

Mr & Mrs R Mahomed

Lyndhurst 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 27 and 28 April 2017. Lyndhurst Nursing Home is a care home service for up to 16 older people living with dementia, sensory impairment or a physical disability. There were 14 people using the service at the time of our inspection. We previously carried out an unannounced inspection of this service on 19 March 2015 and the home was rated good overall.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff had not completed all training relevant to their roles and responsibilities. Staff training in relation to first aid, end of life care, equality and diversity, and diabetes were outstanding for all staff from the year 2016. Staff had not received regular supervision and annual appraisal.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The provider had not carried out satisfactory background checks for some staff before they started working. This meant staff checks were not adequately carried out to reduce the risk of unsuitable staff working with people who used the service.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The home had a registered manager in post, but they were not working consistently at the home. 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. The service was not consistently managed at all times to ensure good quality of service.

The registered manager had not encouraged and empowered people and their relatives to be involved in service improvements through residents and relatives' forum meetings. The provider's information return (PIR) submitted to CQC stated that there were regular residents meetings. However, we found this information was not correct. The registered manager told us that there have not been any residents meetings and they plan to reinstate these within next week.

The service did not have an effective system and process to assess and monitor the quality of the care people received. The provider had not carried out staff files audits; the monthly audits for care plans, incidents and accidents, falls, infection control and the environment of the premises including people's bedrooms after 28 February 2017.

Some of the provider's policy and procedures were inaccurate and incomplete. The registered manager told us since 2009 the home's policies and procedures had not been reviewed and updated to reflect that they were accurate and complete.

These issues were a breach under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the back of the full version of this report.

Improvement was required to ensure that people's choices regarding the time they would like personal care provided was recorded, and staff deployed in order to meet these needs.

Staff supported people to take their prescribed medicines, but some aspects of their management required improvement.

The provider had carried out satisfactory background checks for the remaining staff we looked at. These checks included qualification and experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification.

Staff knew how to keep people safe. People who used the service and their relatives told us they felt safe and that staff treated them well. The service had clear procedures to support staff to recognise and respond to abuse.

Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks. There was a system to manage accidents and incidents, and to prevent them happening again.

The provider had taken action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff assessed people's nutritional needs and supported them to have a balanced diet. This protected people from the risk of malnutrition and dehydration. People had access to their GP and other health care professionals when they needed them.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs. Care plans and risk assessments provided guidance for staff on how to support people with their needs.

Staff supported people in a way which was kind, caring, and respectful. Staff also protected people's privacy, and dignity.

The service supported people to take part in a range of activities in support of their need for social interaction and stimulation. People knew how to complain and told us they would do so if necessary.

There was a positive culture where people and their relatives commented positively about staff. Staff felt supported by the registered manager.

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 safe.

The provider had not carried out satisfactory background checks for some staff before they started working.

Improvement was required to ensure that there were sufficient staff deployed to meet people's personal care needs.

Staff supported people to take their prescribed medicines, but some aspects of their management required improvement.

People and their relatives told us they felt safe and that staff treated them well.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce the likelihood of these risks occurring.

The service had a system to manage accidents and incidents to reduce reoccurrence.

Staff kept the premises clean and safe.

Requires Improvement ●

Is the service effective?

The service was not effective.

The service had not supported all staff through training, supervision and annual appraisal.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Staff supported people to access the healthcare services they needed.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us they were satisfied with the service. They said staff were kind and treated them with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good ●

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences.

Care plans were regularly reviewed and were up to date. Staff completed daily care records to show what support and care they provided to each person.

People were provided with appropriate social activities that met their needs.

People using the service and their relatives knew about the home's complaints procedure and said they would do so if necessary.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

The service was not consistently managed at all times to ensure good quality of service.

Some of the provider's policy and procedures were inaccurate and incomplete.

The registered manager had not encouraged and empowered people and their relatives to be involved in service improvements.

The service did not have an effective system and process to

assess and monitor the quality of the care people received.

People who used the service and their relatives commented positively about the staff and the service.

Lyndhurst Nursing Home

Detailed findings

Background to this inspection

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

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 27 and 28 April 2017, and was unannounced. On the first day of the inspection the service was inspected by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The adult social care inspector and one specialist advisor returned to the service on the second day, to complete the inspection.

We spoke with five people who used the service, five relatives, two registered nurses, three staff, and the registered manager. We looked at nine people's care records and seven staff records. We also looked at records related to the management of the service such as details about the administration of medicines, accidents and incidents, Deprivation of Liberty Safeguards, policy and procedures, and quality assurance and monitoring.

Is the service safe?

Our findings

Effective recruitment systems were not always in place. The provider had not carried out satisfactory background checks for some staff before they started working at the home. For example, there were no agency staff profiles to verify checks had been carried out and the provider had not assured themselves of the relevant checks for two agency nurses and two permanently employed healthcare assistants (HCA) in relation to their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, proof of identification, and registration of qualified nurses with their professional bodies. The registered manager told us they were not aware that they need to assure themselves about the agency staff recruitment checks. Two permanent staff criminal records checks were carried out by their previous employer and one staff member's reference was outstanding. This meant staff checks were not adequately carried out to reduce the risks of unsuitable staff working with people who used the service.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We drew our concerns to the attention of the registered manager who told us that they would arrange for agency staff profiles and apply for relevant criminal records checks and request for a member of staff reference. Following the inspection the provider sent us two agency nurses profiles, one agency HCA profile and told us that the second agency HCA no longer worked at the home. In addition, the provider sent to us one permanent staff criminal records check and a completed disclosure and barring service (DBS) adult first check for a second member of staff which is an interim check to find out if the member of staff name exists on the DBS Adults Barred list. They further informed us that the second member of staff would return to work when they received their full DBS check. We shall assess these at our next inspection.

The provider had carried out satisfactory background checks for the remaining staff we looked at. These checks included qualification and experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification.

People told us there were not always enough staff on duty. For example, one relative told us, "I think there is less staff in the evenings and also during weekends." Another relative voiced similar concern and said, "There are less people working in the evening and weekends, that is it." The registered manager told us that there was one registered nurse and two healthcare assistants on a day shift and one registered nurse and one healthcare assistant for a night shift to care for 14 people using the service, and he viewed this staffing level as adequate. Staff rotas confirmed the numbers of staff on duty. However we observed at 10.00am on the day of inspection that five people remained in their beds awaiting support with personal care, and we were aware these people required support with continence needs. Although people did not have pressure ulcers, there was a risk that delay in provision of personal care could compromise their skin integrity. The registered manager told us that they aimed to achieve personal care for everyone by mid-day. However, the provider was unable to demonstrate how staffing levels were determined and staff were deployed to reflect people's individual needs, choices and were responsive to changing dependency levels, and how they ensured all people's care needs were met in a timely manner, and mitigated potential risk. Improvement

was required to ensure that people's choices regarding the time they would like personal care provided was recorded, and staff deployed in order to meet these needs.

We drew our concerns to the attention of the registered manager who told us they would carry out a dependency assessment. Following the inspection the provider told us that they had completed dependency assessment for all people and found that the current staffing levels were adequate to meet their needs. We shall assess this action at our next inspection.

However we also saw some good practice during the inspection in the lounge when staff responded to people's requests for help in a reasonable time. One person told us, "Yes, staff assists promptly when I call for support, I don't have problem with that." Another person said, "I don't have to wait too long for them [staff] to come." A member of staff told us, there were busy, but the staffing levels were manageable and that they all worked as a team and got on well. We also observed there were sufficient staff to support people at other times of day, such as over meal times.

Staff supported people to take their prescribed medicines, but some aspects of their management required improvement. The medicine policy stated that the nurse should check the medication to be administered against the medicine administration records (MAR) and service user photograph to confirm identification. However, during a medicines round it was observed that medicines were administered without the photograph and MAR sheet which were signed off retrospectively in the medicines preparation room. This was not in line with the provider's policy and could lead to possible errors. The registered nurse told us that they knew people well and that they would now improve this practice.

People told us staff supported to take their medicines. One person told us, "They [staff] know what I take [medicine]; they either give me in the lounge or in my room, depends where I am." Another person said, "Yes, I get my medicine on time every day." The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's MAR were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. Medicines were stored securely including controlled drugs. For example, medicines which required refrigeration were kept in lockable refrigerators in medicines room and the temperature of the refrigerators and rooms were monitored by staff to ensure medicines were safe to use.

People and their relatives told us they felt safe and that staff treated them well. One person told us, "Yes, I do feel very safe here." Another person said, "Staff are very good, and they also treat me very well indeed." A relative told us, "My [loved one] is very safe here, we don't have any concerns, but when they came here few months ago they couldn't walk at all, and now they walk using equipment." Another relative said, "My [loved one] appears to be very safe when I visit them, I have no concerns at all, I can say they [staff] give 100 percent for each resident here, I know my [loved one] is well looked after." People appeared comfortable with staff. We saw that staff supported them safely to mobilise from a wheelchair to an arm chair.

Staff knew how to keep people safe. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). The registered manager told us that they had no safeguarding concerns since our previous inspection in March 2015. Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "I'm aware about the whistle-blowing procedures but never had an issue to report."

Staff completed risk assessments for every person who used the service. These covered areas including manual handling, falls, eating and drinking, skin integrity and use of bed rails. We reviewed nine people's risk assessments and all were up to date and contained detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. In another example, we saw staff regularly repositioned people where their skin integrity had been identified as an area of risk because of their immobility. A member of staff told us, "We monitor people's skin daily." This was confirmed when we reviewed completed daily monitoring charts.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of changes having been made by staff after incidents occurred to improve safety. For example, we noted falls risk assessments had been reviewed and updated with adequate staff guidance to reduce future risks.

Staff kept the premises clean and safe. Staff were clear about the infection control procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain cleanliness standards. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards such as hoists, portable appliances, and the safety of gas appliances.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. The service carried out weekly fire alarm test and the latest fire drill was in February 2017. Staff received fire awareness training so that they could support people safely in an emergency.

Is the service effective?

Our findings

People who used the service and their relatives told us they were supported by staff who had the skills and knowledge to meet their needs. One person told us, "As far as I know yes, I never found any fault with people who work here; I would assume they do get the training." Another person said, "They [staff] have to be well trained and I am sure they are, I don't have a problem, staff are lovely." One relative commented, "I have seen how they [staff] support my [loved one], and I am quite happy with it." Although people and their relatives felt staff were well trained, some improvements were required around staff training, supervision and annual appraisals.

Staff did not receive all the training the provider identified as relevant to their roles and responsibilities. Staff training records showed that staff training in relation to first aid, end of life care, equality and diversity, and diabetes were outstanding for all staff from the year 2016. Also, for 2017 pressure sore and challenging behaviour training was outstanding. The provider had not checked that agency staff had received appropriate training, prior to their working at the home as there were no agency staff profiles available at the home to show what training they completed. The registered manager told us that they had arranged all the outstanding staff training to be completed during 2017. Staff training plan we saw further confirmed this.

Staff had not received regular supervision and annual appraisal. The registered manager told us that staff had not received formal supervision for over a year and they had not received their annual appraisals for two years.

This was a breach under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt supported and were able to approach the registered nurse or the registered manager, for support. However there were no supervision and appraisal records at the home to verify supervisions and appraisal had been carried out and no planned supervision sessions. We were concerned that staff did not have the opportunity for discussion about their developmental needs planned in advance. Following the inspection the provider sent us two agency nurses and one healthcare assistant profiles showing the trainings they completed and supervisions carried out for five permanent staff and told us that all staff supervision and appraisal would be carried out by end of May 2017. We shall assess the impact of these at our next inspection.

Staff asked for people's consent to their care. Staff we spoke with understood the importance of gaining people's consent before they supported them. For example, prior to offering support with giving people a shower or wash.

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 registered manager knew the conditions under which an authorisation may be required to deprive a person of their liberty in the best interests under DoLS. Records showed that appropriate applications had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted.

Records showed that people's mental capacity had been assessed in relation to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example about their specific healthcare needs in relation to the use of bed rails.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. One person who used the service told us, "Oh yes, some of it is basic, but I enjoy the food." A relative said, "I haven't tasted but my [loved one] eats it all, I think the food is especially made for their needs." Another relative said, "My [loved one] likes it and they eat it that's the most important thing."

The service protected people from the risk of malnutrition and dehydration. Staff monitored people's weight as required. Where risks were identified, staff completed food and fluid charts to monitor people's intake and take further action if required. For example, we noted that staff sought advice from the Speech and Language Team (SALT) where a person had been identified as having swallowing difficulties.

Staff recorded people's dietary needs in their care plan and shared the information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. We saw that a range of dietary needs were met by the service. For example, the service catered for people who needed soft diets and thickened fluids and a healthy balanced diet for people with a particular health condition. The chef told us there were alternatives available if people did not like what was offered on the day. During our inspection we saw one person was offered an alternative when they did not want to eat the food on the menu for the day.

We saw positive staff interactions with people. The atmosphere in the dining room was relaxed and not rushed. The registered nurse and two healthcare assistants supported people during their lunch time and we saw them provide appropriate support to people who needed help to eat and drink. Staff made meaningful conversation with people, and helped them to eat at their own pace.

Staff supported people to access healthcare services. One person told us, "If I have any problems, I would speak with the nurse then they would refer the doctor to come and see me." We saw the contact details of external healthcare professionals, such as GP, dentist, district nurses and chiropodist in every person's care record. Staff monitored their healthcare appointments. The registered manager told us that staff attended healthcare appointments with people to support them where needed.

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "Staff treat me with dignity and respect, they are very polite, they always knock my door and ask me if I am alright." Another person said, "Staff are kind and very responsible too." One relative told us, "Staff treat my [loved one] really well." We observed caring interactions between staff and people throughout the inspection, including how staff always acknowledged people as they walked past them.

We observed that staff had good communication skills and were caring and compassionate. One person told us, "Staff are patient, I don't see them rushing anybody, including me." One relative said, "From what I have seen, staff are very compassionate." Staff talked gently to people in a dignified manner. They knew each person well and engaged with them, using touch as a form of reassurance, for example by holding people's hands which was positively received.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. One person told us, "My [relative] knows everything about me and this place, and they talk to the manager and that is how things are done." One relative said, "Yes, I come around pretty much every day and discuss with staff about my [loved one's] care." Another relative commented, "I have been involved in the care reviews of my [loved one] and staff call me if there is a change of needs to my [loved one]."

Staff respected people's choices and preferences. One relative told us, "If my [loved one] wants to stay in their room no one would bother her, unless it is for personal care or lunch time." Where people preferred to spend time in their own rooms, lounge, garden, or walk about in the home; we saw staff respected their choices. Staff regularly checked on people's wellbeing and comfort. Staff could tell us where people had preferred forms of address and how they used people's preferred first name. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

Staff respected people's privacy and dignity. One person told us, "Yes, before coming in they [staff] knock my door, I have to say they are very polite." A relative said, "My [loved one] is well looked after and they [staff] also treat her well with respect and dignity." We saw staff knocked and waited for a response before entering people's rooms; people's bedroom doors were closed when staff delivered personal care and staff kept people's information confidential. People were well presented and we saw how staff supported people to adjust clothing to maintain their dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Senior staff told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

Is the service responsive?

Our findings

Staff supported people to follow their interests and take part in activities. One person told us, "I like to read the news, I need someone to read it to me, and the activity lady reads it for me." Another person said, "I need to walk around the home with staff and that is my activity because it helps me." One relative commented, "They [the service] have an activity coordinator, she does some activities with my [loved one] as she also needs to go around to other residents."

Staff supported people to follow their interests and take part in activities. The activities coordinator took opportunities to do things with people including those who were confined to their rooms due to their frailty. We saw activities on offer included seated exercise, quiz and board games, puzzles, arts and crafts, and newspaper reading. We saw that these activities were having positive effect on people's wellbeing. For example, we observed people enjoying crosswords and liked newspaper reading. They responded positively to the activities, by actively participating.

Staff carried out a pre-admission assessment of each person to see if the home was suitable to meet their needs. One person told us, "I think they [staff] really focus on my needs, which is really good." Where appropriate, staff involved relatives in this assessment and they used this information as a basis for developing personalised care plans to meet each person's individual needs.

Care plans contained information about people's personal life, social history, their likes and dislikes, their interests and hobbies, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Senior staff updated people's care plans when their needs changed. For example, when someone's mobility needs or their dietary requirements had changed. We noted that plans included clear guidance for staff on the level of support each person required. All of the care plans we reviewed were up to date and reflective of people's current needs. We have commented on the need to assess staffing levels to meet people's personal care needs and reduce risks to skin integrity under the safe section of this report.

Staff completed daily care records to show what support and care they provided to each person. They also maintained a record which listed the specific support people required for the day such as a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed any changes to people's needs during the daily shift handover meeting to ensure continuity of care. The service used a communication log to record key events such as changes to health and healthcare appointments for people, to ensure their needs were met.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I do feel comfortable, I would speak to the [service provider], but I don't have any complaints." Another person said, "I would feel alright, but it's better for my son to deal with that, but I don't think he has any problems, the place is good and staff are lovely." A relative said, "Yes, we are aware, but this is a good place and I don't think there's any need for that." The service had a policy and procedure for managing complaints

including what action the service would take to address any concerns received. The registered manager told us that there had been no complaints received since their previous inspection in March 2015. They further said that the focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the service. One person told us, "The home is well managed, and this is definitely the best place for me." Another person said, "I think this place is well managed, but it's not perfect." One relative commented, "They [the home] have a good system in place here." The atmosphere in the home was calm and friendly, and we saw meaningful interactions between staff and people using the service and their relatives. Although people and their relatives commented positively about the service, some improvements were required around the policies and procedures, quality assurance and management of the service.

The home had a registered manager in post, but they were not working consistently at the home. The registered manager told us that they managed another nursing home in Kent, where they worked two or three days per week. They also said that they worked for two or three days a week at Lyndhurst and on these days they worked on a shift as the only registered nurse. The staff rota further confirmed this. We found some concerns regarding the consistent operation of effective systems to ensure the quality and safety of the service.

The provider had not effectively operated the systems in place to assess and monitor the quality of the care people received as audits had not been carried out at the frequency suggested by the provider. For example, the provider had not carried out staff files audits since February 2017, and the audits prior to this date had not identified the issues we found with staff recruitment checks. Monthly audits for care plans, incidents and accidents, falls, infection control and audits regarding the environment including people's bedrooms were slightly behind schedule as no audits had been completed since 28 February 2017.

The registered manager had not encouraged and empowered people and their relatives to be involved in service improvements through residents and relatives' forum meetings. The provider's information return (PIR) submitted to CQC stated that there were regular residents meetings. However, we found this information was not correct. One person told us, "I don't know of any." Another person said, "No meetings held." The registered manager told us that there had not been any residents meetings although they planned to reinstate these within the next week.

Some of the provider's policy and procedures were inaccurate and incomplete. For example, the complaints and whistleblowing policy had the out of date contact details for reporting to appropriate bodies including the Care Quality Commission. The staff training policy had not identified the specific training staff need to complete in response to people's needs. There was no recruitment policy and procedure available for the registered manager or senior staff to consult and the registered manager confirmed this was missing during our inspection. The registered manager told us since 2009 the home's policies and procedures had not been reviewed to reflect they were accurate and complete.

These issues were a breach under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they planned to bring in an external consultant to review the home's policies and procedures and update them as appropriate, and also to undertake a review of the current management practices of the home, and develop a quality assurance systems and processes to help them carry out regular audits of the service and make necessary improvements. We shall look at the improvements made at our next inspection.

We found that the provider had not notified to the Care Quality Commission (CQC) as required, of the authorisations of Deprivation of Liberty Safeguards (DoLS) because some people required continuous supervision by staff. When asked, the registered manager told us this has been an oversight, and in future they would notify CQC in a timely manner. As a result of the inspection feedback, the registered manager made the appropriate notifications on the 1 May 2017. We saw there was no negative impact on the people who used the services however this was an area that required improvement.

We saw the registered manager interacted with staff in a supportive manner. Staff described the leadership of the service positively. One member of staff told us, "The registered manager is supportive and had been a good mentor." Another member of staff said, "The registered manager frequently worked alongside staff on the floor. It is a good thing to work alongside staff; we learn a lot and gain a better understanding of our work."

The service had a positive culture. We observed that people and staff were comfortable approaching who what when required and their conversations were friendly and open.

Following the inspection the registered manager told us that they carried out people's and relatives satisfaction surveys about service improvements. As these actions were not completed at the time of the inspection, we were unable to assess if the provider had made any improvements in response to the feedback from the surveys.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service was not consistently managed at all times to ensure good quality of service. Some of the provider's policy and procedures were inaccurate and incomplete.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not carried out satisfactory background checks for some staff before they started working.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not completed all trainings relevant to their roles and responsibilities. Staff had not received regular supervision and annual appraisal.