

United Care (North) Limited

# Clumber House Nursing Home

## Inspection report

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Poynton  
Cheshire  
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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?

**Good** 

# Summary of findings

## Overall summary

This inspection took place on 7 April 2016 and was unannounced. Clumber House Nursing Home is owned and managed by United Care (North) Limited. Clumber House Nursing Home is registered to provide accommodation for 36 people who require nursing or personal care and who are living with dementia. The registered provider has changed the layout of some of the bedrooms, as some were once used as double rooms and now only used for single occupancy. After the inspection it was confirmed by the registered manager that there are 32 single bedrooms at Clumber House Nursing Home. The home is located in a residential area of Poynton in East Cheshire. On the day of our inspection 30 people were using the service.

The service was previously inspected on the 18 June and 16 July 2015. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the following: we found people who lived in the home were not treated with dignity and respect; people's records of care and treatment were not maintained securely; the registered person did not notify the Commission without delay of incidents specified in the relevant regulation; people were given care and treatment without their consent and the registered provider had not established and operated effective systems to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. We issued a warning notice in relation to two of these breaches.

We found that the provider had taken appropriate action to address the areas of concern. The registered provider had established a safeguarding incident recording file that captured any safeguarding incidents involving people who live at the home. We viewed three Deprivation of Liberty Safeguards (DoLS) applications the registered provider had submitted, which had been subsequently granted by the local authority.

The service had a registered manager in place; however on the day of our inspection the manager was unavailable due to taking annual leave. 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 and associated Regulations about how the service is run.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

We found that registered provider had failed to ensure that the people using the service were protected against the risks of unsafe or inappropriate recruitment practice, as some key records did not contain satisfactory information about any physical or mental health conditions relevant to the person's capability to perform tasks.

The deputy manager was present during our inspection and engaged positively in the inspection process.

The deputy manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors. During the inspection we found Clumber House Nursing Home to have a warm and relaxed atmosphere and overall people living in the home appeared happy and content.

Feedback received from people using the service we spoke to was generally complimentary about the standard of care provided.

Staff were supported through regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. There were however, gaps in the Mental Capacity Act 2005 (MCA) and Safeguards (DoLS) training. After the inspection, the registered manager confirmed in an e-mail that all staff will complete this mandatory training by the end of April 2016.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and their relatives told us they would raise any concerns with the manager.

Medicines were ordered, stored, administered and disposed of safely. People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals.

Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Quality assurance systems were in place in assessing, monitoring and improving the quality and safety of services provided.

A staffing dependency tool to help calculate the required staffing levels at Clumber House Nursing Home had not been implemented. We received a mixed response from people in regards to the staffing levels. One person commented; "I have a buzzer to press if I need them [staff] sometimes they take a while to respond." The registered provider has not yet introduced the Care Certificate new minimum standards to new and existing staff. The programme of activities was not publicised in order to inform people of the activities that had been organised. We have made recommendations about these areas in the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Recruitment practice did not provide adequate safeguards to protect people using the service from unsafe staff.

People in the home felt safe and staff had a good understanding of the meaning of safeguarding.

Safe systems and procedures for supporting people with their medicines were followed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received training and support from the provider, to enable them to develop their skills and knowledge. However we found there were gaps in MCA and DoLS training for staff.

New and existing staff had not yet been enrolled on to the Care Certificate, to ensure the new minimum standards are met as part of induction training.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

People were able to see their GP and other healthcare professionals when they needed to.

### Is the service caring?

**Good** ●

The service was caring.

Staff were observed to communicate and engage with people in an appropriate manner and people using the service were seen to be relaxed and at ease in the company of themselves and the staff supporting them.

We observed people's choices were respected and that staff were attentive and responsive to the needs of people who required support at meal times.

### Is the service responsive?

Good ●

The service was responsive.

Care records were in place to provide the staff with guidance on the care that people required and their individual preferences.

People had access to a range of individual and group activities, however activities were not publicised to inform people of the activities which were available.

### Is the service well-led?

Good ●

The service was well led.

The service had a registered manager to provide leadership and direction to the staff team.

There were systems in place to monitor the quality of the service and to drive further improvements.

# Clumber House Nursing Home

## **Detailed findings**

### Background to this inspection

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

The inspection team consisted of two adult social care inspectors 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 service.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR 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.

Before the inspection we reviewed the information we held about the home. This included previous reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with ten people who lived at the home and one relative. Not everyone we met, who was living at the home was able to give us their verbal views of the care and support they received, due to their health needs. We looked around the premises and also observed care practices.

We also spoke with the deputy manager and with five other members of staff including one administrator, three care staff, and one cook.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: three care plans; three staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they found the service provided at Clumber House Nursing Home to be safe.

People we spoke to confirmed that they felt safe and some people qualified this. For example, we received comments such as: "I have a very nice bedroom, I feel very safe here."; "I feel safe and well cared for here." And "I do feel safe and well looked after."

We looked at a sample of recruitment records for three staff that had recently commenced employment at Clumber House Nursing Home. In all files we found that there were application forms, references and proofs of identity. However, none of the files contained satisfactory information about any physical or mental health conditions relevant to the person's capability to perform tasks. This has the potential to place the welfare of vulnerable people at risk of unsuitable staff.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had failed to ensure that the people using the service were protected against the risks of unsafe or inappropriate recruitment practice as some key records had not been obtained.

At the last inspection on 18 June and 16 July 2015 we found breaches of the regulations. We issued a warning notice regarding how the registered provider protected people from abuse.. We brought our findings to the attention of the local safeguarding authority at the time who investigated this matter. These concerns had not been reported to the local authority at the time of the previous inspection and the home had not promptly submitted any notification to the Care Quality Commission or otherwise brought the matter to our attention.

During this inspection we found that the provider had taken action to address this area of concern. The registered provider had established a safeguarding incident recording file that captured any safeguarding incidents involving people who live at the home. The deputy manager confirmed there had been no further safeguarding concerns raised since the last inspection.

People were safeguarded from the risk of abuse. The home had clear safeguarding policies and procedures in place for staff to refer to. Staff were able to explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or to the police if this was necessary.

The Care Quality Commission (CQC) had received one whistleblowing concern since the last inspection. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. The registered provider investigated the raised concerns and provided evidence to CQC of their findings.

We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns. Staff also understood the importance of being vigilant about the possibility of poor practice by their colleagues and knew how to use the homes whistleblowing policy. Staff told us they would be confident if they needed to report any



concerns about poor practice taking place within the home.

We looked at three care files for people who were living at Clumber House Nursing Home. In each one there was evidence of comprehensive risk assessments, including those relating to: falls; moving and handling; pressure ulcers; and nutrition using the Malnutrition Universal Screening Tool (MUST). People were regularly weighed and we saw evidence of the development of appropriate care plans to mitigate any risks associated with significant and rapid weight gain or loss. There was further evidence of carers responding to risk with referrals to appropriate services noted e.g. Tissue Viability Service, Speech and Language Therapy, and Dietician. We saw that care plans were then amended to take into account the advice and recommendations of these specialist services. The risk assessments we looked at were all regularly reviewed and updated to reflect any changes.

We looked at the management of medicines at Clumber House Nursing Home with a registered nurse. We were informed that only the nursing staff were responsible for administering medicines. All staff responsible for the management of medication had completed medication training and undergone an assessment of competency which was reviewed periodically.

A list of staff responsible for administering medicines, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

Clumber House Nursing Home used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a designated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record. Systems were also in place to record fridge temperature checks; medication returns and any medication errors.

At the last inspection we found that staffing levels at night were sometimes insufficient, resulting in people having to wait to receive care.

During this inspection we viewed staff rotas and spoke to the staff and people who lived at the home. The rota confirmed that staffing levels had remained the same and the people living at the home had decreased from 32 people to 30. We saw that daytime staffing was made up of a minimum of one nurse and five carers which reduced to one nurse and four carers in the afternoon. During the night it was made up of a registered general nurse together with one senior carer and two care staff.

Staff told us they felt they had a sufficient number of staff to deliver safe care to people living at Clumber House Nursing Home. One member of staff said, "It is a busy job we have, but I don't ever feel we cannot provide care to people in a timely manner." Another person said, "If someone doesn't turn in for work we always have staff willing to pick up overtime."

We asked people who lived at the home whether they felt there was enough staff on duty to meet their needs, we received a mixed response. One person said, "I have a buzzer to press if I need them [staff] sometimes they take a while to respond.", "A member of staff organises the activities, but there are not many of them, [activities] the staff are too busy with other things."; "It would be great if they had more staff because we could go out more often." And "The staff are always available when you need them, I really

cannot fault them."

We noted that a staffing dependency tool to calculate staffing hours and people using the service had not been implemented. The purpose of a staffing dependency tool is to help calculate the required staffing levels in care homes; the dependency tool combines information on care homes, including care hours and residents. The deputy manager informed the inspection team that she felt confident with the current staffing levels and would immediately respond to increase the staffing if she felt people's needs had changed to ensure quality of service provision.

We recommend that a staffing dependency tool is established to help calculate the required staffing levels at Clumber House Nursing Home.

We noted that the regional management team maintained an on-going record of accidents and incidents within Clumber House Nursing Home. Separate records of action taken in response to incidents were also in place.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

## Is the service effective?

### Our findings

We asked people who used the service or their relatives if they found the service provided at Clumber House Nursing Home to be effective.

Comments received included: "I was 4 stone when I came here, they have looked after me and now I am 10 stone."; "The GP comes every week and we can ask for the chiropodist or the optician."; "The GP comes regularly and they [nurses] make sure you have the medication you need." And "The meals are very good and are always freshly cooked and tasty."

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager. Discussion with the registered manager showed he had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

During our last inspection we identified that people were not being given the appropriate safeguards provided for by legislation because no applications had been made where required for authorisations under DoLS.

During this inspection we found the provider had taken action to address this area of concern. We viewed three care records that evidenced applications for a DoLS had been submitted and granted. For example, in one person's care file a DoLS application had been granted to confirm it was in the person's best interest to have bed rails in place, to minimise the risk of this person falling out of bed. We viewed people's Lasting Power of Attorney (LPOA) documentation for people who lacked mental capacity to make certain decisions. A lasting power of attorney (LPOA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPOA: for financial decisions, health and care decisions or both. We found in one person's file they had a LPOA in place for financial decisions only. However, we noted the LPOA had signed this person's consent for health and care decisions throughout the person's care records. We discussed the matter further with the deputy manager, who explained this was an oversight and assured the inspection team they would review this person's care records immediately after the inspection.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the manager confirmed that at the time of our visit to Clumber House Nursing Home there were nine people

living at the home who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation.

The manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare, property and / or financial affairs had also been obtained.

We found that a large number of the staff had not yet completed the Mental Capacity Act 2005 (MCA) and Safeguards (DoLS) training. After the inspection the registered manager confirmed in an e-mail that all staff will complete this mandatory training by April 2016.

The staff we spoke to had a good understanding of the MCA 2005 / DoLS and were aware of which people using the service were subject to a DoLS. One member of staff we spoke to said, "I understand the importance of ensuring the safety of people who are under a DoLS. We are aware of these people living at the home."

Staff told us they had an induction when they started working in the home. This included training to help them ensure they were supporting people safely including health and safety; moving and handling and safeguarding. They told us they also shadowed experienced staff. The provider encouraged new staff to obtain further qualifications associated with their role.

Examination of training records confirmed that staff had completed key training in subjects such as: first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; and health and safety.

Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

We noted that the registered provider did not have systems in place for new staff to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The deputy manager and the homes trainer were not aware the Care Certificate should be covered as part of induction training of new care workers.

We recommend that registered provider ensures all new and existing staff are enrolled on to the Care Certificate to ensure the new minimum standards are met as part of induction training.

Staff we spoke to confirmed to us that they had attended regular team meetings and received supervision at variable intervals. Evidence we received confirmed, on average staff received supervisions every three months. Staff we spoke to commented, "We have our supervisions with the management team regularly, they are always approachable if we have concerns." And "The supervisions are helpful; I can discuss my future development."

The most recent local authority food hygiene inspection for Clumber House Nursing Home was in March 2016 and the home had been given a rating of 5 stars, which is the highest award that can be given. The chef demonstrated that they had a good knowledge of individual needs and preferences. Catering requirements forms were in place to indicate people's preferences; religious requirements; any allergies; portion size preferences and any special dietary needs. For example if pureed food was required, the form specified this together with the desired consistency.

We noted that a four-week rolling menu was in operation, which offered a choice of meal at each sitting.

Mid-morning and afternoon snacks and an evening supper were also provided and people were observed to have refreshments throughout the day. The chef told us that each day people were asked for their lunch choices and again in the afternoon for their choices for their evening meal.

Comments received from people living at Clumber House Nursing Home were generally positive about the food that was on offer. Comments received included: "I had a very nice breakfast, they give you different choices."; "The food is always fresh and they bring the menu and ask us what we want. I don't like cottage pie so they made me a lovely omelette." And "I have been here a month and have nothing to complain about. The food is good, nothing to grumble about there."

We undertook our SOFI observation in the larger lounge during lunch time. People sitting in the lounge all had individual tables. Each setting had a place mat with cutlery and a napkin. The dining room was spacious, light and pleasantly decorated.

People were offered drinks and a choice of meal. We noted that staff were available to offer encouragement and support to people requiring assistance and that staff were attentive to the needs of people using the service. We saw good interactions between people and staff at lunch time. Staff asked people for their choices and offered an alternative if they did not want the choice on offer. People were encouraged to eat their meals themselves however those people requiring support were assisted by staff. Staff were seen chatting with people they supported and we found the atmosphere at lunchtime was calm.

Clumber House Nursing Home comprises of 33 bedrooms, all single with 32 bedrooms having en-suite facilities. The bedroom accommodation is on two floors whereby easy access is provided by use of passenger lift. Two lounges are well furnished and both are next to the dining areas. There is a level spacious garden at the side and rear of the home with seating areas arranged in shaded areas. Disabled access is provided via a ramp from the dining room or the lounge.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists subject to individual needs.

# Is the service caring?

## Our findings

We asked people who used the service or their relatives if they found the service provided at Clumber House Nursing Home to be caring.

Comments received from people using the service included; "The carers are very good, they are kind to me."; "It is a happy place, the staff are kind and they listen." And "I have only been here three weeks, but I have already made friends. The staff have been very good to me."

One staff member said, "We have a good team here, and understand the importance of providing a caring service to people."

One relative of a person living at Clumber House Nursing Home commented, "The care is very personalised, I visit every day and I am always made very welcome."

During the inspection we observed staff supporting people at various times of the day and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

Through our observations of staff interacting with people and from conversations with the staff, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. They also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people. This was confirmed by the relative we spoke to who also felt the staff knew their family member well.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including: knocking on doors, asking people were they happy to receive support with personal care and making sure this was done in private.

We observed people's choices were respected and that staff were attentive and responsive to the needs of people who required support at meal times. We also noted that staff communicated and engaged with people in a caring manner and that the mealtime was unhurried and relaxed. There were sufficient numbers of staff on duty at this mealtime. We noted that there was a choice of music available for the people to choose from while they enjoyed their lunch.

We asked staff how they promoted good care practice when delivering care to people living at Clumber House Nursing Home. Staff we spoke to were able to provide examples of how they treated people with respect, privacy and dignity and confirmed that they had learned about the principles of good care practice and the importance of reporting any types of abuse they came across immediately. One member of staff we spoke to said, "I always treat people with dignity and respect by respecting people's opinions."

Staff spoke to confirmed that they received training on the value base of the organisation and social care as

part of their induction training and were seen to apply the learning into practice.

It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, and promoting independence.

During the last inspection we saw that people's confidential care files were kept in a lockable cabinet in a corridor outside the registered manager's office, but close to some bedrooms and so accessible to visitors if they were not secured. During this inspection we noted personal information was kept securely to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

The deputy manager informed us the home had resumed working towards achieving the Gold Standard Framework in end of life care as part of the Care Homes Quality Hallmark Award. The National Gold Standards Framework (GSF) is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers.

## Is the service responsive?

### Our findings

We asked people who used the service if they found the service provided at Clumber House Nursing Home to be responsive to their needs. People we spoke to confirmed that the service was responsive to their individual needs.

For example, four people reported: "A local doctor comes round to see if you are ok, so they keep on top of your health."; "The handyman is very good, he brings me my TV paper and fixes the TV when it goes wrong."; "The nursing staff are first class and the carers are good, they pop in and out to see if I am ok." And "They [staff] do listen, I asked if my toast could have the butter on the side as I don't like it soggy, this morning they remembered and put the butter on the side of the plate."

We looked at three care files during our inspection. Care records were in place to provide the staff with guidance on the care that people required and their individual preferences. These had clear information within them about people's needs and how staff could meet these. We saw that these records had been regularly reviewed to make sure that the information within them was up to date and an accurate reflection of people's current needs. These care records were large and contained detailed information on the person. Care plan records viewed contained assessments of need; care plans and risk assessments together with a range of supporting documentation such as daily care notes, incident records and observation charts.

Staff told us that they were given time to read people's care plans and risk assessments to help them understand the needs and support requirements of people using the service. Care files we looked at included a staff signature list, which confirmed that staff had read care plans and other supporting documentation.

Staff told us that updates on people's needs were discussed at the handover during shift changes, via the daily reports and informally with senior carers.

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

We reviewed the complaints file. Records highlighted that there had been one complaint since our last inspection. Records viewed provided an overview of complaints received, action taken and outcomes. Copies of formal response letters were also available for reference.

The activities coordinator was unavailable at this inspection. We noted that there was no activities timetable available. After the inspection the activities coordinator provided the inspection team with evidence of daily activities that have been organised for February and March 2016. These activities consisted of, singers, hand massage, exercise classes, aromatherapy, karaoke, musical bingo, hair and pamper days



and magical musical shows. Additional activities on offer included: theme nights; board and interactive games; baking; arts and crafts; trips; gentle exercises and fitness; outside entertainment and church services.

We received mixed comments regarding the activities at Clumber House Nursing Home from people living at the home. Comments received included, "I don't do activities, but the activity lady will go to the shop for me."; "A member of staff does the activities but there are not many of them, the staff are too busy with other things."; "The carers take us out to the village, we sometimes go for a hot drink and we have trips on the barge." And "We do some activities, like singing, exercise and bingo."

We noted that regular residents' meetings had been taking place. This was chaired by the activities organiser.

We recommend that the programme of activities is publicised to inform people living at the home what activities are available.

## Is the service well-led?

### Our findings

We asked people who used the service if they found the service provided at Clumber House Nursing Home to be well led. People we spoke to confirmed they were happy with the way the service was managed.

Comments from people included: "The carers are good and make sure they show respect to you, they are kind and gentle in their approach."; "The matron calls in occasionally, she is a very nice woman."; "They [staff] help me with the personal stuff without making it embarrassing." And "I don't see much of the manager, but the rest of the staff are always around."

The registered manager was not available on the day of inspection. The deputy manager was present throughout our inspection and was observed to be helpful and responsive to requests for information and support from the inspection team.

During our inspection we observed that people felt able to approach the deputy manager directly and she communicated with them in a friendly and caring way. People were observed to refer to the manager by her first name which reinforced that there was a friendly relationship between them.

The registered provider had developed a policy on 'quality assurance'. We also saw that there was a system of routine checks and audits in place for a range of areas to enable the manager to monitor the operation of the service and to identify any issues requiring attention.

We viewed evidence of monthly visits undertaken by the owner of Clumber House Nursing Home. The owner's monthly visit reviewed the following: general management, staffing Issues (including training and development), environment, quality care planning, people who use the service, activities, and comments and complaints.

The quality and safety of the care provided was assessed and monitored and the systems in place to do this were effective. These included audits, which were regularly conducted in respect of people's medicines, nutrition, care records and the environment. We saw where any shortfalls had been identified that these had been addressed. The completion of staff training and their competency to provide effective and safe care was also regularly monitored and re-training given as necessary.

We noted that systems were in place to seek feedback from people using the service, their representatives and staff on an annual basis. Surveys had recently been distributed in March 2016, the registered provider were awaiting the responses. This process had last been completed during February 2015. We looked at the previous quality surveys. The majority of them were positive giving the home either excellent or good ratings. The questionnaires had been completed by family members and people who lived at the home.

We noted that a business continuity plan dated March 2014, had been developed to ensure an appropriate response in the event of a major incident.

We checked a number of test records relating to the fire alarm, fire doors, emergency lighting, fire drills and

nurse call system and found that checks had been undertaken at regular intervals. Likewise, we sampled a number of service certificates for the fire alarm system, fire extinguishers; hoisting equipment; passenger lifts, gas installation and electrical wiring and found all records to be in order.

We noted that meetings with staff and people using the service or their representatives had been coordinated periodically to share and receive feedback on the service provided.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

Information on Clumber House Nursing Home had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered person had failed to ensure that the people using the service were protected against the risks of unsafe or inappropriate recruitment practice as some key records had not been obtained.