

St Mary's Care Home Limited

St Mary's Nursing Home

Inspection report

327 Main Road
Sidcup
Kent
DA14 6QG
Tel: 020 8302 7289
Website: www.example.com

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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 14, 17 and 18 November 2015 and was unannounced. At our last inspection in October 2013, we found the provider was meeting the regulations we inspected.

St Mary's Nursing home provides accommodation and nursing care for up to 20 older people who have nursing or residential care needs. At the time of our inspection, there were about 16 people using the service as the home also provided respite care. 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.

The service was not safe, we found breaches in legal requirements in a number of areas including some risks to the health and safety of people using the service were not always identified, assessed or action taken to prevent or reduce the likelihood of them occurring. Medicines that required refrigeration were not always stored within

Summary of findings

the required temperature. Infection control protocols were not always followed to prevent the spread of infections. Parts of the home were not clean although the home had a full time housekeeper in post. We found that the hot water in the home was temperamental and the water did not always turn hot when needed.

We also found the provider had not followed procedures for the safeguarding of adults. People's health charts were not always kept confidential. The provider regularly assessed and monitored the quality of the service but the systems in place were not always effective to identify shortfalls. The provider had recruitment protocols in place however we found gaps in staff's employment history.

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

The provider had a system in place for assessing the number of staff needed to support people. However staffing levels did not always meet people's needs.

People and their relatives we spoke with were complimentary about the home. People felt the place was "homely" and they felt safe at St Mary's Nursing Home. Staff treated people in a caring manner. Apart from the health and safety risk we found, where other

risks to people were identified, appropriate risk assessments and actions plans were in place to mitigate these risks. Checks were carried out on equipment to ensure they were safe to use. We found that medicines were administered, dispense and recorded to meet people's needs.

Staff were supported through an induction, training and supervision to ensure they had appropriate skills and training to perform their roles. People were supported to eat sufficient amounts of food and fluids for their wellbeing. People had access to a range of healthcare professionals when they needed it. People's privacy and dignity were respected and people were supported to express their views through surveys, residents and relatives meetings and their views were taken into consideration and acted upon. People's spiritual needs where relevant were met. People were encouraged to maintain relationships with their family and friends and a range of activities were available to them.

People and their relatives knew how to make a complaint if they were not happy about the service. Each person using the service had a care plan in place specific to their individual care needs and the care plans were reviewed monthly to meet people's changing needs.

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 safe. The risks to the health and safety of people using the service were not always identified, assessed or action taken to prevent or reduce the likelihood of them occurring. Medicines that required to be refrigerated were not stored safely. Infection control protocols were not always observed. Parts of the home were not always clean.

Staff had not followed safeguarding procedures in one case. Recruitment procedures were not robust and staffing levels were not always sufficient to meet people's needs.

People told us they felt safe. Apart from the health and safety issues we found, where other risks were identified to people there were relevant risk assessments and action plans in place to mitigate these risks.

Regular Checks were carried out on equipment to ensure they were safe to use.

Requires improvement



Is the service effective?

The service was not always effective. The provider had not always followed the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Appropriate support was in place for staff in the form of induction, training and supervision to ensure they had appropriate skills and training to perform the role which they were employed to undertake. People were supported to eat and drink sufficient amount for their wellbeing and people were given a choice of food and drink.

Other healthcare professionals were involved in people's care when needed.

Requires improvement



Is the service caring?

The service was caring. Staff understood people's care needs and supported them in ways that met their needs.

People's privacy and dignity were respected and people were encouraged to maintain relationship with their family and friends.

People were supported with their spiritual needs. Where people did not wish to practice any belief, their wishes were respected.

People who used the service and their relatives were able to express their views and were involved in making decisions about their care and treatment.

Good



Summary of findings

Is the service responsive?

The service was responsive. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care plans were reviewed monthly to ensure their needs were met.

All the people we spoke with said they knew how to make a complaint. The provider had a complaints policy in place and where people had raised concerns or made a complaint these were investigated in line with the policy.

People were provided with activities to keep them stimulated.

Good



Is the service well-led?

The service was not always well-led. People's records were not always kept confidential.

The provider did not always have an effective system in place to assess and monitor the quality of the service. We saw that there were monthly, quarterly, and annual audit carried out by the management team. However these audits did not identify some of the issues we found at our inspection in areas such as health and safety, infection control, management of medicines and staff recruitment.

People's views were sought through surveys, residents and relatives meetings and their views were used to improve the quality of the service.

There was a registered manager in post. People said the manager was open and approachable and they could feedback to them anytime.

Requires improvement



St Mary's Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 14, 17 and 18 November 2015 and was unannounced. The inspection team included one inspector and an inspection manager on 14 November 2015. The inspector returned to the home alone on 17 November 2015 and on 18 November 2015 two inspectors and an expert by experience returned to the home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at the information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

At our inspection we spoke with 10 people using the service and seven visiting relatives. We used the Short Observational Framework for Inspection (SOFI) to help us understand people's experiences during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We interviewed the registered manager, two nurses, four care staff, two members of catering staff, a housekeeper and an activities coordinator. We looked at six care plans, four staff recruitment records and training and supervision matrixes. We looked at records used in the management of the service including audits, staff rotas, menus, an activity plan, surveys, accident and incident records, complaint logs, policies and procedures guidance and minutes of meetings.

After our inspection, we contacted the Local Authority Commissioning and Quality Team to obtain their views about the home.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. They also told us they felt safe when they were being helped to shower or transfer from bed to chair with a hoist. Visiting relatives we spoke with told us they felt their loved ones were looked after safely and they trusted the staff. However we found some areas of the service were not safe.

At our inspection we found breaches in regulations as some risks to the health and safety of people using the service were not always identified, assessed or action taken to prevent or reduce the likelihood of them occurring. For example, fire signage was not always pointing people in the right direction or to the nearest fire exit point and a fire exit door was obstructed with a wheelchair. There was also an unused hoist stored near a fire exit point which could act as a trip hazard or prevent staff from safely evacuating people in the event of an emergency. A fire escape door on the first floor was not properly secured to prevent unauthorised access which could put people at risk of falls.

The sluice room which contained contaminated material and hazardous liquids had a sign on the door reminding staff to keep it closed to prevent people accessing the room. However, during the inspection we saw this door could not be secured shut as there was no lock in place, and also that the door was left open. People were at risk of coming in to contact with contaminated material and hazardous liquids stored in the room.

Some windows in the home in bedrooms and communal areas were not safety glazed. Single glazed windows were weak and window restrictors fitted to them were not suitably robust to withstand foreseeable forces in line with Health and Safety Executives (HSE) guidance “Falls from windows or balconies in health and social care” published in April 2014. We spoke with the registered manager who informed us that window restrictors were checked visually on a daily basis however there was no system in place which demonstrated these checks had taken place, what type of checks had been done and if any actions had been taken as a result of these checks in order to keep people safe. There was no risk assessment in the care records of people using these rooms to show steps had been taken to mitigate against these risks.

These issues were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Effective infection control practices were not always maintained. For example, we saw that a clinical staff member had a dirty uniform on and this posed an infection risk to people. The downstairs bathroom had no soap in the soap dispenser to ensure staff maintained appropriate hand hygiene protocols. In addition, we found that the slings used in order to transfer people by hoist were not individualised for each person. Staff told us these slings were used for all residents, and only one was for a specific named person. Sharing slings posed a risk of cross infection. This was raised with the manager who informed us that due to the cost of the slings they had not purchased slings for individuals.

These issues were also breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Premises were not clean or well maintained in some cases. Staff and relatives told us the hot water in the home was inconsistent and not always hot when needed. Staff said in most cases it became hot when run for a period of time. We tested the hot water on the first and third days of our inspection. We noted that the water in some outlets took longer to become hot and in one case did not become hot after running it for seven minutes.

The provider had a full-time housekeeper in post who was responsible for maintaining the cleanliness of the home. At the time of our inspection, we saw that some parts of the home were not clean including floors in the bathrooms, toilet seats, furniture in people's rooms and individual call bells. We saw that the food supplements cupboard and the shelves at the reception area were dirty on the first floor. Head posts of beds and radiators were dusty and/or dirty and we saw that people's towels were hanging on them to either air or dry them.

These issues were breaches of Regulations 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The hot water issue was brought to the attention of the home manager who told us they had contacted their

Is the service safe?

maintenance team to service and re-tune the hot water system to ensure people had access to hot water all of the time. However we were unable to monitor this at the time of our inspection.

The provider had safeguarding adults and whistleblowing policies and procedures in place. We saw that these policies were also displayed in the dining room with contact details of the local authority safeguarding team to ensure information was easily available when people needed to report any concerns. However we found that in one case these procedures had not been followed. During our inspection we noticed the skin on a person's forehead was marked. The registered nurse in charge of the home at weekends had not noticed this mark and when it was pointed out told us they were unaware of what had caused it. The provider had not kept any record of how the person had acquired this mark. There was no completed accident and incident form and no information had been handed over between staff in order that the person could be monitored and staff could be confident about the cause of this mark. Although the provider was able to explain what had caused this mark following the inspection, staff had not followed safeguarding procedures in recording and reporting a possible injury to protect people from the possibility of abuse.

This was a breach of Regulations 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had recruitment protocols in place but these were not always followed. Staff told us they went through thorough recruitment and selection process before they started working at the home. Staff recruitment records contained completed application forms, two references, criminal records checks, proof of identification and evidence of the right to work in the United Kingdom were in place. However, the application forms we looked at showed gaps in staff's educational and employment history which had not been explored by the provider at interview to reduce the risk of unsuitable staff being employed.

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

We brought this to the attention of the manager who informed us that they would review all staff files to ensure they included all the appropriate dates. However we were unable to check this at the time of our inspection.

Medicines that required refrigeration were not always stored safely. We found some prescribed medicines such as insulin were required to be stored in the fridge between 2 to 8 degrees Celsius. The fridge temperatures were monitored and recorded daily. The fridge temperature records we looked at showed the maximum fridge temperature exceeded the required temperature range for the storage of the medicines. For example during October, the maximum fridge temperature was 13 degrees Celsius on two days, 12 degrees Celsius on three days and 11 degrees Celsius on 18 days. This showed that medicines were not always stored in line with the manufacture's guidance which could put people at risk of receiving medicines which were not effective.

These issues were also breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of staff and the registered manager on our first day of inspection. A new medicines fridge was purchased and was being used by the second day of our inspection. Daily monitoring and recordings had been undertaken and the temperatures logged were within the appropriate range.

Medicines were administered safely. We found that only trained nurses administered medicines and competency assessments had been undertaken for all nursing staff on an annual basis to ensure the safe management of medicines. We checked the balances of medicines stored in the medication rooms against the medicine administration records (MAR) and found these records were up to date and accurate. These records included a photograph of the person, their known allergies and details of staff members authorised to administer medicines. The MAR showed that people were receiving their medicines when they needed them and any reasons for not administering medicines were recorded. We looked at the medicines folders for the home. The folders were clearly set out and easy to follow. The majority of medicines were administered to people using a monitored dosage system (blister packs) supplied by a local pharmacist.

Is the service safe?

Medicines were stored securely in locked trolleys and controlled drugs were stored and administered appropriately. Weekly checks of controlled drugs were in place and were documented in the controlled drugs record book. There was a signature list attached to the medication trolley which showed all members of staff that were competent to undertake the medicines administration in the home. The home had a system for the disposal of medicines and staff had kept a record of medicines which had been destroyed.

People told us staff always came when they needed them for support. We tested a call bell in the home and it was responded to in a timely manner. Staff had mixed opinions about whether there were sufficient staff at the home to respond to people's needs in a timely manner. There were two floors to the home; the ground and first floor. We saw that there were four staff during the day including three care assistants and a registered nurse. In addition there was a kitchen staff, a housekeeper and an activities coordinator. At night, one registered nurse and a care assistant were on duty to support everyone in the home. We found that at least 10 out of 16 people required two staff to support them mobilise. Therefore there was a risk that during staff breaks and when staff were supporting a person who required two staff, there would not be sufficient staff on duty to meet people's needs appropriately. This issue was brought to the attention of the registered manager who informed us that they would review their staffing levels to ensure people's needs were met and the quality of care was not compromised.

Apart from the health and safety issues we found in relation to fire procedures, windows and the sluice door, other relevant risks assessments and actions plans were in place to ensure people received care that was safe and met their needs in most cases. Moving and handling risk assessments identified people that required two staff to

support them mobilise and also people that needed moving and handling equipment such as a hoist, a walking frame or a wheelchair to support them mobilise. We saw that there were hoists available on both floors and staff told us they had had moving and handling training. People's skin integrity was regularly assessed and appropriate equipment such as pressure relieving mattresses were in place to mitigate against the risks of people developing pressure ulcers. Records we looked at showed the nursing team carried out daily checks to ensure pressure relieving mattresses were safe and appropriate to meet the needs of people. People's vital signs were checked monthly to identify any changes in their health conditions and their care plans and risk assessments were reviewed monthly to ensure their needs were met.

People's care plans contained personal emergency evacuation plans which included the number of staff needed to evacuate them in the event of an emergency. All staff we spoke with were aware of the provider's emergency protocols and told us of actions they would take to ensure people remained safe including contacting the emergency services. Training records we looked at showed all staff had completed fire safety training.

Weekly fire tests and monthly fire drills were carried out to ensure fire equipment were working and staff were familiar with fire procedures. We saw that the home had fire doors with fireguards in place and fire extinguishers had been checked and in date and located at vantage points in the home. We saw a portable appliance test (PAT) records which showed that electrical devices had been checked to ensure they were safe for use. A legionella test was completed in October 2015 to ensure that the water supply was safe for use. We found that equipment were all serviced regularly to ensure they were safe to use.

Is the service effective?

Our findings

The provider had completed mental capacity assessments where people were unable to make specific decisions regarding their care or treatment. Where an individual was found unable to make specific decisions for themselves best interest meetings were conducted most of the time to ensure appropriate decisions were taken to ensure the person's needs were met. An application under DoLS had also been authorised and the provider was complying with the conditions applied to the authorisation. However there were some areas that required improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Although the registered manager and staff had demonstrated their understanding of the Mental Capacity Act and DoLS, we found that appropriate processes to obtain consent were not always in place, for example for the use of bedrails. We saw that consent was sought from relatives when an individual had been assessed and found not to have capacity to make specific decisions. The consent document we looked at stated the relative had consented on their behalf in their best interest. The care plan did not state if the relative had a Lasting Power of Attorney (LPA) in place and was therefore able to lawfully consent on behalf of the person. The registered manager informed us that best interest decisions for bed rails had recently been brought to their attention by the local authority and they were taking all necessary actions to address it immediately.

Staff were supported through training and supervision to perform their role. Both people who used the service and

their visiting relatives told us they felt staff knew what they were doing and were well-trained to do it. Before staff began working at the home, they completed an induction which included, familiarising themselves with the home's policies and procedures and shadowing an experienced member of staff.

Staff we spoke with told us most of their training was done at the home. Training records showed staff had completed training in areas such as safeguarding adults, infection control, fire safety, moving and handling, health and safety, Control of Substances Hazardous to Health (COSHH) and food hygiene. Staff had also completed training specific to people's needs including diabetes, dementia care, end of life care, Parkinson's, continence care, mental capacity and catheter care. This showed that staff had been supported with appropriate skills to provide care that was safe and met people's individual needs.

Staff we spoke with told us they receive regular supervision and felt well supported apart from one member of staff. The registered manager told us they had recently employed an independent consultant to support them with one-to-one supervision and staff we spoke with confirmed this. The provider showed us a supervision matrix and the document stated that supervision should be carried out four times in a year and we saw that staff were receiving supervision in line with the required timeframe.

People and their visiting relatives told us that the food was good and that there was always a choice. There was a printed easy read menu available and we found that people were supported to choose from the menu each morning. There were set meal times and most people ate in the lounge or the dining rooms and we observed some people ate their meals in their rooms. At lunch time people appeared to enjoy the food and most people finished their meals. People told us that if they were not happy with what was on the menu they could always request for something else and we saw this at our inspection.

People who could not eat independently were supported to eat sufficient amounts for their wellbeing. We observed people were supported to drink enough fluids throughout the day. There were a variety of both cold and hot drinks available and staff offered these at regular intervals.

We spoke with both of the home's chefs and they were aware of individual nutritional needs. They told us about

Is the service effective?

people's preferences and which people did not eat certain types of food and the support they provided with this. There was a separate menu displayed in the kitchen for a person who was vegetarian and we saw that a separate meal was being prepared for them. People's care plans included their nutritional needs and the support staff should provide. People's weights were monitored and recorded monthly on the Malnutrition Universal Screening Tool (MUST). This recorded the body Mass index (BMI) for each person and an assessment of any nutritional risks. The nurse we spoke with told us that the nurses monitor people's nutritional needs and referrals were made to the GP or dietician if there were concerns.

People we spoke with told us they had access to a doctor who visited weekly. Visiting relatives told us people had

access to a chiropodist and a dentist if they needed it. We found that people were supported to maintain good health and had access to appropriate health care support when they needed it. People using the service were supported by a visiting general practitioner (GP). The GP visits were documented in care records. A separate file detailed all the GP visits and the support they had provided such as medication reviews and management of a urinary tract infection. People's care plans also included support they had received from other healthcare professionals such as opticians, domiciliary dental visits and chiropodists. There was information also on continuing care reviews and local authority care plan reviews.

Is the service caring?

Our findings

People using the service and visiting relatives told us they felt the staff “Are all nice”, “They don’t mind what they do”. One visiting relative said “It is homely...I would rather have my Nan here and I would recommend this to anyone.” Another visiting relative said, “I couldn’t choose a better place. People said the place was “Homely”. People and their visiting relatives felt they or their loved ones needs were met. We observe that staff were caring towards people who used the service. For example, we saw staff assisting people with their mobility in a calm and caring manner and spoke to people kindly. Staff appeared to know people well and called them by their preferred names when supporting them. We observed staff being patient with people and gave them time to respond.

People were supported to maintain relationships. People told us that their relatives came to visit them and we observed this throughout the time of our inspection. Visiting relatives we spoke with told us that they were welcome in the home at any time and in any number. Staff told us that relatives were free to take their loved ones out during the day as long as it was safe to do so and we observed this during our inspection. Some people preferred to stay in their rooms with their doors opened to prevent social isolation as they did not want to be in communal areas.

People told us their privacy and dignity were maintained. We noted that when personal care was being delivered people’s doors were shut to maintain their dignity. Staff told us of how they maintain privacy and dignity by knocking on people’s doors and covering the parts of the body that they were not washing. We observed one person being hoisted out of bed to a chair. The two staff members who were supporting the person were talking to them throughout the process and explained what was happening. Staff told us sometimes it was difficult to close the door when using the hoist as some rooms were small and it was difficult to manoeuvre the hoist. They told us that the door would always be shut when personal care

was being delivered to maintain the person’s privacy and dignity. When delivering care and support, we saw that staff spoke with the person calmly and reassured them throughout. A visiting hairdresser was also available to ensure people’s appearances were maintained.

People who use the service were able to express their views and were involved in making decisions about their care and treatment. People and their visiting relatives told us they felt involved in the planning of their care and could discuss issues that mattered to them with the home manager. Staff told us they try to ensure that people are involved in their care plan reviews and they updated visiting relatives either on the phone or whilst they were visiting the home with any changes in their loved one’s care. They said they also received feedback or requests from relatives to improve the care delivery. The provider had a statement of purpose that provided people with information about the service and these were available in people’s rooms to ensure information was easily accessible to them.

People were supported to practice their faith where required. People told us they were supported to practice their spiritual beliefs. The provider informed us of a visiting priest to the home. Staff we spoke with told us that relatives could take people out to attend religious services if they chose to. Where people had no spiritual interests or needs, their views and wishes were respected.

The provider informed us that no one using the service had an end of life care in place because it was not needed. They told us they work in partnership with a local hospice to ensure people’s end of life wishes were respected when required and staff had completed end of life care training. People’s capacity had been assessed in relation to their end of life care. Where people did not want to be resuscitated, we found Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms had been completed and signed by the people, their relatives [where appropriate] and their GP to ensure people’s end of life care wishes would be respected.

Is the service responsive?

Our findings

People told us that the care and support they received was meeting their needs. Each care record we looked at included pre-admission records, care plans and risk assessments. The registered manager informed us that before people moved into the home, people's health and social care needs were assessed to ensure the home was suitable and could meet their needs and people and their relatives also visited the home to assess if it was suitable for them before moving in. Each person using the service had a care plan in place. The care plans we looked at covered areas such as nursing, safety, medication, personal hygiene, privacy and dignity, nutrition, mobility, skin integrity and sleeping. The care plans also included the support staff should provide to ensure people received care and treatment that was safe and met their needs. Each person had a key worker to coordinate their care. The key worker was a member of staff responsible for monitoring and updating an individual's care and wellbeing. Staff we spoke with were aware of individual care needs of people using the service and they told us of the support they provide. Care plans had been reviewed monthly to ensure people's changing needs were met. Staff told us that daily care records were kept of each person's care and support. The daily care records we looked at showed that the care delivery was in line with the care that was planned for.

People and their relatives told us that they could raise any concerns or complaints with staff or the registered manager and they were confident their complaints would be listened to and investigated. Staff told us that all

complaints received were taken "seriously". The provider had a complaints policy and procedure in place which was displayed in communal areas and people's bedrooms. The complaints log we looked at showed the provider had received two complaints since our last inspection in October 2013. We saw that the provider had taken appropriate action to resolve the complaints by involving healthcare professionals where required and updating staff on actions to take to ensure people and their relatives were satisfied with the care delivery. We saw that the complainants were happy with the actions the provider had taken to resolve the issues which they had raised with them.

People told us they were engaged in various activities of their choice. One person told us they loved to read and they had newspapers brought in from the local library. Another person told us they received two books each month from the local library. There was an activities coordinator in post who engaged people in various activities to keep them stimulated. We observed the organisation of activities in the lounge area by the activities coordinator and we saw that people were encouraged to join in and a visiting relative also supported people to facilitate inclusion. The activities coordinator informed us of some of the challenges they were facing in their new role and that, they were working with the registered manager to ensure there were more varied activities and equipment to ensure people's needs were met. We found that people who wanted to remain in their room were also supported with one-to-one sessions to keep them stimulated.

Is the service well-led?

Our findings

People's records were not always kept securely. We saw people's health charts were kept in the communal area where people and visiting relatives spend the day. This was brought to the attention of staff on the first day of inspection and they were removed before the second day of our inspection. Minutes of a recent staff meeting were displayed in the dining room. The minutes of the meeting included information on an individual's medicines which was required for their current health condition. This information was accessible to anyone living or visiting the home and therefore not stored securely.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager informed us they would remove the minutes of the meetings immediately but we could not monitor this at the time of our inspection.

There was a registered manager in post who told us of their aim to drive improvements in the home. People were complimentary about the registered manager. Some comments included, "The manager is very good with the staff, and the home is well-organised" and the registered manager was very "open and approachable". People said feedback could be made at any time and their views were taken into consideration and acted upon. Staff told us they felt supported by the home manager and they were happy working at the home.

The provider had systems in place to monitor the quality of the service; however these systems required improvement. We saw that audits were carried out in areas such as kitchen, medication, care planning, infection control and environment, pressure areas and pressure relieving mattress, hot water checks and falls. Although these monitoring checks were carried out by the provider on regular basis, they had not identified the concerns we found at our inspection in areas such as health and safety, infection control and cleanliness of the home, medication management and the water temperatures at the home.

In September 2015, the local pharmacy which provided the home's medicines undertook an audit of which some issues were identified and recommendations given. We reviewed the recommendations and we found the provider had actioned everything that had been recommended. These included a review of a person's medicine by the GP

which was completed by 22 September 2015 and monitoring of the medicine room temperature in the downstairs office which we saw was in place. However, a medicines audit by the registered manager in October 2015 had not identified the fridge temperatures were beyond maximum recommended levels. The Fridge temperature record from 01 October to 14 November 2015 we looked at showed temperatures were not within the required range. Taking action on the results of internal audits required improvement.

We saw that external audits had been carried out by the local authority commissioning and quality assurance team. These audits were a mixture of announced and unannounced visits. Two of such audits had been undertaken in September 2015 and November 2015. One of these visits was carried out at a night time to ensure the quality of care at night was meeting people's needs. Both audits identified issues that needed to be rectified by the provider. The registered manager had responded to the September audit with an action plan. At our inspection, the registered manager informed us of the recent night visit in November 2015 from the local authority commissioning and quality assurance team, they told us they had plans to action all the issues identified. We found that some of the issues identified such as sleep care plans had been reviewed to ensure that people's needs were met at night time.

The provider sought people's views to improve the quality of the service. A survey was carried out in October 2015 to gather the views of people and their relatives. The survey questionnaire covered areas such as catering and food, personal care, daily living, premises and management of the home. The results of the survey showed people either rated the service as good or very good in all the areas covered. For example, all the responses said people had a choice of food, staff attitude and general manner scored positively and the manager was available to them when they needed them. Where people made further comments their views were taken into consideration and action taken to address them. For example, we saw that one person suggested they would like breakfast at 8:30 a.m. We saw that a team meeting was held with both care and kitchen staff and appropriate action was taken to ensure this person's individual needs were met.

The provider also held meetings to gather the views of people to improve on the service. Relatives told us that

Is the service well-led?

when issues were raised, they were mostly acted upon. For example they told us that following their feedback, a new boiler was installed two years ago and the home was recently updated with new curtains and curtain rails. The minutes of residents' meetings we looked at showed discussions covered areas such as laundry care, food and the menu, activities and care and support delivery. We saw

that each person that could communicate was given an opportunity to feedback on the service. People were also reminded to complain if they were not happy with the service provided. We saw that where issues were identified or comments were made, the provider took appropriate action to improve on the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not always protected against the risk of unsafe management of medicines and the risks associated with the spread of infection including those that are health care associated. Regulation 12(2)(g)(h) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People who use services were not always protected from abuse and improper treatment because systems and processes were not always established and operated effectively to investigate, immediately upon becoming aware of any allegation or evidence of such abuse. Regulation 13(1)(3) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services were not always protected against the risk of unclean premises and equipment. Regulation 15(1)(a) (b) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures | Regulation 17 HSCA (RA) Regulations 2014 Good governance |

This section is primarily information for the provider

Action we have told the provider to take

Treatment of disease, disorder or injury

The provider did not always maintain securely contemporaneous records in respect of each service user.

Regulation 17 2(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not always have effective recruitment and selection procedures in place to ensure fit and proper persons were employed.

Regulation 19 (2)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of appropriate risk assessments had not be carried out to mitigate any such risk. |
| Treatment of disease, disorder or injury | Regulation 12 (1)(2)(a)(b)(d) |