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Orchardown Rest 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 

Summary of findings

Overall summary

Orchardown Rest Home provides residential care for up to 17 older people. People required a range of help and support in relation to living with memory loss, dementia and personal care needs. Most people living at Orchardown Rest Home were independently mobile, some with the use of mobility equipment and required only minimal support and prompting from staff. One person currently needed support for all care needs. There were 14 people living at the home at the time of the inspection.

The home is two houses which have been converted into one building with central communal rooms. The home has a passenger lift and staircases with handrails to assist people to access all areas of the building.

Orchardown Rest Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was in day to day charge of the home, supported by the registered provider. People and staff spoke highly of the registered manager and told us that they felt supported by them and knew that there was always someone available to support them when needed. Staff told us that the registered manager spent a lot of time at the home and knew everyone well.

The provider did not have an effective system in place to continually assess and monitor the quality of service provided. People's safety had not been maintained as specific health concerns had not been identified and risk assessments had not been completed. Fire risk assessments and personal emergency evacuation plans (PEEPS) did not take into account people's mobility or that only one member of staff worked at night. Auditing of accidents, incidents and falls had not taken place consistently to ensure any trends or themes had been identified.

Care plans did not contain relevant information to inform staff how to provide care for people. Care plans had not been implemented for specific health related needs, including diabetes, behaviours that may challenge and catheter care. This meant that staff were not supported by accurate up to date information to follow to ensure people's needs were met safely and effectively.

Medicine procedures had not followed best practice guidelines and people may not have received their medicine in a safe and consistent manner.

Staff needed to ensure they followed infection control guidance when entering the kitchen area.

Staff demonstrated a good understanding around safeguarding and protecting people from the risk of abuse. Training was in place, however we found some areas of care needed to be supported by training or guidance, for example diabetes and catheter care.

Maintenance checks had been done, this included health and safety checks, water and legionella and PAT testing for electrical equipment.

Recruitment systems were in place. New staff had a period of induction and competency checks took place before people worked unsupervised. Supervision and appraisals took place and staff felt their views and feedback was listened and responded to.

A complaints procedure had been implemented since the last inspection. People felt able to talk to staff and told us they would speak to any of the staff if they had any concerns.

People were encouraged to spend their time how they chose. An activity programme was available for people and we saw people walking around the service, accessing communal areas or sitting in their room as they chose.

Meals were well presented and people told us that meals provided were of a good standard, with alternatives available if they did not like what was on the menu that day. People's weights were regularly monitored and any changes reported to their GP.

Notifications had been sent when required to CQC or other organisations.

We found breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The service was not consistently safe.

Individual health risks to people had not been identified and monitored.

Staffing levels at night and fire evacuation procedures did not ensure people's safety had been ensured.

Medicine procedures needed to be improved to ensure safe practice was followed at all times.

Infection control systems needed to be more thorough to ensure access to the kitchen was limited and infection control measures were followed.

There was enough staff to meet people's needs. Staff had time to provide care to meet people's individual needs.

Staff displayed a good understanding around recognising and reporting safeguarding concerns.

Environmental risk assessments including legionella and electrical testing had been completed.

Safe recruitment processes were in place.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Mental capacity assessments and decisions needed to be documented in people's care files to ensure any decisions made were clear and who had been involved.

Training was not in place to support staff in caring for people with specific health needs including diabetes and catheter care. However, the home worked closely with the community nursing service.

Induction and supervision programmes were in place. Staff felt

supported by the registered manager.

People's nutritional needs were met. Meal choices were available and people were encouraged to maintain a balanced healthy diet.

Is the service caring?

Good 

The service was caring.

Staff knew people well and displayed kindness and compassion when providing care.

People were involved in day to day decisions and given support when needed.

Staff treated people with patience and dignity.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

Care planning and care documentation was not in place to ensure people's care needs were met safely and consistently.

Documentation was not person centred and did not include specific information about people's care and support needs.

Changes to people's care had not been responded to. Risk assessments and care documentation had not been reviewed to ensure staff had current information in place to support safe practice.

Activities were provided for people to allow them to spend time doing things they enjoyed.

People were encouraged to share their views.

A complaints procedure was in place and people felt able to raise concerns if needed.

Is the service well-led?

Requires Improvement 

Orchardown rest Home was not consistently well led.

The provider had not ensured all systems and services had been maintained.

Some systems were in place to assess and monitor the service

however a number of concerns found during the inspection had not been identified.

There was a registered manager in place who was supported by the registered provider.

Orchardown Rest Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place on 16 and 17 May 2016.

The inspection team consisted of one inspector and an expert by experience in older people's care and dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information which had been shared with us by the local authority and other people and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

During the inspection we spoke with eight people to find out their views and experiences of the services provided at the home. We also spoke with the registered manager, care staff, the cook, visiting health professionals and one relative after the inspection.

We reviewed records at the home; these included three staff files which contained staff recruitment, training and supervision records. We looked at diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, meeting minutes, maintenance and emergency plans.

We looked at three care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth to see how they obtained their care and supported the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

People told us they felt safe living at Orchardown Rest Home and were confident if they needed any help or support this would be provided to them. People told us, "Everyone is around ready to help." And, "I am quite safe, I can do most things but there is help if needed." Visiting health professionals we spoke with after the inspection were positive about the standard of care they had seen whilst at the home.

Despite this positive feedback we found that risks to individuals had not been identified to ensure they remained safe at all times. Individual risk assessments were not in place for all identified risks, for example people with specific health conditions did not have appropriate documentation and risk assessments in place to support them to stay safe. This included when people's mobility was changeable and their care needs had increased there was no guidance in place to inform staff how to manage this to ensure this was done consistently and safely. For example, we saw in daily records staff had documented a person had been 'wobbly' and 'still not able to stand'. We asked staff to tell us about this person and they told us that their mobility changed every day. "Sometimes they need one person sometimes it's three with a standing belt." Staff said they assessed the person every time they went to assist them. However, we found that staff told us that they would try and stand the person on their own and call for help if they needed it. This meant a potential risk for both the person and the staff member should the person's mobility be poor on that occasion. The registered manager confirmed that the home had a 'no hoisting policy' and there was no lifting equipment at the home. A standing aid and standing belts were available for use if needed, however it was unclear whether these were assessed as appropriate for assisting this person.

For people who looked after their own medicines there was no information in place to show how this decision had been made. A risk assessment had not been completed to determine that people were safe to take their daily medicines and it was unclear if this decision was formally reviewed to ensure it was still appropriate and safe to continue. Risk assessments had not been completed with regards to monitoring charts which had been put in place for people. For example, people had behaviour charts to document challenging behaviour however; no information was in place to ensure that staff were aware of the potential triggers and how to respond to these. For people who had medicines prescribed for anxiety this meant there was no clear guidance for staff to follow to ensure these were given only when required and at such a point that other actions to de-escalate behaviours had taken place.

Risk assessments had been completed for pressure care, nutrition and weights these were tick charts which resulted in an overall score. However, when this score identified a potential risk, for example if the person was considered to be underweight, no further action was evident to show what had been done in response to this. Staff told us one person was small and although they 'Ate well most of the time' they sometimes refused meals. The person was generally well and staff told us if they repeatedly refused food this would be reported to the registered manager. However, this information was not clear from their documentation.

Although medicines were stored and disposed of appropriately some areas of the management of medicines needed to be improved. Staff responsible for giving people medicines had completed training; however, no competency checks had taken place to ensure they were following correct procedures. The

medicines were located in a room at the rear of the kitchen and staff were seen to administer medicines one at a time from this area. However, this meant they walked through the kitchen with people's medicines to get to the area of the building where the person were at that time. We discussed this with the registered manager as this could pose potential risk when carrying medicines around the building which had been dispensed into a pot. The registered manager told us that the medicine trolley no longer fitted in the lift and could not be taken upstairs. They immediately implemented a change to procedure informing staff that medicines should be dispensed from the trolley by taking the trolley to other areas of the ground floor and medicines should be dispensed from the trolley. They also contacted their prescribing chemist to discuss getting a smaller trolley which could be used in all areas of the building.

This change would also improve the potential health and safety and infection control risk of staff repeatedly walking through the kitchen to access the medicines trolley. We saw that staff did not wear aprons when walking through the main kitchen area, this was an infection control concern as this was the main food preparation area and could also be a health and safety risk when the cook was serving hot meals.

We looked at all medicine administration records (MAR) charts for people living at Orchardown Rest Home. MAR charts had been filled in by staff after medicines were given. Protocols were not in place for 'as required' medicines known as PRN medicines, including paracetamol and other pain relieving medicines. We found that PRN medicines were being signed for when given by staff. However, no information was being completed on the rear of the MAR chart to identify the dosage, the time, or why the medicine had been given. Correct record keeping ensures that any new health related concerns can be easily identified and follow up visits from GPs can be arranged in a timely manner if required. This meant that people may not receive their medicines in a clear and consistent manner regardless of who is administering them.

Fire safety and evacuation plans and procedures needed to be improved to ensure people's safety was maintained at all times. Staff received regular fire safety training. Fire alarm and lighting checks had been completed and a fire risk assessment and policy had been done by an external company in March 2016. We saw that this identified the need for the evacuation plan to be tested especially at night due to the change in staffing numbers. This had not taken place and we discussed this with the registered manager. Due to the fact that current staffing levels at night were one staff member, it was unclear how they would evacuate the home safely taking into consideration that one person's care needs had increased and they needed assistance to stand from one to two staff to transfer safely from the bed to wheelchair. This meant that people may be at risk in the event of an emergency. The registered manager told us they would implement a second member of staff at night to ensure people could be safely evacuated in the event of an emergency. Personal emergency evacuation plans (PEEPS) were not in place to inform staff and fire services of people's individual mobility and needs in the event of an evacuation. Plans of the building, fire safety and evacuation information were available to inform staff.

The above issues meant that people's safety and welfare had not been maintained. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to ensure the safety and maintenance of equipment and services to the building. Equipment checks had taken place with certificates available to confirm this. This included legionella and water temperature checks. Personal appliance testing and routine gas safety checks had been completed to ensure systems and equipment were safe to use. Staff told us that any serious maintenance issues were addressed promptly. There was a maintenance book for staff to report minor concerns. We saw that this had been ticked to confirm when things had been completed. People's rooms and communal areas appeared clean and well presented. People told us, "They keep the rooms clean and tidy and do your washing for you." There was a small room designated as the laundry area and this was

open throughout the day. We saw that a large number of cleaning products had been left in sight and these had not been identified as a Control of Substances Hazardous to Health (COSHH) concern and locked away appropriately to prevent any risk to people. This was an area that needed to be improved.

Incidents and accidents were documented in people's records and staff completed accident/incident forms. These were then given to the registered manager. However, no follow up information had been completed to show any actions taken to reduce the risk of a re-occurrence and no overall analysis had been completed in relation to accidents/incidents. Analysis of falls had been completed monthly up to March 2016 but the registered manager told us they had not done this since. This meant that systems were not in place to identify trends or themes with regards to people's health and welfare. By identifying areas of concern steps can be taken to help prevent issues from re-occurring and ensure open and transparent recording and reporting. This was an area that required to be improved to ensure people's safety was maintained.

We looked at staffing rotas. There was a rolling weekly rota and staff worked the same hours each week. There were designated kitchen and domestic staff and on call support each day to inform staff who to contact if needed. Staff told us that they covered for each other in the event of sickness or holidays. On the odd occasion that a staff member called in sick or was on annual leave other staff were happy to cover; the registered manager had assisted or covered a care shift, but generally staffing levels were appropriate to meet people's needs. Staff confirmed that if on occasion things got busy, for example if someone suddenly became unwell, the registered manager would assist staff. People told us that if they needed help this was provided promptly. Telling us, "I have a bell and when I ring it they come quickly." And, "There always seem to be lots of them around. The night carer is very good; she helps me to the toilet in the night."

Staff demonstrated a clear understanding around recognising and reporting safeguarding concerns. Staff were aware of the safeguarding policy and were able to outline the different types of abuse and what to do if this was suspected.

Recruitment information was available in staff personnel files. All files showed relevant checks had been completed before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and references had been sought before staff were able to commence employment. References were not always from the most recent employer and this had been noted and an explanation given as to why this had not been appropriate.

Staff had access to the homes policies. The registered manager told us that they were in the process of updating some policies. However, changes were discussed with staff at meetings to ensure they were aware of their responsibilities. Staff told us they knew where policies were stored and that they were asked to read them if they were updated.

Is the service effective?

Our findings

People felt well cared for and that staff looked after them and kept them informed of any changes. Relatives visited throughout the day and people were seen to stop and chat with staff and other people living at Orchardown Rest Home. The registered manager was in close contact with families and received calls throughout the day to discuss people's care and to feedback on people's general health.

The Care Quality Commission (CQC) is required by law to monitor how providers operate in accordance with the Mental Capacity Act 2005 (MCA). The MCA requires assessment of capacity to be decision specific and must also record how the decision was reached and who had been involved in this decision. Care files included information about people's power of attorney (POA) and identified if people had dementia or memory loss, but there was no evidence of how people's capacity was being routinely assessed. However, the registered manager had a good understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and was looking at attending updated training to ensure they were kept up to date with any changes.

Supporting documentation including MCA and Deprivation of Liberty Safeguards (DoLS) policies and procedure information was available for staff although we found that some information did not include most current guidance around DoLS. We discussed this with the registered manager who confirmed that they would source current guidance and protocols in relation to this. This was an area that needed to be improved to ensure decisions around consent and capacity were clear. The impact of this was minimal as staff demonstrated a good understanding of the principles of the MCA and gave us examples of how they would follow these in people's daily care routines. Care staff were aware decisions made for people had to be in their best interests. During the inspection we heard staff ask people for their consent and agreement to care. For example, we heard staff asking people if they wanted to get dressed and "Would you like to sit in the lounge, which seat would you like." Although staff had not attended training since 2014 they understood that people had to be involved in decisions and given choice. Daily records had also been used to document how decisions had been made involving the person for example, '(named individual) refused to shower today, but consented to a full body wash'.

A training schedule was in place for all staff training, this included information in relation to required and further training. A number of staff were in the process of completing or had completed National Vocational Qualifications (NVQ) level 2. Staff told us the training they received enabled them to understand people, for example safeguarding, dementia, fire safety and moving and handling. Staff displayed a good working knowledge of memory loss and dementia and when people became anxious or upset support was provided appropriately. We discussed training regarding people's specific health conditions including diabetes and catheter care, staff had not received specific training in these areas. It was therefore unclear how they cared for people with specific health conditions without the training in place to support this. This was an area that needed to be improved to ensure that people's health and care needs could be monitored effectively. The registered manager told us that they worked closely with the community nurses and called them if they had any concerns.

New staff had a period of induction. The registered manager told us this was an 'in house induction programme' and the new care certificate was being implemented to support new staff as they are recruited.

New staff also completed a period of shadowing current staff and observations were completed by the registered manager before new staff were deemed appropriately competent to work unsupervised. The induction also included looking at policies, rotas, complaints, people's rights and choices and discussions around dignity and care. Staff confirmed that inductions included all relevant training to ensure people were able to provide care.

A structure was in place for regular staff supervision. Supervisions were documented and included a number of key areas for discussion. We saw that supervision records detailed discussion and further learning and development. Staff told us that they felt supported by the manager and knew when they were due for supervision and felt that supervision meetings were a positive experience. Staff also had group discussions at handover and meetings to share information and aid on-going learning. Staff told us feedback and suggestions were listened to, this made them feel involved and supported.

People were supported to maintain a balanced and nutritious diet. People's weights were monitored regularly. Staff told us when someone did not eat their meal or appeared to be unwell this would be fed back to staff at the next handover and monitored. They would also discuss this with the registered manager who told us if there were any concerns a GP would be called. There was a designated dining area. Tables were set with placemats and condiments. People were offered drinks and accompaniments and these were served to them at the table. One person requested jam to put on their ice cream; this led to a discussion and a number of people requesting to try jam on their ice cream. This was provided and people told us they had enjoyed their meal.

People told us meals were well presented and 'tasted very good'. The cook had information regarding people's dietary requirements. This included soft diets, diabetic meal requirements, likes and dislikes. People were offered meal choices, with alternatives available if required. We saw that staff clearly knew people's likes and dislikes and how they liked their meals presented. One person told us they liked small portions as large portions made them feel unwell. We saw that when a pudding was served this person declined it. Staff were quick to respond and suggested an alternative. A small portion of yoghurt was given to them and they ate this happily. People who needed assistance with eating their meal had this provided in an unhurried supportive manner. Staff spoke kindly to people explaining what the meal was and offering help as needed. At lunchtime we saw that people were offered a choice of drinks and water. Hot and cold drinks were offered throughout the day and water and refreshments were also seen in people's rooms.

People told us that they found the home to be comfortable and homely, people's rooms had personal belongings and their own items of furniture if they chose. People said this made them 'feel at home.' People told us, "We have lovely private rooms and we can come and go as we please, but they make sure someone is near at hand to guide you." The registered manager had identified areas of the home which required some improvement; this included access to the room used for medicines and staff area and improvements were needed to the kitchen and office area. There were plans in discussion to carry out improvements and changes to the building, however, these were still in the planning stage.

Is the service caring?

Our findings

We observed staff being kind and attentive throughout the day, It was clear they were very knowledgeable about the people and their individual needs and behaviours. Staff sat and chatted to people, striking up conversations about music, stories in the newspaper or general chat about the day and what people were doing.

Staff spoke to people in a caring and supportive manner and were quick to notice if someone did not appear their normal selves and this was responded to quickly. When a person became anxious staff spoke to them calmly offering support in a kind and compassionate manner.

People received care which ensured their dignity was maintained and supported at all times. Staff had a good knowledge on how to provide care taking into consideration people's personal preferences and people's independence was encouraged and supported whenever possible. Staff treated people with patience and offered support appropriately. People were prompted regarding their continence needs and this was done in a hushed tone to maintain privacy and dignity. People were supported to maintain their appearance in a way that they wished. For example, one person told us they liked to have their hair done regularly. A visiting hairdresser came to the home to do their hair every week and the person told us they really enjoyed this and liked to have their hair neat and tidy.

People who were able to move around the home independently or with prompting and support from staff were seen to walk around and spend their day in various parts of the house. The service had two lounge areas, dining room and a conservatory where people could spend time. People chose when to go to communal areas and returned to their room when they wanted to read or have a nap or when they had visitors.

People were supported to maintain relationships, we saw that two people chose to go and sit together in the conservatory and were chatting and catching up. When one person became tired staff were quick to support them to return to their room as they requested.

People's care documentation was kept confidentially. Care files were safely stored in the medicine room. We saw that discussions between staff in relation to people's care and support needs were done discretely to ensure they were not overheard by people in communal areas.

After the inspection we spoke to health professionals who visit the home on a regular basis. They told us that staff responded to people's health and care needs and referrals were received promptly when required.

There were no visitors to the home during the inspection, so we were unable to gain any feedback.

Is the service responsive?

Our findings

People living at Orchardown Rest Home told us they felt listened to and the service responded to their needs. One person attended a day centre regularly. We saw that staff reminded them of this and ensured they were ready to leave on time. This person told us, "I don't remember when I am going out, but the staff do."

Despite this positive feedback we found that care plans were not person centred. Although pre-admission assessments had taken place, people with specific health needs did not have care plans or information in place to inform staff how to provide effective care. For example, people had behaviour charts being used to document when they displayed behaviours that challenge however, no corresponding information was seen in care files to inform staff. Some people's care files had no care plans in place to support nutrition, moving and handling and daily personal care needs. Staff told us this was because people were independent and did not have any care needs; however this included people who needed assistance and support with personal care and were prescribed medicines for anxiety and behaviours that may challenge. For people, with catheters, no information was in place to inform staff of the signs and symptoms of infection and how to ensure that appropriate infection control measures were in place and followed when providing catheter care. People with diabetes did not have specific information in their care folders to inform staff how they should be supported, what signs to look out for which may indicate that the person was becoming unwell or what actions to take if this happened. For example, the registered manager told us specific information in relation to how people's diabetes management differed. However, this information was not seen in care documentation to inform staff. It was clear from talking to staff who had cared for people for some time that they knew people and their needs, however this was not supported by relevant documentation. This meant that people's care may not be provided in a clear consistent manner regardless of who is providing care as staff did not have current documentation to follow.

Reviews of risk assessment tick charts were completed each month, these included nutrition, pressure ulcer assessment, dependency profiles and weights. However, changes to people's health had not been responded to in a timely manner. When someone's health had deteriorated and their care needs had increased information was not in place to ensure this had been reviewed and risk assessed. This meant that staff were not supported by accurate up to date information to ensure they consistently followed safe practice at all times. Staff told us that this person may require up to three staff to assist them in moving and handling depending on their health and mood each day. However, no information was found to inform staff how to manage this. This meant that staff were standing the person on their own to see if they were able to do it and only asking for help if the person was unable to weight bear, this was not a safe and responsive way to provide care and put both the person and staff at risk. A referral had been made via the GP for this person to be considered for nursing care however this had not been put in place at the time of the inspection. No review or risk assessment had been completed to determine whether the home could safely continue to meet this person's care needs. The home did not have hoists available therefore it was unclear what action would have been taken if the person had been unable to weight bear as it would not be appropriate for staff to lift them using standing belts or stand aids as this was the only equipment available. No assessment had been completed regarding the use of equipment to determine what should be in place for this person.

These issues meant that the provider had not ensured people had accurate, contemporaneous records maintained in relation to their care and welfare. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff completed daily records to record care provided for people. These were detailed and included information about people's mood and behaviour. This meant that you could get a clear picture of how people had spent their day.

Care plans did not include any information about people their lives before they moved to Orchardown Rest Home or specific life events. However, it was clear that over time staff had got to know people and were aware of their hobbies and how they liked to spend their time. An activity schedule was in place. No designated activity person worked at the home, staff told us they were all responsible for supporting people to participate in activities. This included games, quizzes, music and trips out. We were told the provider regularly took people out at weekends and people were seen to go out throughout the day with family and friends. We were told that one person attended a day centre twice a week. Another told us they loved to draw and we saw they had equipment in their room to facilitate this. People told us they kept themselves busy and went to the activities if they wanted to or stayed in their room to read, draw or watch television. One person had a weekly visit arranged this was to support them with their foreign language skills and they told us they looked forward to these sessions and enjoyed them a lot.

People had the opportunity to share their views and give feedback during resident and relatives meetings. For example, there was a concern raised at a meeting that a person felt rushed. This was addressed with staff and they were reminded to ensure that people did not feel rushed when care was provided.

A complaints policy and procedure was in place. People told us that they would be happy to raise concerns and would speak to staff or provider if they needed to. There were no on-going complaints at the time of the inspection. The registered manager understood the importance of ensuring even informal concerns were responded to appropriately. There was a small issues book used to document even minor issues raised with staff. Everyone we spoke with told us the registered manager had an 'open door' policy and people confirmed they would be happy to raise any concerns with the manager if they needed to.

Is the service well-led?

Our findings

People spoke very highly of the registered manager. Telling us, "She is here a lot, and stops to speak to us." The registered provider also visited the home regularly.

The registered manager worked full time at the home and told us they worked varying hours to ensure they had a clear picture of how the home ran at all times. They demonstrated a good knowledge and understanding of people, their needs and choices. However, actions to ensure people's needs could be met when changes had occurred had not been fully considered. The registered manager understood that they needed to demonstrate that they had reviewed whether they could meet people's needs safely and at the time of the inspection this was not in place. However, they responded promptly to discussions and had implemented changes before the end of the inspection.

The registered manager demonstrated an understanding of their role and responsibilities and acknowledged the areas in which they had not completed appropriate checks and audits. This included care plans and reviews. The care plans were in the process of being changed and the home was trying to re write and improve them. However, the information in place for new care plans needed to be improved to ensure it included all relevant information about people and their care needs.

Although there was some assessment and monitoring of the service. This was not well established and a number of issues identified during the inspection had not been picked up during reviews of the service. The registered manager acknowledged that they should have identified and addressed issues including the frequent access through the kitchen and medicine procedures. However, her focus had been elsewhere for example, gaining feedback from people, ensuring staff supervision was taking place and changing the care documentation.

Medicines and care plans were not being audited although information had been documented to inform staff of any medicine changes, new medicines prescribed or if a current prescription had been discontinued. The registered manager was aware that competencies should be carried out to ensure safe practices were being followed. They told us they had attended a competency assessment course, but had not yet implemented checks within the home to ensure staff were following safe procedures.

These issues meant that the provider had not ensured effective systems were in place to monitor assess and improve the quality of service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A number of audits had been started by the registered manager and were being reviewed and amended as time went on to ensure they were effective. This included health and safety checks and the management of health and safety within the home. Environmental risk assessments were in place, these included access to the garden and communal areas of the building. A daily work book was in place to inform staff of all tasks to be completed each shift, if these were not completed this was handed over to the next shift or discussed with the registered manager.

Regular residents, relatives and staff meetings had taken place, although the minutes to these were not all

completed. Questionnaires and surveys had been provided for staff to gain feedback on the overall running of the home. Surveys had also been given to people and their families. We saw that the returned feedback so far was predominately positive.

Accident, incidents and falls monitoring needed to be improved to ensure any trends or themes were identified. Monthly auditing of falls had been started but had not been consistently reviewed each month. This needed to be improved to ensure a regular review was completed.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. The registered manager was aware of changes to regulation including duty of candour. Staff were aware of the policies and were aware that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings to ensure everyone was aware if changes occurred. Staff told us they were aware of their roles and responsibilities and were striving to ensure people received good care. The registered manager was passionate about making relevant improvements to ensure that people's safety was maintained and responded promptly to any concerns raised.

All of the registration requirements were met and the manager ensured that notifications were sent to us and other outside agencies when required.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for people. Regulation 12 (1) (2)(a)(b)(d)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place to effectively assess, monitor and mitigate risks to people. Records were not accurate, complete or a clear record of peoples care and treatment. Appropriate systems and processes were not in place to assess, monitor and improve the quality and safety of services. Regulation 17 (1)(2)(a)(b)(c)(f)