric nurse (CPN) involved in their care. The CPN was satisfied that the person was being supported in a way which met their needs.

Staff spoken with said they were kept informed of people’s current and changing needs. We were told information was shared during the shift handovers. However one staff member told us they had not seen or read the care records and relied on information shared during the handover.

We saw the service had a detailed complaints procedure. This was contained in the home’s ‘service user guide’. We were told people were provided with a copy of the guide on admission. Information clearly informed people of the external agencies they may wish to contact should they need to. Staff we spoke with knew how to handle complaints and would try to resolve the problem immediately. If they could not do so they would report the issue to a senior member of staff.

We looked at the complaints records. We saw that one complaint had been raised during the last year. Information

Is the service responsive?

recorded detailed the action and response to the concerns raised. People spoken with said they had no issues or concerns. One person told us; “If I had a complaint I would take it up with the deputy manager. If I needed to I would put in a written complaint.”

Is the service well-led?

Our findings

The service was managed by a registered manager who took responsibility for the overall management of the service. Whilst the registered manager was on the premises the inspection was carried out with support from the assistant manager and clinical lead. We were told there had been shortages in management support over the last few months due to unforeseen circumstances.

Staff spoken with had a good understanding of their roles and responsibilities and said they felt supported in their role by the managers and clinical lead nurse. Staff told us, "Management are good. Observant. They know what is going on. They are here every day. If I have any problems I can go to them" and "Yes, I would recommend it [the service] to others." Staff spoken with were able to demonstrate their understanding of the home's whistle blowing procedure. They knew they could raise concerns in confidence and contact people outside the service if they felt their concerns would not be listened to.

One person living at the service spoke positively about the registered manager. They said, "I have approached the manager with many things. He is very compassionate. The care is excellent." Whilst another person commented, "Lots has been promised but it hasn't happened." A visiting health professional told us, "I would feel happy to use the service for other clients."

We looked at how managers were monitoring the quality of the service provided. Information received from the provider prior to the inspection stated that a range of audits were utilised, on-going staff training and development was provided, satisfaction surveys were distributed and staff and resident meetings were held.

We asked to see completed audits along with action taken, where improvement had been identified as being needed. We were provided with a copy of a recent environmental

audit and a summary report following the distribution of feedback surveys in 2014. However the deputy manager told us that whilst templates were available to assess some areas of the service, such as infection control, care planning, and medication, these had yet to be introduced. We also looked at a number of policies and procedures to guide staff. We found records had been reviewed and updated, however information in relation to current legislation was out of date.

We found a robust system to assess, monitor and improve all areas of the service was not in place to ensure that people received a good quality service. People need to feel confident that the home is being effectively monitored and managed so they are provided with a good standard of care and support. **This was a breach of Regulation 17 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw opportunities were provided for people, their visitors and staff to comment on the service and share ideas. We were told and saw records to show that relative/resident meetings were held as well as staff meetings. People who used the service told us things had changed as a result of these meetings, for example more snacks throughout the day had been introduced. We were told that annual feedback surveys were also sent out to people, their visitors and health and social care professionals who visited the service. We saw information summarising the feedback received for 2014. The deputy manager told us that surveys for 2015 would be distributed in November 2015.

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 legal requirements 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

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Clear and accurate records should be in place to demonstrate that the management and administration of people's medication is managed safely and effectively. Regulation 12(2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Failing to monitor and mitigate assessed risks may place the health and welfare of people at risk of harm. Regulation 17(2)(b).

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
A failure to inform CQC of events involving people meant we were not able to see if appropriate action had been taken by the registered person to ensure people were kept safe.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Records did not clearly demonstrate if a person had the capacity to consent, if decisions had been made in the person's best interest or consider if a person was

This section is primarily information for the provider

Action we have told the provider to take

potentially being deprived of their liberty or demonstrate that decisions had been made in the person best interest ensuring their rights. Regulation 11 (1)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Opportunities for on-going staff training and development helps to ensure people's health and well-being is safely met by staff with the relevant knowledge and skills needed to do so. 12 (1)(2)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People should be confident they are provided with a good standard of accommodation which is well maintained. Regulation 12(2)(d)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Robust system to assess, monitor and improve all areas of the service was not in place to ensure that people received a good quality service. People need to feel confident that the home is being effectively monitored and managed so they are provided with a good standard of care and support. Regulation 17(1)(2)(a)