Leonard Cheshire Disability

St Cecilia's - Care Home with Nursing Physical Disabilities

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

Overall summary

This inspection took place on 17 & 18 June 2015 and was unannounced. At our previous inspection in September 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected.

St Cecilia's Care Home with Nursing Physical Disabilities accommodates up to 30 people, most of whom have complex physical disabilities. At the time of our inspection the home was providing support to 30 people. The home had a registered manager in post. 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.

Summary of findings

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There was not enough qualified staff deployed within the home to meet people's needs safely and to an appropriate standard. Staff did not receive supervision on a regular basis and appraisals in line with the provider's policy to enable them to carry out their duties appropriately. There were some failings in keeping and maintaining accurate and contemporaneous records that was not reflective of the care and support provided by staff.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. People were protected from the risk of abuse because staff had received training to enable them to identify the possibility of abuse and take appropriate actions to escalate concerns.

Assessments were conducted to assess and monitor people's level of physical and mental health risks. Care plans documented guidance for staff that ensured risks were minimised. Accidents and incidents involving people using the service were recorded and acted on appropriately and there were arrangements in place to deal with foreseeable emergencies.

There were systems in place to monitor the safety of the premises and equipment used within the home and medicines were stored and administered appropriately.

Staff received appropriate training to support them to do their jobs and the home facilitated staff training to ensure training was kept up to date and was effective in meeting staffing needs. Staff had good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and authorisations for DoLS where in place where appropriate.

People were supported to eat and drink sufficient amounts to meet their needs and where appropriate people's food and fluid intake was monitored to ensure well-being. People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Staff had positive relationships with people and treated people in a respectful and dignified manner. People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Care plans showed people's care needs were regularly assessed and reviewed in line with the provider's policy and daily records were kept by staff about people's day to day wellbeing and activities to ensure that people's planned care met their needs.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence that met physical, emotional and sensory needs.

People were provided with information about how to make a complaint and we saw information was displayed throughout the home and gave details about who to contact to make a complaint.

There were systems in place to monitor and evaluate the service and records showed that safeguarding, complaints and accidents and incidents were analysed. The home took account of people's views with regard to the service provided through resident's satisfaction surveys that were conducted on an annual basis.

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?

Requires improvement

The service was not always safe.

There was not enough staff deployed within the home to meet people's needs safely and to an appropriate standard.

Risk assessments and care plans documented guidance for staff that ensured risks to people were minimised.

There were systems in place to monitor the safety of the premises and equipment used and medicines were stored and administered safely.

There were safe recruitment practices in place.

Is the service effective?

Requires improvement

The service was not always effective.

Staff did not receive supervision and appraisals on a regular basis in line with the provider's policy to enable them to carry out their duties appropriately.

Staff received appropriate training to support them to do their jobs.

People were supported to eat and drink sufficient amounts to meet their needs and when required people had access to health and social care professionals.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people and treated people in a respectful and dignified manner.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Is the service responsive?

Good

The service was responsive.

People's needs were regularly assessed and reviewed in line with the provider's policy.

People's diverse needs, independence and human rights were supported, promoted and respected.

People had access to specialist equipment that enabled greater independence that met physical, emotional and sensory needs.

People were provided with information about how to make a complaint.

Summary of findings

Is the service well-led?

The service was not always well-led.

There were some failings in keeping and maintaining accurate and contemporaneous records that was not reflective of the care and support provided by staff.

There were systems in place to monitor and evaluate the service and the home took account of people's views with regard to the service provided.

Requires improvement

St Cecilia's - Care Home with Nursing Physical Disabilities

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.

The inspection was carried out by an inspector and a specialist advisor on 17 & 18 June 2015 and was unannounced. There were 30 people using the service on both days of our inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and for funding people's care at the home. We used this information to help inform our inspection.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people using the service, six visiting relatives, 11 members of staff including the registered manager, care supervisor, registered nurses, care staff, in house physiotherapist, cook and kitchen assistant and domestic workers. We spent time observing the care and support provided to people, looked at six people's care plans and records, seven staff files and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe with staff that supported them, however they felt there was not always enough staff available to support them when requested. One person said "Evenings are a real problem and more often than not I have to wait for help." Another person told us that staff sometimes come into their room when they pressed the call bell for help and say they are too busy to support them now. A fourth person said "Waiting for support can be a very very long time", and a visiting relative told us that Sundays were always short staffed.

There were not always enough staff to meet people's needs. During a tour of the premises we noted that call bells were placed in each room and throughout communal areas and were located at wheelchair height within easy reach for people. On both days of the inspection we observed call bells ringing for unacceptable long periods of time. Call bell alarms were displayed on screens throughout the home and were visible highlighting the room number and the length of time the bell was ringing. For example on the first day of the inspection we observed a call bell was ringing for approximately 17 minutes before a member of staff attended and at approximately 9:40 am a person waited eight minutes before staff attended.

We discussed our concerns with the registered manager who told us that staff do attend to people quicker than the call bell response times indicate. They explained that staff first enquire what support people need and if their request is deemed urgent or if staff require support but a second member of staff is not available at that time they leave the bell ringing at people's request until a second member of staff is available to support. Printed copies of call bell response times showed frequent long waiting times. We noted that on the 14 June 2015 at 17:52 one person waited 16 minutes, at 20:04 another person waited 18 minutes and at 21:50 a third person waited 30 minutes for support. On the first day of our inspection the registered manager confirmed that there were no systems in place to monitor or analyse call bell response times, however on the second day of our inspection a tool had been implemented and was scheduled to be conducted on a weekly basis.

Staff told us they felt staffing levels were not sufficient to meet people's complex needs. One member of staff said "We are always short of staff. Today we are ok but that rarely happens." Another staff member told us "There are six of us working during the day which is tough as most people need two staff to help them and if we are short it's a real problem." At the time of our inspection we noted there were six care staff and two registered nurses on duty.

The provider had recently recruited six new care staff and had further vacancies amongst nursing staff and care staff. Agency staff were used to cover any short falls. The registered manager told us that staffing levels were determined by the number of people using the service and their needs, however at the time of our inspection there were no systems in place to analyse or monitor staffing levels to ensure people were kept safe and their needs were met.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staff personal files for permanent members of staff and staff working as volunteers contained appropriate application forms, interview questions with notes made at the interview, identity checks, references, work history and criminal records checks. Registered nurses working at the home had their registration PIN numbers checked to ensure they were appropriately qualified to carry out their job. Volunteers working at the home completed a 'Volunteer Information Form' which was similar to an application form and they were subject to checks on references and criminal records checks. Volunteers signed a 'volunteer agreement form' and received training in the 'Common Induction Standards' prior to starting work. For example we saw one volunteer completed regular driver assessments so they were able to escort people when venturing out and they had completed training and an assessment in relation to safeguarding adults.

People were protected from the risk of abuse because staff had received training to enable them to identify the possibility of abuse and take appropriate actions to escalate concerns. Staff told us that they would report any concerns they had to senior members of staff and knew how to support or protect people if there were concerns. Registered nurses knew how to record any incidents and where appropriate, take photographs and descriptions of wounds or injuries. Staff were aware of the provider's

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Is the service safe?

whistle blowing policy and knew how to report issues of poor practice. Information was displayed throughout the home in relation to safeguarding for people to access and this was also available in an easy read format to meet people's needs. Records we looked at showed that the provider had notified us about safeguarding concerns and they had taken appropriate action to ensure people were kept safe.

Assessments were conducted to assess and monitor people's level of physical and mental health risks and care plans contained guidance for staff that ensured people were protected from harm and risks were minimised. People told us that they felt safe when supported by staff and they had appropriate equipment that kept them safe. One person said "The staff are great and know how to use all of my equipment. They are trained." We saw that equipment was used to prevent risks to people and included specialised wheel chairs, lifting equipment, beds, mattresses and specialised cushions to promote good skin integrity. We observed people were supported by staff appropriately to transfer from room to room and from wheelchairs to armchairs safely. Risk assessments were in place for manual handling, skin integrity, dependency, pain, falls, mobility, environment, medicines and nutrition amongst others. Risk assessments were detailed and responsive to individual's needs. For example one care plan highlighted that the person was a type 2 diabetic and required low sugar snacks during the day to stabilise blood sugar levels as this caused the person agitation. Another care plan documented clear guidance for staff on managing and maintaining good catheter care and a third care plan contained a behavioural log and guidance for staff on how best to support the person if they became agitated or verbally aggressive.

Accidents and incidents involving people using the service were recorded and acted on appropriately. Records showed that staff had identified concerns and had taken appropriate action to address concerns and minimise further risks. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required. The registered manager told us that all incidents and accidents were held on a computer system and were analysed centrally by the provider who advised the home on their performance.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place within their care plans which detailed the support they required to evacuate the home in the event of a fire. Fire signage was located throughout the home and indicated fire doors and fire exits. Equipment for evacuation use was available throughout the home and fire alarm tests and drills were conducted. A fire risk assessment had been carried out in November 2014 and an action plan was produced by the manager to address any identified areas. Staff we spoke with knew what to do in the event of a fire and who to contact.

There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained. Regular routine maintenance and checks were carried out on gas and electrical appliances, water legionella testing was conducted and was still on going at the time of our inspection and asbestos checks which had been completed. The home environment was clean, free from odours and was appropriately maintained.

Medicines were administered safely to people using the service. Staff told us they were trained in medicines management and only staff who were trained were able to administer medicines. Competency assessment were undertaken to ensure safe practice and records we looked at confirmed this. We looked at Medicine Administration Records (MAR) for people using the service and noted they were up to date and corresponded with the amount of medicines administered with no omissions documented. MAR charts contained a photograph of people for identification purpose, people's GP information and information about peoples known allergies.

Medicines were kept securely and there were suitable facilities for storing medicines. Medicines were stored in a lockable trolley within a clinical room and were secured to the wall once medicine administration was completed. Medicines that required refrigeration were stored appropriately in lockable refrigerators and daily temperatures were recorded to ensure that medicines were fit for use. Oxygen cylinders were stored securely in the clinical room, however we noted that one was free standing and not secured to the wall. We bought this to the attention of the registered manager as this could pose a risk of injury.

Requires improvement

Is the service safe?

Controlled drugs were safely stored in cabinets attached to the wall. Records showed that two staff signed for controlled drugs and these were checked daily and included in the weekly medicines audits conducted. There were arrangements in place to ensure medicines were checked on delivery and disposed of safely. Medicines audits were conducted by senior staff on a weekly basis and by a visiting supplying pharmacist on an annual basis to ensure safe practice.

Requires improvement

Is the service effective?

Our findings

Staff we spoke with were unable to confirm they received supervision on a regular basis and appraisals in line with the provider's policy. The registered manger told us that supervision sessions and records had not been kept up to date due to staff absence. Staff records we looked at showed that supervision was infrequent. For example one staff file demonstrated that the member of staff had only received two supervision sessions; in May 2013 and October 2013. Another showed that the staff member had only received supervision in May 2014 and September 2014 and a third staff file confirmed the last supervision session received was December 2014. One member of staff told us they had recently received supervision although prior to that their last supervision was in 2013 as their supervisor was off sick. Another member of staff said "I can't remember when I last had supervision but it's not for a long while."

This was in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt staff were suitably skilled and trained to meet their needs. One person said "The staff are good and know how to use all the equipment." Another person told us, "They (staff) know what they are doing." During our inspection we observed staff supported people with moving from chair to chair and room to room using specialised equipment. Transfers were conducted appropriately and with people fully involved in the process.

Staff told us they received appropriate training to support them to do their jobs. Training records showed that the home had a planned approach to facilitating staff training to ensure training was kept up to date and was effective in meeting staffing needs. Staff told us that apart from mandatory training specialised training was also provided based on people's needs such as food allergy, epilepsy, behaviour that may challenge and choking. Staff demonstrated good knowledge on topics such as infection control, mental capacity, manual handling, safeguarding and fire safety. One member of staff told us they were a manual handling trainer within the home and received updates to ensure they were adequately trained for their role. Another staff member told us they had completed health and safety training and was the lead person for this area within the home.

Staff had good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and including people's right to make informed decisions independently but where necessary to act in someone's best interests. The MCA sets out legal requirements for people who may lack capacity to make decisions ensuring their rights are protected in relation to consent or refusal of care and treatment. Staff understood the importance of seeking consent before they offered support and people who could not verbally communicate staff looked for signs from people's body language and behaviour to confirm they were happy with the support being offered. Records confirmed that staff had received training on the MCA and DoLS. DoLS protects people when they are being cared for or treated in ways that deprives them of their liberty for their own safety. We saw that appropriate referrals were made to local authorities so that people's freedom was not unduly restricted. We saw that applications for DoLS authorisations made followed guidance and covered areas of different restrictions such as the use of bed rails to ensure peoples safety. We saw conditions that were in place were followed appropriately by staff.

People were supported to eat and drink sufficient amounts to meet their needs and where appropriate people's food and fluid intake was monitored to ensure well-being. People's weight was monitored to reduce physical health risks and these were documented in people's health care plans. Health care plans contained guidance for staff for people who required specialist feeding regimes and where concerns were highlighted in relation to the risk of choking. Records demonstrated the home worked closely with dieticians, nurses and speech and language therapists to ensure people received appropriate support. Recommendations and guidance made by health professionals were recorded within peoples care plans and staff followed them accordingly. For example one care plan showed that the person required a specialist feeding regime to ensure they received the right hydration and nutrition. We saw that staff followed the prescribe amount of daily fluid and recorded daily total amounts to ensure the person was properly hydrated.

Menus were discussed and planned with people to ensure they took account of people's preferences, dietary, religious and cultural wishes and promoted a healthy diet. People were offered menu choices the previous day so the chef could prepare fresh meals as requested. We spoke with the

Requires improvement

Is the service effective?

chef who had a good awareness of people's dietary requirements and noted kitchen staff had access to people's recorded dietary equipment's such as soft, thickened, diabetic or Halal foods. We observed lunch in the main dining room and saw that staff supported people to eat in a calm and relaxed environment. Where people were at risk of choking guidance documented in care plans was followed reducing this risk. Suitable equipment was provided within the dining room such as adjustable height tables to allow room for wheel chairs and adaptive cutlery which promoted people's independence. Staff engaged well with people during the meal to make it a pleasant experience.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Health care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required. Records of health care appointments and visits were documented within people's care plans so staff were aware of any treatment required or advice given. The home worked closely with a range of health and social care professionals in the local community such as nurses, psychiatrist, GP, occupational therapist and social workers.

Good

Is the service caring?

Our findings

Interactions we observed between staff and people were positive and indicated that staff had developed good relationships with people. We saw staff were kind, patient and compassionate in their approach. People told us that staff were caring and friendly. One person said “Staff are patient and helpful and I never fill rushed.” Another person referring to their keyworker said “She [staff] is amazing and has really changed my life. We hit it off straight away. I wanted to do more when I go home. She has been amazing I feel fulfilled by her helping me to cook meals. I feel fulfilled.” A third person said “The majority of staff are very very considerate and thoughtful, they have gold running out of their blood.”

We observed staff speaking with people and treating people in a respectful and dignified manner. We saw one person whose first language was other than English was spoken to by a volunteer in their native tongue. Although the person’s verbal communication was limited we saw a positive and happy response to this approach. Staff were familiar with people using the service and knew how best to support them. We observed that staff had good knowledge of people’s behaviour and were able to communicate effectively with people whose verbal communication was limited for example when enquiring if they wanted to participate in an activity.

We saw that people’s privacy and dignity was respected and promoted. Staff were able to give us examples of how they promoted privacy and dignity in everyday practice and demonstrated an understanding of how important it was to do this when carrying out their job. We saw that staff entered people’s rooms and checked they were comfortable and safe. We observed that staff ensured they closed people’s bedroom doors before assisting people with personal care and saw that staff knocked on people’s bedroom doors and where possible waited for the person to respond before entering. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person.

People were supported to maintain relationships with relatives and friends and people told us that they were involved in making decisions and in planning their own care. One person said “My family visit every week and I enjoy seeing them.” Another person told us they were involved in the reviews of their care plan and worked with staff to ensure their wishes and choices were respected. They said “Staff do listen to what I say and try to ensure my requests are met.” Care plans documented peoples family involvement and personal relationships to ensure that where appropriate relatives and friends were involved in their family member’s care and review meetings.

Staff told us that people were encouraged to be as independent as possible and we saw this during our visit. For example one person told us that the “magic eye”, a facility on the lift that allows people to use the lift without pressing the buttons, was of great assistance as this meant they could use the lift independently without staff assistance. We observed that the promotion of independence and maximising people’s ability was readily practised within the home.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. People were provided with a ‘service user guide’ on admission to the home which detailed the provider’s statement of purpose and information about what people can expect from the service. Care plans and assessments were completed in a visual pictorial format to aid understanding. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet any identified needs or wishes.

Good

Is the service responsive?

Our findings

People told us they received care and treatment in accordance with their identified needs and wishes. One person said "I have a care plan that details my needs and we review this when there are changes." A visiting relative told us they had seen their relatives care plan and were involved in reviews. They said "Staff are very good at communicating and I am always made to feel part of their care."

Care plans detailed peoples care needs, risks and preferences. People's needs were assessed with their involvement when they moved into the home to ensure that the home was suited to their individual needs. Where people were not able to be involved in the planning of their care relatives and professionals where appropriate contributed to the planning of peoples care. We saw that peoples care needs had been identified from information gathered about them and consideration was given in relation to peoples past history, preference and choices they would make if they were able to participate in the process.

Care plans provided guidance for staff about people's varied needs and how best to support them. For example one care plan contained detailed information on the individuals skin type and creams the person had been prescribed to maintain good skin integrity. There were also pictorial instructions on how staff should apply the creams. Another care plan detailed the support staff provided to the individual in managing their diabetes and a third care plan detailed the preference for female staff to support the person with their personal care.

Care plans contained information for staff about how to meet people's preferred activities and people's ability and methods for effective communication. For example we saw one person had specific communication difficulties as English was not their first language although they could hear and understand English. We observed that the person had appropriate requested music playing in their room that was in the person's first language and related to their culture. We also saw that there were key phrases in their first language for staff to learn and use when communicating and engaging with the person.

Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care met their needs. Health and social care professional's advice was recorded and included in care plans to ensure that people's specific needs were met. For example the home housed its own physiotherapy room which was equipped with specialised equipment that enabled people to gain independence and well-being. Care plans detailed the regular contact people had with the in house physiotherapy staff and the exercise regime they were working with so staff could support people appropriately to achieve their goals. One person told us "I like to see the physiotherapist a couple of times a week as my aim is to walk and stand independently again." We spoke with the physiotherapist who told us they attended staff handover meetings on a daily basis to work closely with staff and to find out how people are progressing or if they required further support. They said they provide training to staff so they can promote better movement and physical health for people using the service. During our visit to the physiotherapy room we observed that one person was being supported to move their neck in a position that was comfortable and allowed staff to assist them to have a shave.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence that met physical, emotional and sensory needs. The home was well equipped with specialist equipment ranging from ceiling hoists in peoples rooms to enable greater mobility, electronic wheelchairs which promoted independence, seating, beds, manual handling equipment and electronic systems that enabled effective communication. People told us they had all the equipment they needed to support them in their daily lives and we observed this to be the case. Care plans contained detailed guidance for staff on the use of specialist equipment and we saw equipment was subject to regular servicing and maintenance.

People's specific ethnic, cultural and religious needs were documented within care plans to ensure that people's needs and wishes were met. For example one care plan documented that the person liked to attend religious services that were conducted within the homes chapel which had no set denomination. We saw that services for many religions were conducted in the chapel at set times throughout the course of a week. The home was

Good

Is the service responsive?

completing the Gold Standards Framework accreditation which is specialised training for staff providing end of life care to ensure better lives for people, within which they were able to demonstrate that religious and cultural needs of people using the service were met. The registered manager provided us with several examples of cultural diversity within the home and how they supported people to meet their needs. For example one person required a specialist diet in keeping with their faith. We saw how their needs were catered for and they were documented within their care plan. We observed communal areas were kept clean, free from odours and were homely with some areas displaying arts and activities that were completed by people using the service. People were encouraged and supported to personalise their bedrooms with their belongings and furniture.

People were supported to engage in a range of activities that met their needs and reflected their interests. The home had a mini bus which enabled people to venture out into the community. One person told us they loved to go shopping and to the theatre which was something they were able to do on a regular basis. Another person told us they had a volunteer that visited them on a regular basis and supported them to venture out using the homes mini bus. We saw that the home had a range of leisure and social facilities and there was a weekly activities plan displayed throughout the home so people were aware of daily activities offered. Facilities within the home included a large activities room, physiotherapy room and a computer room. We saw that the design of rooms and equipment ensured that facilities were accessible to people. For example the computer room was designed so that people who used a wheelchair could access the computer equipment at the correct height. The home a large garden and pond that was designed so that people who used a wheelchair could access outside areas independently and safely.

People were asked for their views about their care and support and were provided with opportunities to discuss their needs with staff at regular meetings. We saw the home operated an active resident's forum and selected individuals represented people using the service. We noted that the resident's group successfully campaigned for greater access to local community services and activities and was support by a local MP.

People told us they were provided with information about how to make a complaint and we saw this information was also displayed throughout the home and gave details about who to contact to make a complaint. One person told us "If I wasn't happy about something I would say. Everyone's quite approachable and I know they would listen." Complaints records showed there had been one complaint made about the service in 2015 and we saw that appropriate action had been taken to address the reported concerns. The registered manager told us that all complaints made about the home were analysed by the provider and the results were provided to the home for 'shared learning' exercise.

Requires improvement

Is the service well-led?

Our findings

There were systems in place to monitor and evaluate the service and records showed that safeguarding, complaints and accidents and incidents were analysed. This ensured the provider had an overview of events and trends at the home and could identify any concerns so action could be taken to minimise recurrent occurrences. Records demonstrated that the home worked in partnership with other health and social care professionals including the local authority to ensure people were kept safe and their care needs were met. However, not all quality assurance processes were followed effectively. For example, systems for looking at staffing levels and staff deployment throughout the home and providing frequent staff supervision in line with the provider's policy.

Where appropriate people's care plans contained 'positional change charts' which instructed staff to support people to change position when in bed or seated in a chair to ensure good skin integrity. Positional change charts required staff to record the frequency of repositioning for example every two to three hours and record when they had supported people to do this. However four care plans we looked at did not accurately record support that was provided and charts were not adequately maintained by staff. For example one record detailed that the person required repositioning every two hours however their record documented on the 12 June 2015 that support was offered at 22.00 hours and then again at 9 am. Another positional chart recoded on the 15 June 2015 that the person was repositioned at 23.50 hours and then again the following morning at 5.39 am although it was documented that they required repositioning every two hours. There were also other entries showing gaps in the records of turns and positional changes and other positional charts had no frequency indicated or recorded on them. We spoke with people using the service who told us that they had been supported to reposition themselves during the night by staff and risk assessments and skin integrity assessments also confirmed this. This meant there was a failing in keeping and maintaining accurate and contemporaneous records and this was not reflective of the care and support provided by staff.

We recommend that the provider follows best practice and seeks guidance in relation to ensuring and maintaining accurate, complete and contemporaneous records in respect of the care and treatment of people using the service.

There was a registered manager in post at the time of our inspection. Staff told us that the manager was approachable and had an open door policy where the manager would listen to any concerns or suggestions they had about the home. One staff member said "I enjoy my job and we work well as a team. The manager and senior staff are approachable and supportive when I need them." People told us there was a good atmosphere within the home and the manager and staff were friendly and respectful. We observed the manager was visible during the course of our inspection and spent time talking to people and staff.

The registered manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. We saw that staff meetings were held on a monthly basis and were attended by staff both day and night workers. Meetings provided staff with the opportunity to discuss people's needs and the day to day running of the home. As well as monthly staff meetings the home conducted staff handover meeting which took place three times a day at shift changes so staff starting there shift were informed of people's daily needs and treatment.

The registered manager showed us audits that were conducted within the home on a regular basis. Audits conducted included environmental and maintenance checks, accidents and incidents, complaints, care plans, health and safety, MCA and DoLS, activities, medicines and manager out of hours spot checks that were completed four times a year amongst others. We saw that some quality monitoring audits were completed by the registered manager on a computer system which collated the information and highlighted areas of concern so action plans could be implemented to address areas we found that required attention.

People's views were considered through resident's satisfaction surveys that were conducted on an annual basis. We looked at the results for the 2014 resident's survey which showed that 54% of people were very happy with the way staff and volunteers treated them and 36% were happy. 66% of people said they were very happy with

Requires improvement

Is the service well-led?

the opportunities and service provided at the home and 33% said they were happy. As a result of the survey we saw that an action plan was developed to address areas for improvement and identified how this could be achieved. For example one person had noted within the survey that they would like automatic doors installed to support independence. We saw that quotes for this work had been sought and was being considered. Relatives and staff surveys were also conducted and we saw notices displayed within the home relating to a current and on-going staff survey. We were unable to obtain the results from the staff survey at the time of our inspection as this was on-going.

People and their relatives were asked for their views about the service and resident meetings were held on a monthly basis. There was an active 'family and friends' group set up that relatives of people using the service facilitate. We noted that the group met every six weeks in the home and was an open forum where any issues could be discussed. We saw that the lead person for the group was a spouse of a resident and they acted as a link between the group and the homes management relating any issues or concerns discussed.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was inadequate numbers of suitably qualified staff deployed within the home to meet people's needs safely and appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to provide appropriate regular staff supervision and appraisal to enable them to carry out their duties.