

# Norton Care Limited







# The Grange Nursing Home

## Inspection report

Watershaugh Road  
Warkworth  
Morpeth  
Northumberland  
NE65 0TX  
Tel: 01665 711152  
Website: [www.nortoncare.co.uk](http://www.nortoncare.co.uk)

Date of inspection visit: 10 and 12 March 2015  
Date of publication: 01/07/2015

### 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

The inspection took place on 10 March 2015 and was unannounced. We carried out a second visit to the service announced on 12 March 2015 to complete the inspection.

The service was last inspected on 13 August 2013. We found they were meeting all the regulations we inspected at that time.

The Grange Nursing Home accommodates up to 23 older people, some of whom have dementia related conditions. There were 21 people living at the service at the time of the inspection.

There was 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 and associated Regulations about how the service is run.

Although the provider remained the same; there had been a change in directors which meant that a new management structure was in place. The previous

# Summary of findings

director had sold the business three weeks prior to our inspection and there were two new directors in place. The registered manager explained there had been some uncertainty amongst staff over the past year because of the proposed sale. She told us and staff confirmed that morale had improved following the sale to the new directors.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

We had concerns with certain areas of the premises. Window restrictors were not fitted to windows; concerns had been highlighted on the electrical installations report which had not all been addressed and there were no designated facilities for the cleaning and disinfection of continence equipment.

Following our inspection, the registered manager immediately wrote to us with an action plan outlining the areas of concern we had found and how they were going to address them.

We passed these concerns to the local authority contracts and commissioning team and fire safety team.

We found the design and decoration of the premises did not always meet the needs of people who had a dementia related condition. We have made a recommendation that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living with dementia.

We found some concerns with medicines management. The controlled drugs cabinet did not meet with legal requirements to ensure the safe storage of controlled drugs. We also found staff were not always making a record of any medicines which were disposed of. Following our inspection, the registered manager told us that she had ordered and fitted a new controlled drugs cabinet within 48 hours.

People, relatives and staff told us there were sufficient staff employed at the service to meet people's needs. Staff told us training courses were available in safe working practices and to meet the specific needs of people, such as those living with dementia.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity

Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We found however, that there had been a delay in ensuring people were only deprived of their liberty in a safe and correct way, which was authorised by the local authority, in line with legislation. In addition, people's care plans did not always show that care planning was carried out following the principles of the MCA.

People were complimentary about the meals at the home. We observed that staff supported people with their dietary requirements.

People and relatives told us staff were caring. Staff who worked at the service were knowledgeable about people's needs. Most of the interactions we observed between people and staff were positive.

An activities coordinator was employed to meet the social needs of people. People spoke positively about the activities and events which were organised.

There was a complaints procedure in place and people and their relatives knew how to complain if they needed to. The registered manager told us that no complaints had been received.

We found there were a limited number of audits to monitor the quality of care. We considered that the lack of auditing meant the provider was not able to demonstrate that quality standards and improvement actions were being identified, implemented and sustained.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to consent to care and treatment; management of medicines; safety and suitability of premises and assessing and monitoring the quality of service provision. These corresponded with four breaches of the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to premises and equipment; safe care and treatment in relation to medicines; consent and good governance. You can see what action we told the provider to take at the back of the full version of the 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?

Not all aspects of the service were safe.

We found concerns with the premises. Window restrictors had not been fitted to windows; there were no designated facilities for the cleaning and disinfection of continence equipment and concerns highlighted on the electrical installations report had not been fully completed.

We found concerns with certain aspects of medicines management.

There were safeguarding procedures in place. Staff knew what action they would take if abuse was suspected.

**Requires improvement**



### Is the service effective?

Not all aspects of the service were effective.

Staff told us and records confirmed that training courses were available in safe working practices and to meet the specific needs of people who lived there such as dementia care.

We found there had been a delay in ensuring people were only deprived of their liberty in a safe and correct way which was authorised by the local authority, in line with legislation. Records did not clearly demonstrate that consent to care and treatment was always sought in line with the Mental Capacity Act 2005.

We found the design and decoration of the premises did not fully meet the needs of people who lived with dementia.

People were complimentary about meals at the home. The cook was knowledgeable about people's dietary needs.

**Requires improvement**



### Is the service caring?

The service was caring.

People and most of the relatives with whom we spoke told us staff were caring.

Most of the interactions we saw between people and staff were positive. Staff communicated with people when carrying out any procedures such as moving and handling.

People and relatives told us staff promoted people's privacy and dignity. We saw staff knocked on people's doors and spoke with people in a respectful manner.

**Good**



### Is the service responsive?

The service was responsive.

People and relatives told us staff were responsive to people's needs.

**Good**



# Summary of findings

An activities coordinator was employed to meet people's needs. People were complimentary about the activities and events which were organised.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

## Is the service well-led?

Not all aspects of the service were well led.

Although the provider remained the same, there had been a change in the management structure. The previous director had sold the service to two new directors. The registered manager told us that staff morale had improved following the change in directors.

A limited number of audits were used to monitor the quality of care. We considered the lack of auditing meant the provider was not able to demonstrate that quality standards and improvement actions were being identified, implemented and sustained.

**Requires improvement**



# The Grange 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 10 March 2015 and was unannounced. We carried out a second visit to the service announced on 12 March 2015 to complete the inspection.

The inspection team consisted of two inspectors; a specialist advisor in governance and an expert by experience, who had experience of older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with 12 people and five relatives. We conferred with a community matron for nursing homes; a reviewing officer from the local NHS trust; a local authority safeguarding officer and a contracts officer. We also spoke with a visitor from a local church.

We spoke with one of the new directors; the registered manager; the clinical lead; a nurse; the administrator and eight care workers. We contacted night staff by phone and spoke with one nurse and two care workers. We also talked with two health and social care students from a local college; the maintenance person; a housekeeper and the chef.

We read four people's care records and checked five staff files to confirm details of their training. We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the service. We did not request that the provider complete a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

# Is the service safe?

## Our findings

Most people told us they felt safe with the staff who looked after them. One person told us, “Yes, I feel safe here.” One person told us however, he did not feel safe. We spoke with the registered manager about this comment. She told us and records confirmed that he had a dementia related condition which made him anxious and worried at times. All relatives, with whom we spoke, did not raise any concerns about the safety of people who lived at the service.

There were safeguarding policies and procedures in place. We spoke with staff who were knowledgeable about what action they would take if abuse was suspected.

We saw risk assessments were in place to monitor and reduce any risks to people, such as moving and handling; falls; pressure ulcers and malnutrition.

We spent time looking around the service and found some concerns with the premises. We noticed none of the windows had window restrictors fitted to help prevent any accidental falls or incidents. We noted an external company had completed the service’s general risk assessments. We read the risk assessment relating to windows had been assessed as low because window restrictors had been fitted which was incorrect. The registered manager told us she would address this issue with the external risk assessment company. Following our inspection, the registered manager wrote to us to state a local glazier had fitted all the windows with appropriate window restrictors.

We saw that an electrical installations check had been carried out in 2011. This listed a number of issues regarding the electrical installations which required “urgent attention.” The electrical contractor had deemed the electrical installations as “unsatisfactory.” Following our inspection, the registered manager wrote to inform us the required electrical work was being carried out in April 2015.

Staff told us and our own observations confirmed, that there was no designated area or equipment for the cleaning and disinfection of continence equipment. The registered manager told us they had requested a quote for a new sluice facility to be fitted and this had been classified as ‘urgent’.

We read people’s care plans. We noted that most people required supervision and support to access the local

community. We read the incident book and saw that two people who had a dementia related condition had walked out of the home unsupervised on several occasions. On the first day of our inspection, there was a stool across the main front door. We asked the registered manager about this issue. She told us that one person sometimes moved furniture around and staff had reported that they had placed the stool across the doorway. Staff told us some people had managed to open the front door because they were able to open the door bolts and locks. Following our inspection, the registered manager told us that a keypad had been ordered and was going to be fitted on 30 March 2015.

We noticed one person’s bedroom door was kept open with a metal ornament. This could affect fire safety. Fire exits were linked to the call bell system and an alarm would sound if a fire exit door was opened. Staff told us people had managed to get out of the fire exits. We observed the fire exit on the first floor led directly onto a set of steps. At night, there were two staff on duty and we were concerned that staff might not be quick enough to get to anyone accessing the fire exit.

Following the inspection, the registered manager wrote to us and said, “Alarms on fire doors checked, re-set and in full working order. Also liaising with local fire crew.”

We found the fire risk assessment had not been reviewed since May 2013. In addition, we saw it did not include the location of oxygen being used within the home. Following our inspection, the registered manager wrote to us and said the fire risk assessment had been updated and there were plans to review it monthly.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 15 (1)(e) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have passed our concerns on to the local authority and fire service safety team.

We found some concerns with medicines management at the home. We looked at medicines administration records (MARs). We noted these were generally completed accurately. However, we examined the MARs of those who received a medicine called Warfarin. Warfarin is an anticoagulant which means it stops blood from clotting. We saw the MARs did not record the actual dose of Warfarin administered to people. Following our inspection, the

## Is the service safe?

registered manager wrote to us and stated, “Warfarin now has dosage [recorded] on MAR sheets as well as [on the] information sheet from pharmacy with the residents’ prescription.”

We checked the management of controlled drugs [CD’s] at the home. CD’s are medicines that can be misused. Stricter legal controls apply to these medicines to prevent them being obtained illegally or causing harm. We saw that the CD cabinet did not meet with legal requirements to ensure the safe storage of CD’s. Following our inspection, the registered manager wrote to us and stated, “New CD cupboard purchased, to be fitted to wall using rag bolts.” She confirmed that the new CD cabinet had been purchased and fitted within 48 hours.

Staff used a CD register to record the receipt, administration and return of any controlled medicines. On the days of the inspection, staff were unable to account for 100mls of a particular CD. We found the indexing of the CD book was not clear. Following our inspection, the registered manager told us that they had found the entry of the missing 100mls of the CD.

No record had been made on the MARs of the medicines which had been carried forward from the previous month. This omission meant accurate records were not kept of the amount of medicines which were in stock. Following our inspection, the registered manager wrote to us and stated, “All nurses are aware, following a team meeting, of a system to carry forward medicines.”

We checked how the service disposed of medicines. The National Institute for Health and Care Excellence [NICE] in their guidance, ‘Managing Medicines in Care Homes [2014]’ state, “Care home providers should keep records of medicines (including controlled drugs) that have been disposed of, or are waiting for disposal. Medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy.”

We saw medicines that were waiting to be disposed were placed in a tub on the floor in the medicines room. We asked a nurse whether a record was made of disposed medicines. The nurse told us no records were made. We spoke with the clinical lead who explained that nursing

staff should make a record on the MAR of any disposed medicines. Following our inspection, the registered manager wrote to us and stated, “Disposed medicines documented in a file created for sole purpose of disposed medicines.” She also informed us that medicines which were waiting to be disposed were now securely locked away in a cupboard.

We noticed that medicines with a shorter expiry date once opened, for example, eye drops, were not always marked with the date of opening. This meant it was not possible to confirm if these medicines were within the recommended expiry date, and therefore safe to use. Following our inspection, the registered manager wrote to us and stated, “Nurse meeting. Discussed the importance of dating and signing when opening eye drops and any other medicines stored in fridge/treatment room.”

We noticed the temperatures of the medicines room were not taken to ensure medicines were stored safely. NICE guidelines state there should be a process in place to monitor temperatures to ensure medicines are stored safely, ‘usually no more than 25°C’. Following our inspection, the registered manager wrote to us and stated, “Handyman monitoring and recording temperature in treatment room.”

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 12 (1)(g) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked staffing levels at the home. People, relatives and staff did not raise any concerns about staffing levels. People said their needs were met by the number of staff on duty.

There was one nurse and four care workers in the morning which reduced to three care workers in the afternoon. There was a twilight shift where a care worker worked from 8-11pm, to support people to go to bed. After 11pm there was one nurse and one care worker. We noted however, there was no evidence that staffing levels through the night had been fully risk assessed to make sure that people’s needs were met and staff could evacuate people safely in case of an emergency.



# Is the service effective?

## Our findings

People told us they considered staff were trained and knew how to look after them. This was confirmed by all of the relatives with whom we spoke.

Staff told us there was training available. The registered manager provided us with information to show that staff had undertaken training in safe working practices such as moving and handling and specific training to meet the needs of people who lived at the home. Staff told us the community matron for nursing homes carried out specific training such as catheterisation and pressure area care. This was confirmed by the community matron herself. One member of staff said, “[Name of community matron] is lovely. We can contact her anytime for advice and support.”

There were two health and social care students on placement from a nearby local college. They both told us they felt supported and were enjoying their time at the service. Other staff with whom we spoke informed us that they felt supported. Supervision sessions were held and an appraisal was carried out annually.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty.

The registered manager was in the process of completing DoLS applications to send to the local authority to seek authorisation on the first day of our inspection. There had been a delay in obtaining authorisation for certain people. We noticed one person had been attempting to leave the building since August 2014. We read her daily communication records which included comments such as, “Tried to leave building [name of person] anxious and tearful”; “Left the home unsupervised. Encouraged to return”; “Wanting to go home” and “[Name of person] has tried to get out of back door to no avail due to code.” We read another person’s daily communication records which stated he was not happy at times and wished to leave. He had been living in the service since November 2014.

We concluded there had been a delay in ensuring people were only deprived of their liberty in a safe and correct way which was authorised by the local authority, in line with legislation.

The registered manager admitted she had not fully understood the principles behind the MCA and DoLS. She told us she was rectifying this by working with another registered manager who was knowledgeable about MCA and DoLS.

We read people’s care plans and found there was no evidence that care planning was carried out following the principles of the MCA. There was no evidence of an assessment of people’s capacity to make decisions. Where decisions were made, the records did not demonstrate the ‘best interests’ decision making process had been followed.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were complimentary about the meals at the home. One person said, “I have been here some time and the food is always good. It’s a lovely place.” Another person said, “The food is excellent and the staff are very nice.”

We observed the lunch time period. We saw that people were supported with their dietary needs in a calm unhurried manner.

We spoke with the chef who was knowledgeable about people’s dietary needs. We saw one person required her meal to be pureed. The chef explained and our own observations confirmed, each part of the meal was pureed separately and placed on the plate in distinct portions to make the meal look more appetising.

The kitchen was well stocked with meat, fruit, vegetables and a variety of fresh, tinned and frozen foods. There was a supply of full fat milk, cream, butter and eggs to fortify meals. The chef said there was an emphasis on home baking and there was evidence of freshly made cakes and biscuits. The chef told us he worked from 8 – 2pm. He explained he prepared tea and staff would heat up any hot food. He said people could choose what they wanted to eat and staff would help to cook any hot food. We spoke with care staff about whether this was an issue. None of them raised any concerns about assisting with the tea time meal. We concluded however, that further consideration should be given to ensuring the deployment of kitchen staff met people’s dietary needs.



## Is the service effective?

We noted that people were supported to access healthcare services. We read that people saw the GP, dentist, optician and podiatrist. One person told us how she had suffered with a sore back recently and staff had requested that the GP visit. She explained that the GP had prescribed tablets which had “worked wonders” for her.

We checked how the adaptation, design and decoration of the premises met people’s needs. The registered manager told us many of the people who lived at the home had a dementia related condition.

The National Institute for Health and Care Excellence (NICE) states, “Health and social care managers should ensure that built environments are enabling and aid

orientation.”[NICE, Dementia - Supporting people with dementia and their carers in health and social care, November 2006:18]. We found that not all of the premises were “enabling” and helped aid orientation.

We spent considerable time looking around all areas of the home. Most of the corridors were painted in the same colour with few discernible features to aid orientation. We noticed some of the furnishings appeared to confuse certain people. The lounge carpet was highly patterned and we saw one person bending down to pick what he thought were flowers from the carpet.

**We recommend that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living with dementia.**

# Is the service caring?

## Our findings

All people and their relatives with whom we spoke were complimentary about the care people received and the caring nature of the staff. One person said, “The staff make friends with you.” A relative said, “The staff are very kind. My husband has had great care since he arrived here.” Another relative said, “My mother was moved to this home from a previous one locally. This is far better. The staff are brilliant.”

Staff communicated with people throughout all procedures they assisted with, such as moving and handling. Most of the interactions between staff and people were positive. During one game of dominoes, there was much laughter between people and staff. On another occasion, one person got upset without any apparent reason. We saw a member of staff immediately comfort and reassure the person.

We noticed positive interactions not only between care workers and people, but also other

members of the staff team such as the administrator, chef and domestic staff. Staff made time to talk to people and people responded positively during the interactions. We heard one person say to the administrator, “I’m lonely.” The administrator immediately went up to him and gave him a cuddle and said, “I’ll come and sit with you. Do you want to tell me a story about you?” The person smiled and started talking to her.

The registered manager told us and staff confirmed they received paid breaks under the proviso they had their breaks with people. Some staff had their break in one of the sitting rooms where four people were present. We noticed however, that no communication took place other than

staff talking amongst each other. We considered the benefit of having breaks with people was undermined by the manner in which they took place. We spoke with the registered manager about this issue. She told us she would address this immediately with staff.

People and their relatives said staff promoted people’s privacy and dignity. Staff knocked on people’s doors before they entered and spoke with them respectfully. Staff could give us examples of how they promoted people’s dignity. They explained they always made sure people were covered and they closed any curtains and doors when care was being provided.

We read comments from the provider’s compliments file which supported the views of people and relatives with whom we spoke. We read one article from a relative which had been published in a local newspaper. This stated, “A very caring home. In an age where there is much criticism aimed at nursing/care homes, we feel very strongly that we must write with a huge heartfelt thank you to The Grange. My mum moved here from Southern England...The Grange opened their arms to a stranger...They cared for my mum as if she was their own. I could not have asked for anything more...We are comforted by the fact she received the ultimate package of care right up to her last days and beyond. Grange, we thank you and will never forget the good you have done.”

Other recent positive comments included, “Thank you for the care and compassion you showed my friend during the last few months...You tried and succeeded in making his time as comfortable as possible” and “The Grange is such a special place - a rare nursing home which treats patients and relatives as though they were part of the Grange family.”

# Is the service responsive?

## Our findings

Relatives told us that they felt staff were responsive to their family members' needs. One relative said, "My mother just loves it here. She is bedridden but she is encouraged to enjoy her life by the staff. She loves them all. The place is spotless. Her clothes are well cared for. I can find no faults here."

There was an activities coordinator employed to help meet the social needs of people who lived at the service. People were complimentary about her. One person said, "She is wonderful. She has so many ideas to help us. The activities are very good." Another person said, "I like the things we do here."

The activities coordinator was on leave during the two days of our inspection. Staff supported people with activities such as baking, arts and crafts and a pampering session. On the second day of our inspection, an entertainer had been booked. He dressed up as Al Johnson and sang a number of songs. Everybody appeared to enjoy the afternoon. We spoke with the entertainer following the session. He told us he had been coming to the service for a number of years and said, "There is a good friendly atmosphere in this home."

Some people were encouraged to undertake housekeeping skills to promote their independence. We observed one person laying the table for lunch. A member of the kitchen staff said, "He does that for every meal and he likes to do it, so we let him."

People's religious and spiritual needs were met. A visitor from church arrived to give one person holy communion. We spoke with the person's relative who said that staff understood the importance of church visits to the person. A church service was held every month for anyone who wished to attend. This was led by the local vicar.

We looked at people's care plans and noted these did not always detail the care provided. One person had a skin irritation but it was not clear what action was being taken as a result of this issue. We spoke with the registered manager who explained that he was being referred to a skin care specialist. We read another care plan for a person who sometimes displayed behaviour which challenged. The care plan stated, "Use distraction and activities to help occupy [name of person]." However, it was not clearly documented what distraction and activities worked best for this person. Following our inspection, the registered manager wrote to us and said that a nurses meeting had been held to discuss the importance of clear and personalised documentation.

There was a complaints procedure in place. Only one person with whom we spoke said he was not happy and wanted to leave the home. All the other people and relatives with whom we spoke were happy and did not raise any concerns or complaints. The registered manager told us that no complaints had been received.

# Is the service well-led?

## Our findings

There was a registered manager in place who had been registered with the Care Quality Commission since 2011. She told us she had a long history with the home and explained she had undertaken a youth training scheme course at The Grange over 20 years ago. She said she went off to complete her nurse training and then went to work in the NHS. She then came back to The Grange and became the manager.

The registered manager was also the nominated individual. Nominated individuals are people employed by the provider who are responsible for supervising the management of the regulated activity. We spoke with the registered manager about the issue of her being the nominated individual and registered manager and therefore overseeing her own quality management systems. She told us that she would look into this issue to ensure there was a clear management structure in place to oversee the quality and management of the service.

The registered manager explained that the service had been through significant changes within the past year which had impacted on certain areas of the service. She told us and our own records confirmed that there had been a change in the management structure of the service. Although the provider remained the same, the previous director had sold the business to two new directors. The care home had been placed on the market for sale approximately one year earlier. The previous director had not informed the staff who found out accidentally that the home was being marketed for sale. As a result, the registered manager felt morale had dropped within the staff team at that time due to the uncertainty about the future. The registered manager told us she felt frustrated and disempowered during that period.

The registered manager explained there had not been a full handover between the previous director, herself and the new directors. As a result, she was not fully aware of some of the procedures which the previous director had carried out such as invoicing procedures. In addition, she had not been fully aware of the previous director's maintenance and servicing agreements with external contractors.

The registered manager spoke highly of the new directors. She explained that one of the directors was a rehabilitation

and stroke consultant. Staff also spoke positively about them. Comments included, "He is lovely, very approachable" and "He has been in regularly, he seems very nice."

The registered manager said that morale had lifted and she was seeing access to funding increase. She stated that the "biggest challenge" was the investment needed to improve the overall environment.

We spoke with one of the new directors following the inspection. He spoke enthusiastically about his vision for The Grange Nursing Home. He gave us his assurances that the concerns which we had raised would be addressed.

Staff with whom we spoke informed us they enjoyed working at the home. Comments included, "When I get up, I never think 'oh no I have to go to work,'" "There's a lovely atmosphere. Everyone is so lovely. It's very homely" and "I have worked for two previous owners in different homes and this is the best of the lot."

The registered manager's leadership style promoted open two-way communication. There was evidence of staff meetings and staff confirmed the registered manager was supportive and approachable. One member of staff said she could add matters for discussion to the agenda for the staff meetings. Another said she felt "well managed." Staff told us the registered manager was always "visible" and had an "open door policy." Other comments from staff included, "She is always available 24 hours a day" and "She is very supportive."

We spent time talking with people, relatives and staff and found the culture of the service appeared to be one of openness and warmth in caring for people. One member of staff said people received good care and she felt proud of that. She considered the registered manager was "passionate and compassionate." She told us that the registered manager's main aim was to "get the best outcome" for people who lived at the service.

The registered manager provided evidence of staff supervision operating across all staff groups within the home. Her own supervision and support however, had been limited, due to matters relating to the change of ownership. She described feeling "very isolated" prior to the change. Following discussion with a community matron for nursing homes, the registered manager had

## Is the service well-led?

facilitated the establishment of a networking forum for care home managers in the local area. One meeting had been held and the registered manager was hopeful this would provide additional support in the future.

We found there were a limited number of audits and checks completed to monitor the quality of care. Audits and checks that were in place related to medicines management; falls; infection control and cleanliness of commodes. The registered manager told us she undertook care plan audits by carrying out a visual inspection of each person's care record. These audits were not documented and could not be evidenced. We considered the lack of auditing and documented checks meant the provider was not able to demonstrate that quality standards and improvement actions were being identified, implemented and sustained.

Following our inspection, the registered manager wrote to us and stated, "Audits have been sourced and will be carried out on a regular basis."

We had concerns with certain aspects of record keeping. We found the accident and incident book did not run chronologically. This was confusing and there was a risk that accidents and incidents may have been missed when the monthly analysis was carried out and trends may not have been subsequently identified.

Staff rotas were generic and not specifically dated. This omission could prove difficult when auditing staff rotas. The registered manager told us that she would address this issue.

Most of the care record files were disintegrating and many of the catches within the files were broken. This meant there was a risk that paperwork might fall out and get lost. During the inspection we had difficulty locating certain paperwork relating to people. We spoke with the registered manager about this issue. She told us they were going to order new files for everyone.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager informed us of any notifiable incidents in line with legal requirements. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We explained that we may need to be notified of certain incidents and altercations between people, since they may constitute abuse or alleged abuse. The registered manager informed us they would contact us if they were unsure whether a notification needed to be completed for an incident.

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

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
**Suitable arrangements were not fully in place for obtaining and acting in accordance with the consent of people in relation to their care and treatment.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately. Regulation 12 (1)(g).**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  
**People who used services and others were not protected against the risks associated with unsafe or unsuitable premises because maintenance was not always carried out in a timely manner. Regulation 15 (1)(e).**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Regulation 17 (1)(2)(b)(c)(d)(ii)(f).**