

# Barnham Manor Limited

# Barnham Manor

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

This inspection was carried out on the 14 April 2015 and was unannounced.

Our last inspection at Barnham Manor was carried out in February 2014 as part of our dementia themed inspections. At the inspection we found concerns with regard the safety of the care provided to people.

Legislation and guidance had not been followed to protect the safety and dignity of people when they needed help with moving or lifting. At this visit we found that appropriate action had been taken.

Barnham Manor is a Nursing Home that is registered to provide accommodation for 33 older people. The registered providers are Barnham Manor Limited.

# Summary of findings

Accommodation is provided over two floors. There are 28 individual rooms all of which are en-suite. There are three shared rooms. On the day of our visit there were 33 people living at the home.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

People told us they felt safe. Relative's told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments that gave information for staff on identified risks and guidance on reduction measures. There were also risk assessments for the building and contingency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Staffing levels were maintained at a level to meet people's needs. The staffing rota and observations showed that on the day of our inspection there were sufficient staff on duty. People and staff told us there were enough staff on duty.

Thorough recruitment procedures were carried out to check staff were suitable to work with people. Staffing levels were maintained at a level to meet people's needs

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas. Staff told us the training provided was good. People said they were well supported

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. We found the service had suitable arrangements in place to establish, and act in accordance with people's best interests if they did not have capacity to consent to their care and support.

People were satisfied with the food provided and said there was always enough to eat. People had a choice at meal times and were able to have drinks and snacks throughout the day and night. Meals were balanced and nutritious and people were encouraged healthy choices.

Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice and the manager and staff arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Appropriate records were kept of any appointments with health care professions

People told us the staff were kind and caring. Relatives had no concerns and said they were happy with care and support provided. Staff respected people's privacy and dignity and staff had a caring attitude towards people.

Before anyone moved into the home a needs assessment was carried out. People and relatives knew a care plan had been prepared and said they were included in their development. They also confirmed they were invited to attend care reviews.

People's care plans provided information for staff on how people should be supported. However care plans were task orientated and not person centred, meaning the wishes and preferences of people or those acting on their behalf were not central to their care and support plans. People's care plans did not contain evidence of people's involvement. Reviews did not evidence people's changing needs were consistently monitored so that care plans had up to date information.

We observed a local vicar attending to people's spiritual needs. Staff were seen engaging with people in a positive way and there was a regular programme of activities.

People and relatives told us the manager and staff were approachable. Relatives said they could speak with the manager or staff at any time. The manager operated an open door policy and welcomed feedback on any aspect of the service. The manager also arranged regular meetings with staff, people and relatives.

The provider had a policy and procedure for quality assurance. However this was not embedded in practice.

# Summary of findings

Staff carried out weekly and monthly checks to help to monitor the quality of the service provided but the registered manager did not check that these were being carried out. Quality assurance surveys were sent out to people and relatives but these were not dated and therefore it was not possible to know when these had been sent out.

We made a recommendation regarding the use of and PRN (when required) medicines.

We found a breach of Regulation 9 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 this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People said they felt safe and there were sufficient staff on duty to support people safely.

Staff had received training in identifying and reporting potential abuse or neglect.

Risk assessments were in place together with risk reduction measures to help keep people safe.

Medicines were stored safely and only administered by staff who had appropriate training. However there was no clear guidance for staff on the administration of PRN medicines.

**Requires Improvement**



### Is the service effective?

The service was effective.

The manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported by suitably skilled staff who had received a thorough induction and ongoing training.

People had enough to eat and drink. People were involved in planning the week's menus. Staff supported people to maintain a healthy diet.

People were supported to access health care services when needed.

**Good**



### Is the service caring?

The service was caring.

People told us staff were kind and caring. Relatives said they were very happy with the care and support provided.

We observed care staff talking with people throughout our visit. We saw people's privacy and dignity was respected. People and staff got on well together and the atmosphere was warm and friendly.

Staff understood people's needs and preferences and were able to describe to us people's individual care needs

**Good**



### Is the service responsive?

The service was not always responsive.

People had a plan of care but these were task led and did not always contain appropriate and up to date information to enable them to meet people's needs.

**Requires Improvement**



# Summary of findings

People were involved in making decisions about the support they wanted.

People were supported to maintain relationships with their family and relatives spoke positively about the support provided by staff.

## Is the service well-led?

The service was not always well led.

There was a registered manager in post who promoted an open culture. Staff confirmed the manager was approachable and open to new ideas.

People, their relatives and staff told us the manager was approachable. They could speak with the manager at any time and they would listen to their views.

There were systems in place to monitor the quality of service provision. However they had failed to identify the lack of care plan reviews. All records were not up to date.

**Requires Improvement**



# Barnham Manor

## Detailed findings

### Background to this inspection

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

This inspection took place on 14 April 2015 and was unannounced, which meant the staff and provider did not know we would be visiting.

The inspection team was made up of two inspectors.

Before the inspection we looked at the information we held about the service. This included notifications sent to us by

the provider. (A notification is information about important events which the service is required to tell us about by law). This information helped us to plan the inspection and to decide in which areas to focus.

We spoke with 10 people, a health and social care professional and a visiting vicar. We also spoke with one nurse, four care staff, one member of domestic staff and the chef. We spoke with the accounts manager and with the registered manager. We observed how staff interacted with people and how they supported them in the communal areas of the home. We looked at six people's care records, risk assessments, incident records and medicines records. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service, such as records of activities, menus, accidents and complaints as well as quality audits and policies and procedures.

# Is the service safe?

## Our findings

People felt safe at the home and they said staff gave them any help they needed. Relatives said their family member was safe. Comments included. "I have no concerns, everyone is very professional". Another relative said. "I could not be happier, I am so glad we found Barnham Manor". Everyone we spoke with was very complimentary about the cleanliness of the home. One person said "It's always so fresh and clean".

The provider had an up to date copy of the local authorities safeguarding procedures. The registered manager knew what actions to take in the event that any safeguarding concerns were brought to their attention. Staff said they had received training with regard to keeping people safe and knew how to report any safeguarding concerns to their manager or to a member of the local authority safeguarding team. Staff were able to describe the types of abuse they may witness or be told of and knew what action to take.

Risk assessments were contained in people's plans of care and these gave staff the guidance they needed to help keep people safe. For example one person had a risk assessment in place about leaving the home unsupervised. The risk assessment reminded staff to ensure they were aware of this person's whereabouts and that they should be supervised when using the garden. This information helped staff to keep the person safe.

We spoke to the registered manager about how they would support people if they had to evacuate the building. We saw that each person had a personal evacuation plan that detailed any specific actions required to support the person safely in the event of an evacuation. We saw there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

Regular maintenance checks of the building were carried out. Any defects were reported to the registered manager who then contacted an outside contractor to carry out any maintenance or repair. The provider had a number of contracts in place for the maintenance of equipment such

as lifts, hoists, washing machines and fire equipment. There was also an up to date fire risk assessment for the building. The registered manager said that any defects were quickly repaired to ensure the premises were safe.

Staff recruitment records showed that appropriate checks had been carried out before staff began work at Barnham Manor. Potential new staff completed an application form and were subject to an interview with a senior staff member and the manager. Following a successful interview, appropriate checks were carried out to ensure that only suitable staff were employed to work with vulnerable people. Staff confirmed they did not start work until all recruitment checks had taken place.

The registered manager told us about the staffing levels at the home. Between 7am – 2pm there was a registered nurse and six care staff on duty. Between 2pm and 7pm there was a registered nurse and four care staff on duty and between 7pm and 7am there was a registered nurse plus two care staff on duty. In addition the registered manager who was also a nurse worked at the home each day and also the accounts manager worked at the home and would help staff if they needed any assistance. There were also two domestic staff and two cooks who worked flexibly seven days a week to provide additional support. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Staff said the staffing levels were sufficient to meet people needs. Relatives said whenever they visited the home there were always enough staff on duty.

The registered manager kept an accident book where any accidents were recorded. The registered manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff and medical assistance had been sought if required. Staff were able to explain how they would deal with accidents and said the accident would be recorded in the accident book and in the person's care plan."

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. There were two medicine cabinets, one was located in the treatment room on the ground floor; the other was on the landing on the first floor. The treatment room was kept locked as were the medicine cabinets. The keys were held by the nurse on duty. Medicine storage cabinets were clean and well organised

## Is the service safe?

and in line with the relevant guidelines. Medicines Administration Records (MAR) were up to date. We found two instances where PRN medicines had been prescribed. One person had been prescribed antibiotics for a week and this was administered as per the prescribing GP's written instructions. Another person had been prescribed a Glyceryl Trinitrate pump spray. We asked the nurse on duty when they would administer this. They told us the pump spray would only be given in an emergency, but was unable

to explain when this would be. There was no care plan available that identified under what circumstances PRN medication should be given. There was no policy/procedure available which explained how prescribed PRN medicines should be managed and administered. **We Recommend** that the provider utilise information and guidance from a reputable source to develop procedures for the safe management of PRN medicines.



# Is the service effective?

## Our findings

People told us they got on well with staff and they were well supported. Relatives told us the staff provided effective support to people. One relative told us, "I could not have placed mom in a better home, she has grown in health and spirit" Another said, "The staff are wonderful; my aunt's needs are met by the staff." Our observations showed people received care from staff who had the practical knowledge and skills to meet people's needs. Staff were seen to engage with people in a positive way, which people responded to.

A visiting vicar from a local church said "I would put my mother here; it passes the 'Mum Test' for me! This is a good nursing home; you won't get better nursing care anywhere else. I would have no problem with referring people here. The village also thinks highly of the home".

The registered manager told us about the training provided for each member of staff. Training was provided through a training organisation who organised a range of training courses. Records showed staff had completed courses in: Manual handling, infection control, fire safety, MCA and DoLS, dementia, communication, care of the elderly confused, compassion awareness, first aid, activities and common ailments. These helped staff to obtain the skills and knowledge required to support people. Following any training course a certificate was awarded to evidence that the training had taken place. Staff told us the training provided was good and this helped them to provide effective support to people. The registered manager said that she worked alongside staff and observed their practice. This enabled her to assess that staff had the skills required to meet people's needs.

All new staff completed a structured induction in line with "Skills for Care" Common Induction Standards (CIS) guidelines. CIS are the standards people working in adult social care need to meet before they can safely work unsupervised. Staff told us they had a good induction and received regular training; this helped them to provide effective support to people.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The home employed a total of five qualified nurses and 13 care staff. Nine members of care staff had

obtained additional qualifications which were equivalent to National Vocational Qualifications (NVQ). NVQ's are work based awards that are achieved through assessment and training. To achieve an NVQ candidates must prove they have the ability or competence to carry out their job to the required standard. Staff were also encouraged and supported to obtain further qualifications.

Support systems for staff were in place, such as one to one supervision and staff meetings. One staff member said "We have one to one supervisions with a senior member of staff. They take place every two to four weeks. I can talk about the residents and their routines; about any difficulties I may have; and I can talk about any training I need." However there were no observations recorded to provide evidence of good practice or to identify any additional training needs. The registered manager told us that in future they would include observations of care practice in supervision notes. Staff also confirmed they received an annual appraisal that allowed them to discuss their learning and development needs.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the provider had policies and procedures to guide staff. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff confirmed they had received training in the MCA and DoLS and this helped them to ensure they acted in accordance with the legal requirements. Staff understood the principle that people should be deemed to have capacity unless assessments had been carried out that showed they did not. The manager told us people had capacity to make day to day decisions regarding their care and support. We saw in people's care plans that capacity assessments had been completed. The registered manager had submitted DoLS applications to the local authority for 10 people. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

People had different communication needs and staff used a range of methods to ensure effective communication with them. For example, we asked staff about one person who was unable to communicate verbally. A staff member said "I need to watch her facial expressions to find out what she likes and does not like. She will also push away if she

## Is the service effective?

does not like something. I talk to her and explain what I am doing. Although she cannot speak, sometimes she will laugh at something I have said". We observed staff supporting people and saw people were consulted as much as possible. Staff were seen asking for people's agreement before supporting them and then waiting for a response before acting on their wishes. Staff took time to explain things to people in a way they understood. They repeated questions if necessary in order to be satisfied that the person knew the options available. Where people declined assistance or choices offered, staff respected these decisions.

People told us that they made choices about how they spent their time. All people's comments indicated they were satisfied with the care and attention they received. They told us staff respected and listened to them. One person told us, "I can't fault them". Another person said, "The staff are lovely. I feel at home here, I feel comfortable." A third person said, "It's extremely good here. If I have any questions, or I am not happy I will ask the nurse. The staff seem to have time to care for us, they are not rushed off their feet. If I need to call for assistance, they are up in no time to us."

People told us the food was good. We observed the lunch time meal and there were 14 people sitting at tables in the dining room and two people sitting in armchairs in the

lounge area. Everyone else had chosen to eat their meal in their rooms. There were two people in the dining room who required help with eating along with the two people sitting in the lounge area. Each person was accompanied by a member of staff who was sitting down with them and helping them to eat. They gave each person time to eat their meal at a pace they dictated. Staff also provided encouragement so that people ate sufficient amounts. The atmosphere in the dining room was relaxed and friendly. Staff were chatting to people and smiling as they served the meal and cleared away.

Water jugs and glasses were on the tables so that people had drinks available to them during the meal. Equipment, such as mugs with spouts, were available to encourage people to be independent when eating and drinking.

People's healthcare needs were met. People were registered with a GP of their choice and the registered manager and staff arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Staff said appointments with other health care professions were arranged through referrals from each person's GP. Following any appointment, staff completed a form and this had information about what was discussed, any treatment or medicines prescribed and details of any follow up appointments. They helped to provide a health history of the person to enable them to stay healthy.

# Is the service caring?

## Our findings

People were happy with the care and support they received. One person said, "The staff are lovely, they are so kind". Another told us, "I am very happy here, I get well looked after". Relatives said they happy with the care and support provided to their loved ones. One relative said, "Mom always looks nice and well cared for". Another said, "There is always a friendly atmosphere and mom is always treated with dignity and respect". A visitor said, "The quality of care at Barnham Manor is very good. I have never seen people being badly handled. There are no smells. When I visit each week, people are happy. Given the range of needs they cater for, the standard of care is good. When I speak to people individually, they have never told me they have been badly cared for".

Each person had an individual plan of care. These guided staff on how to ensure people were involved and supported. Each person's care plan had a 'personal history profile'. This contained information about the person's life and detailed the person's likes and dislikes. It also contained information about 'the most important things I would like you to know about me, what upsets me and what helps me relax'. Staff told us this was really important information and enabled them to positively engage with people. Staff spent time talking with people and encouraged them to talk about things that were important to them.

Observations showed staff were knowledgeable and understood people's needs. Staff explained what they were doing and gave people time to decide if they wanted staff involvement or support. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Throughout our visit the atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff. However other people preferred to spend time in their rooms and staff respected this decision. One person told us "I like my own company but staff always pop their head around the door when passing to check I am OK". Staff knew what people could do for themselves and also what support was needed. We heard staff speaking kindly and in a polite manner to people and using their preferred form of address. Staff knocked on people's doors and waited for a response before entering.

We talked to staff about people's care needs. They demonstrated they had a good understanding of the needs of individual people. Comments included, "(a) needs to use a hoist. We have to be very careful with their toes and legs as they are very painful." "(b) Goes to bed when he wants, which is usually 5.30pm. He gets up before 7am." "(c) is not steady on their feet. She needs the help of two carers when she mobilises. She can ask for what she wants, she is talkative."

We saw staff helping one person to walk from the dining room to their bedroom. They used a walking frame and the member of staff walked alongside. A second person was helped out of an armchair by a member of staff. They were asked if they wanted to walk or if they wanted to use a wheelchair. They chose to walk. Two members of staff walked with them. Another person needed to use a hoist to move from an armchair to their wheelchair. Three staff were present for this. They explained to the person what they needed to do before they began. They positioned the slings first before attaching them to the hoist all the while asking the person if they were okay or if the sling was too tight. Care was taken to make sure the person's dignity was protected as they were manoeuvred into their wheelchair. Again this person was accompanied by a member of staff to their destination.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity was promoted and respected. Staff were able to tell us how people's privacy and dignity was maintained. They told us any personal care tasks were always conducted in private.

People were supported to dress in their personal style. We saw that everyone was well groomed and dressed appropriately for the time of year. A relative told us there were always lots of smiles and laughter whenever they visited. They said "Overall the staff are very good and there is a lot of warmth and care. They keep me involved in my relative's care and if you need to speak with the duty manager, they never rush you and are very helpful".

# Is the service responsive?

## Our findings

Care plans were personalised and we looked at care plans for six people. They contained information on the support people needed. However, they were task orientated and did not focus on the needs and preferences of people. For example, one care plan stated, 'Unable to anything for themselves. Make sure (name) has shower once a week and gets a strip wash daily. Make sure clothes are changed daily. Needs assistance of two carers. Give eye care and mouth care. Keep nails, hair short and clean. Chiropodist to do nails every six to eight weeks. Keep (name) clean and dry at all times. Maintain privacy, dignity, respect, and comfort at all times.' This wording was not personalised as it was used to describe the needs of people in other care plans we looked at. There was no evidence of consultation with the individual or their representative in order to find out the individual's wishes and preferences. For another person the care plan stated '(name) is diabetic but does not always adhere to the diet – is overweight. Staff to administer medication and to monitor blood sugar to ensure it is within a normal range.). Refer to diabetic nurse. Monitor weight monthly. Advise on diet – make sure (name) eats a sugar free diet'. There was no description of what 'normal range' should be. Whilst there was evidence that blood sugars had been taken and recorded in the care plan, there was no evidence of any involvement of the person and what their wishes were.

Each care plan had a recording tool in place to monitor people's changing needs. However this was not completed in all of the care plans we looked at and was not dated in any of the care plans. This meant that people's changing needs were not consistently monitored. Care plans were reviewed every month but this was just a date and signature. Reviews did not contain an evaluation of how the plan was working for the person concerned so it was not clear how progress or lack of it could be monitored. The registered manager told us that if a person's needs had changed they would re-write the care plan so only up to date information was held. However we saw some people's plans were dated February 2013 and no changes had been recorded in over two years. People's care plans did not contain evidence of people's involvement. Reviews did not contain evidence people's changing needs were not consistently

monitored so that care plans were accurate and fit for purpose. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said staff were good and met their needs. People said that they were happy with the times they got up and went to bed. One person said "I am happy here the staff are so good if I need anything I only have to ask". Another person told us "It's extremely good here. If I have any questions, or I am not happy I will ask the nurse. The staff seem to have time to care for us, they are not rushed off their feet. If I need to call for assistance, they are up in no time."

People were supported to maintain relationships with their family and friends. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. A relative told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They said whenever they visited they could talk to the manager or staff and they would be informed of how their relative was progressing. Another relative said they were very happy with the care and support provided by the staff.

Daily records compiled by staff detailed the support people received throughout the day. This provided evidence of care delivery and how the person had been throughout the day and night. One person record that stated the person had been hitting out at their bed rails during the night. When staff supported this person to get up in the morning they noticed bruising on the persons hand. This was pointed out to the registered manager who contacted the GP. She also put a risk assessment in place and instructed staff to check that bed rails were fitted correctly so they did not pose a risk to the person.

Handover meetings took place at the beginning and end of each shift They included any issues that had occurred and any appointments or specific information about individual people. A staff member said, "We do have short meetings at the beginning of each shift so we can talk about what is happening"

There was a programme of activities in place. This included visiting entertainers, games, reminiscence quiz, music for health, a gardening club and an active minds club to provide stimulation to people who have dementia. Records

## Is the service responsive?

were kept of all activities including information on who had participated. People told us they enjoyed some of the activities on offer and could choose which ones to take part in.

On the day of our visit there was a vicar from a local church conducting a holy communion service and giving spiritual guidance to people. They told us that they visited the home on a regular basis. We observed staff engaging with people and providing stimulation by chatting, reading newspapers with people and checking that the music playing was to their liking.

Some people said they liked to spend time in their room watching television. One person said “The staff know I like to keep my own company, but always tell me if something is going on so I can make my own decisions if I attend or not”.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff always spoke to people and asked them if they wanted any assistance. People who

spent the majority of time in their rooms said if they wanted any assistance they would use their call bell and staff would respond quickly. We observed staff supporting people with drinks and they ensured people had enough time to have their drink but moved empty cups promptly so they were not a hazard. People told us that there were always staff around to give help and support and always responded positively if they asked for any help or support.

People were supported to raise concerns and complaints. One person said, “If I had any complaints, I'd say so, but I don't.” The provider's complaints procedure was on display in the home and a copy was given to relatives. Relatives told us they knew how to raise a concern and said they were confident that any concerns or complaints would be dealt with appropriately. The registered manager told us that they had received one complaint in the past 12 months and this had been resolved to the satisfaction of all concerned. Records showed that where concerns or complaints had been raised, the registered manager had responded to these on an individual basis in writing.



# Is the service well-led?

## Our findings

People said they could talk with the registered manager at any time. Relatives also confirmed the manager was approachable and said they could raise any issues with her. They told us staff kept them informed of any issues regarding their relatives and they were kept up to date by phone or whenever they visited. A visitor told us "I think the management of the home is particularly committed to the work they do. I have seen how they have revamped the home over the years from nothing." When talking to people, relatives and staff the registered manager was frequently, and unprompted, spoken about positively. One person said, "She is wonderful, always around and about, really efficient and knows everyone really well."

Communication between people, families and staff was encouraged in an open way. The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She said she had a good staff team and felt confident staff would talk with her or any of the nurse staff if they had any concerns. Staff confirmed this and said they were well supported by the registered manager and nursing staff. They said that communication was good and they always felt able to put their views forward and felt they would be listened to. One staff member said "The manager is always around and talks to us individually. She lets us know what she wants us to do. I think she is approachable and I feel free to talk to her."

Staff confirmed they received regular one to one supervision with one of the senior staff or with the registered manager and had an annual appraisal. This enabled them to identify any training issues or areas that may need to be improved. The registered manager said she regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. However they did not record any observations. She said she would address any areas of poor practice as they were observed. The registered manager said she would develop a section in the supervision notes to record observations of staff practice so they could feedback and acknowledge and encourage good practice.

Staff meetings took place on a regular basis and minutes of these meetings were kept. The last staff meeting was held on the 31 March 2015. Staff said the meetings enabled them to discuss issues openly with the manager and the rest of the staff team. The manager told us meetings were held three or four times a year for people and relatives. These meetings were used to discuss issues in the home. They enabled people, relatives and staff to make comments and influence the running of the home.

The provider had a policy and procedure for quality assurance. The manager ensured that weekly and monthly checks to monitor the quality of service provision were carried out. Checks and audits that took place included; health and safety, fire alarm system, fire evacuation procedures, audits of medicines and food quality audits. Care plan audits were also carried out, however these audits had not identified the shortfalls identified in the responsive section of this report. This meant that Improvements were needed in the quality assurance system.

Quality assurance surveys had been sent to people and relatives. We saw completed surveys but these were not dated so it was not clear when they had taken place. The registered manager said they were sent out last year. Relatives confirmed to us that they had completed surveys. One relative said "I get a survey every year, but I talk to the manager every time I visit, at least three times a week".

There was a comments box in the front entrance to the home and people could submit comments anonymously. The registered manager said this was not used often as people would raise issues with them directly.

Records were kept securely. All care records for people were held in individual files which were stored in the nursing station on the ground floor. Records in relation to medicines were locked away when not in use. The registered manager was able to locate records we asked for quickly, however care plan records were not always up to date.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>Regulation 9 - Person Centred Care - of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p>How the regulation was not being met: The provider had not collaboratively carried out with the relevant person an assessment of the needs and preferences for care and treatment of the service user. The provider had not designed care and treatment with a view to achieving service user's preferences and ensuring their needs are met.</p> <p>Regulation 9 (3) (a)(b)</p>