

Milestones Trust

Humphry Repton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection of Humphry Repton House on 22 and 28 November 2016. When the home was last inspected in April 2015 and March 2016 no breaches of the legal requirements were identified.

Humphry Repton House provides nursing and personal care for up to 45 older people. At the time of our inspection there were 33 people living at the home.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The home was not always safe as medicines were not always stored or administered safely. Systems to check that medicines were safe were not always effective and documentation in regards to people's medicines had not always been fully completed. Risk assessments were in place and had guidance in place for staff on how to support people in a way that minimised risks. Staff were knowledgeable in how to protect people from abuse. Incident and accidents were reported.

Staffing levels were at the home's assessed level but still depended on a high number of non permanent staff members. This impacted on the individual care and support that was needed and the ability of the home to implement effective changes. Staff were supported through regular supervisions and a formal induction programme had been introduced. Staff had training specific to the needs of people. However, we found that not all necessary training was completed regularly.

The home was not always effective as consent to care and treatment was not always sought in line with the Mental Capacity Act (MCA) 2005. Mental capacity assessments and best interest decisions had not always been completed where appropriate. The registered manager was aware of their responsibilities in regards to (DoLS). DoLS is a framework to assess if the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm is required. The registered manager kept clear records of the steps taken in the DoLS process. However, we found that conditions attached to the authorisations of people's DoLS were not always being met.

The home was caring as people were supported by staff that were kind and respectful. We observed positive interactions and relationships between staff and people living at the home. Staff knew people well and their personal preferences. Staff responded to people's changing needs and were flexible in their approach.

The home was responsive. Care plans were person centred and gave clear guidance to staff as to how people wished for their care and support to be delivered. People were supported to engage in activities and outings. The environment , décor and items within it had been considered in response to people's care and

support needs.

The home was not always well-led. There were systems in place to monitor and review the quality of care and support. However, the systems in place were not always effective in identifying areas that required improvement or instigating the necessary changes. We received positive feedback in regards to the registered manager and the changes being made to improve the home. Staff told us they felt valued supported and involved. Information was communicated effectively to staff and relatives. Staff could contribute their feedback and ideas through meetings.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made one recommendation in relation to improving the effectiveness of audits. You can see what action we told the provider to take at the back of this 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?

The home was not always safe. Medicines were not always managed safely.

Staffing levels met the home's assessed levels. However, there was still a high dependency on non permanent staff members.

Incidents and accidents were recorded and appropriate action taken.

Risk assessments were in place and gave guidance to staff about how to manage risks.

Staff knew how to identify and report safeguarding concerns.

Safe recruitment procedures and checks were followed.

Requires Improvement ●

Is the service effective?

The home was not always effective.

The home was not meeting the requirements of the Deprivation of Liberty Safeguards as conditions were not always being met.

Consent to care and treatment in line with the Mental Capacity Act 2005 was not always obtained.

Staff were supported by effective supervision.

People were supported with their nutrition and hydration.

People's healthcare needs were met.

Requires Improvement ●

Is the service caring?

The home was caring.

We observed positive relationships with people living at the home.

Staff spoke to people with kindness and respect.

Good ●

People's visitors were welcomed at the home.

Is the service responsive?

Good ●

The home was responsive.

Care records were person centred.

Activities were provided for people.

Staff were responsive to people's changing needs.

People and relatives had access to the home's complaint procedure.

Is the service well-led?

Requires Improvement ●

The home was not consistently well-led. Systems in place to monitor the quality of care were not always fully effective.

Policies and procedures were in place but were not always regularly reviewed.

Surveys gained feedback from people. However, actions taken in regards to the findings had not been shown.

Staff and relatives spoke highly of the registered manager. Positive comments were made about the improvements being made.

Communication systems were in place for staff through meetings and handovers.

Humphry Repton House

Detailed findings

Background to this inspection

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

The inspection was carried out by one inspector, a specialist nurse advisor 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 care service.

Before the inspection we reviewed previous inspection reports and other information we had received about the home, including notifications. Notifications are information about specific important events the home is legally required to send to us.

Some people at the home were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with four people living at the home, four relatives and 14 staff members, this included senior staff and the registered manager. We looked at nine people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People were not kept safe as medicines were not always managed safely. We found the documentation in relation to people who needed their medicines to be crushed prior to administration was not always fully completed. When medicines are crushed it can alter the way they work and the provider's medication policy and the administration of medication document in place both referred to the need to gain pharmacist input to confirm that it was safe to do so. However, the pharmacist had not signed all of the records to indicate they had been consulted. For example, in one person's record the pharmacist had not signed the form, but it was documented that one of the tablets prescribed for the person should be crushed. However, on the Medication Administration Record (MAR) the directions read, 'Do not crush.'

Some people were prescribed transdermal patches for pain relief. These are patches applied to the skin that release pain relief over a long period. There were patch application records in place which showed where the patches had been applied to the body each time. These records assisted staff to ensure that patches were applied to a different area of the body every time in accordance with manufacturer's guidance. However, the chart for one person showed that a patch had been applied to the same part of the person's body for three consecutive weeks. There was nothing documented to indicate whether staff had noted this error.

Medicines requiring refrigeration were stored in medicine fridges. The temperature of these fridges was monitored, although not always daily, despite the temperature monitoring chart informing staff to do so. For example, downstairs, during November 2016, there were 11 days when the temperature was not monitored. Upstairs, the temperature log showed that there were 10 days during November when no temperature had been documented. This meant there was a risk that medicines were not stored as directed.

The medicines trolley in the upstairs wing, although stored in a locked room, was found unlocked. We found that some liquid medicines in the trolley and fridge had not been dated when opened. This meant there was a risk that staff would not know when the contents had expired. An annual audit had been completed in November 2016. However, local regular audits had not been undertaken. Staff were not working within the provider's policy as robust systems for ensuring effective stock control of medicines were not in place.

There were medicine care plans in place for people, which included detailed person centred information on how people preferred to take their medicines and any additional information for staff. Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock numbers held. Medicines that were no longer required were disposed of safely in line with the provider's procedure. Protocols for 'as needed' medicines were in place. This included guidance for staff on appropriate use. Regular medicine reviews had lapsed. However, a programme to re-introduce these was in progress.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they felt safe living at the home. One person when asked if they felt safe replied, "Oh yes." A relative said, "She is safe. She is protected and supported and the staff are very observant of the residents."

Individual risk assessments identified potential risks to people for example in moving and handling, falls, skin integrity and maintaining a safe environment. The assessments showed how staff had assessed the risk of harm. For example, in one person's plan staff had completed an assessment for the use of bed rails. The outcome of the assessment was that the person did not require bed rails to keep them safe. Risk assessments were detailed and provided clear guidance for staff to follow to minimise the risk of harm. For example, a moving and handling assessment included details of the type of hoist and sling size staff should use to move the person safely. However, in one person's plan there was an assessment for the use of a tread mat. This is a mat that alerts staff when the person steps on it. This assessment was incomplete and no conclusion had been documented. Despite this, the tread mat was in use.

We reviewed the staffing rotas from the previous four weeks and saw that the number of staff was consistent with the planned staffing levels. A new 'allocation' rota had been devised and implemented so that staff were assigned to different areas of the home. This was to ensure that a member of staff was always available for people. Staff told us this had been a positive change. One staff member said, "The staff allocation is good." Staff gave mixed views on whether there was enough staff on duty to keep people safe and meet their needs. Positive comments from staff included "At the moment it feels like we have enough staff, but it does depend on the needs of people living here", and "Yes, I do think we have enough staff". Other comments included "We still need more staff in my opinion." We found that whilst staffing numbers met the home's required level, this was made up of a high level of agency staff. The home currently had 7 full time care vacancies and was heavily reliant on non permanent members of staff. For example, in the five days prior to our inspection the percentage of the staff on duty who were non permanent staff members ranged from the lowest of 26% on 20 November 2016 to the highest of 52% on 16 November 2016. The use of agency staff had been risk assessed and steps taken to reduce the impact to people's care. For example, by having regular agency staff contracted to the home to provide consistency for people. However, staff and relatives told us that it did effect care as non permanent staff did not always have the same knowledge and training as permanent staff. One staff member said, "Staffing is not great. There is a high use of agency." Another staff member said, "Although staffing levels are enough, we need to recruit more of our own staff". A relative said, "The one-to-one workers are just so good, but when they have to use agency staff they don't have knowledge of the residents the same as permanent staff and they are not as good."

The provider had policies and procedures in place for safeguarding adults and whistle blowing. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding adults. This was confirmed with staff. Staff said they knew how to recognise signs of abuse and how to report any concerns they might have. One staff member said, "I would refer any concerns to a manager or nurse." We saw that the registered manager knew when to refer concerns to the local safeguarding teams and kept records of this.

The home followed an appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. A checklist was in place to ensure all steps of the recruitment process were satisfactorily completed before the home manager was notified that the person was ready to begin work. We saw that when further explanations were required or items needed following through these were completed and fully documented.

Staff reported and recorded any accidents or incidents. This detailed what had happened and immediate actions taken and any preventative measure taken. The system had been reviewed and changed to ensure the registered manager reviewed all incidents and accidents that had occurred. A monthly record of all accidents and incidents was held on a matrix detailing the type, the follow up action taken and whom had been notified for example, next of kin, the Commission or the local safeguarding team. However, we did find that not all parts of the accident form were fully completed. For example, for one area of the home in September 2016 five out of nine forms had not been fully completed. If the forms are not fully completed important information may be overlooked. The registered manager said this would be addressed in the next staff meeting in December 2016 to ensure consistency in the information recorded.

We reviewed records which showed that appropriate checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of mobility aids, electrical equipment and the lift. There were also certificates to show testing of fire safety equipment and gas servicing had been completed. It was noted that the insurance liability certificate displayed in the foyer was valid until September 2016 and a current one was not produced.

Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Regular practice fire drills had been undertaken. People had an individual evacuation plan detailing the support they would need in an emergency situation. An emergency plan was in place. However, we found that the plan displayed and in the folder was from 2011 and detailed previous procedures. Also the fire safety policy contained in the fire folder was from 2004. It is important that staff have access to the most current procedure, so they can act accordingly.

Is the service effective?

Our findings

People did not consistently receive effective care because consent to care and treatment was not always sought in line with legislation and guidance. The process in relation to mental capacity assessments and best interest decision making was not always completed in full. In addition, we found the conditions attached to people's Deprivation of Liberty Safeguards (DoLS) authorisations had not always been met.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found there were inconsistencies in assessing people's mental capacity and subsequent best interest decisions. For example, in one person's care plan it was clear to see how their mental capacity had been assessed and how a best interest decision had been made in regards to having a safety gate fitted on their bedroom doorway. However, in another person's care plan, although a mental capacity assessment had been completed for the use of bed rails, the best interest documentation was not available within the plan. The same person had a sensor mat in use, but there was no mental capacity assessment in place in relation to its use or any evidence of the best interest decision process. We also found that when a best interest decision had been made the documentation lacked detail into when other people involved in the decision making process had been consulted. In addition, they did not always include a wider selection of people to give a balanced view. Some people had been assessed as not having capacity to consent to having their medicines crushed. Therefore a best interest decision had taken place. However, the documentation in relation to these had not been fully completed. For example, we looked at the records for four people who were having their medicines crushed and the best interest decision forms had not been signed by anyone.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). A senior staff member had a robust system in place to monitor applications and to check when renewal dates were due. Records were kept of when the Commission had been notified. We saw that where necessary, outstanding applications had been followed up with the local authority. However, we found that conditions attached to some people's DoLS were not being met despite senior staff making other staff members aware of what the conditions were. For example, we reviewed one person's conditions where the use of bedrails was to be reviewed. This had not been completed and bedrails were in use without a mental capacity assessment or best interest decision in place. In another person's conditions

we saw that a review of a particular medicine was stated within two weeks of the authorisation being made. This had not yet occurred and the two weeks had passed. Another person's DoLS condition requested that a particular activity be facilitated. This had been arranged but had taken eight months from the time of authorisation to occur. A senior staff member showed us a document that was planned to be introduced to monitor people's DoLS conditions to ensure they were being met.

There was a board in both the upstairs and downstairs staff offices to indicate who had an authorised DoLS in place. However, the downstairs board had been partially rubbed out and was not up to date. Staff we spoke with were not clear who had an authorised DoLS in place and therefore what this meant for that person.

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

Assessments were made of people at risk of skin breakdown. Care plans detailed the preventative measures in place. These included the use of pressure relieving mattresses and regular position changes. Associated charts showed that people's positions were changed in accordance with care plans. However, not all of the pressure relieving mattresses we looked at were set at the correct pressure. Some mattresses we viewed were set for the incorrect weight for the person using them. There was a system in place to check the mattress settings daily, but the forms had not always been completed in full.

We reviewed the staff training records and saw that staff received ongoing training in areas such as moving and handling, safeguarding adults and health and safety. However, it was noted that for some staff members their training in some areas had exceeded the time the home had set for refresher training as stated on the training matrix. For example, in fire safety which was meant to be refreshed annually or first aid that was every three years. Training records showed that not all staff were up to date or had completed MCA training. One member of staff told us they needed more training in order to gain a better understanding of the requirements of the MCA. However, other staff members were knowledgeable about the MCA and how it applied to their work. Staff however, spoke positively about the training they received overall. One staff member said, "The training is pretty good." Staff spoke positively about the recent training they had received in living with dementia. One staff member said, "The dementia training was really good. It was insightful and enabled you to reflect on your practice."

New staff completed an induction programme when they joined the organisation. All the staff we spoke with confirmed when they started they had received an induction. A formal induction document to detail the components covered in the induction programme had recently been introduced. This was not yet aligned with the Care Certificate. A specific induction was not in place for agency staff. A recent survey of agency staff in October 2016 showed that agency staff had not always been given essential information when first working at the home.

Staff said they received regular supervision and this was confirmed in the records we reviewed. We saw that supervisions discussed areas such as training, development, work practice and staff well-being. One staff member said, "I can always ask my supervisor for support or advice any time I need it." Another staff member said, "Supervision is useful. It is good to get feedback." We saw that when matters were brought to the attention of the registered manager these were addressed appropriately within supervision sessions.

People were supported to have sufficient to eat and drink. When people had been assessed as having complex nutritional needs, external advice and support was sought from the Speech and Language Therapy team (SALT). Care plans clearly detailed the level of support that people required and this detail was person

centred. For example, in one person's plan it had been documented, 'Able to eat independently, but does need prompting and support as will sometimes forget. Staff should give regular reminders and not assume [person's name] does not want it.' During lunch we observed this person having their lunch. The staff initially sat with the person and prompted them and then left them to eat, but we saw that they regularly went back to the person and reminded them their food was there. When the person said they didn't want it, the staff asked if they preferred something else, and then provided them with a sandwich. In another person's care plan it was documented how they should be positioned to eat in order to aid swallowing. We observed this person was assisted to eat their lunch as described within the care plan.

When people's food and fluid intake was being monitored, charts had been completed in full and were detailed. This meant staff could easily identify if people had not eaten or drunk enough. Two people indicated in their preferred method of communication that they liked the food provided by the home. One person said, "They are always asking if we would like a drink." Another person said, "I like the pudding, it is always very nice." We did bring to the registered managers attention that food towards the end of meal service did not appear to be at a sufficient temperature.

People had access to healthcare services. Records showed when people were reviewed by the GP, the chiropodist, SALT, the Dementia well-being team and Care Direct. Referrals were made in a timely manner when people's health deteriorated.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. We saw positive interactions between staff and people living at the home. One relative said, "I know my wife is happy and well looked after even when I'm not here." A family member said, "My relative is well loved and cared for very well, staff are so good at encouraging her." One person when asked if they felt well looked after gave a thumbs up sign to indicate that they did.

We observed that staff had positive relationships with people and knew people well. When we spoke with staff, they were knowledgeable about people's personal preferences and how people liked their care and support delivered. A relative said, "Whenever I go in staff are always working with people, I don't think he would get anything better anywhere else." Another relative said, "The key workers know her very well and they are pleased when she is happy." We observed that staff knew topics of conversation that would interest and engage people. For example we observed two members of staff talking about fishing with a group of people.

Staff told us that the home provided good care. One staff member said, "The care here is good. No one is isolated. Staff go above and beyond." A relative said, "Many of the carers are exceptionally good. Having so many that have been here a while means they know [name of person] and the other residents so well." Another staff member said, "It's good to have such a positive impact on people's lives. The staff try hard to make it a home, rather than a nursing home."

We observed staff treating people with kindness and compassion. For example, we observed one member of staff assisting a person with their meal. They said to the person, "So, we've got turkey, potatoes, cabbage and carrots. Which would you like to try first?" Each time they gave the person a mouthful of food, they told them what it was first. They kept talking to the person, engaging and encouraging them through their meal. Another member of staff who was assisting someone to eat also informed the person what the meal was, and asked "Would you like to try some?"

We observed staff speaking to one person who was sat in a chair by the window. There were squirrels and birds outside and the member of staff took some pieces of bread outside for the wildlife to eat. This meant the person who was observing was able to watch for longer. Several staff who walked by, stopped and interacted with the person to point out the different types of birds.

We observed a member of staff talking with a person about the area of Bristol they had grown up in. They spoke about known landmarks in the area and the employment the person had been involved in. The member of staff listened and gave the person their full attention. The conversation moved on to places in the world the person had visited. The person was comfortable, relaxed and enjoyed speaking with the member of staff.

Relatives told us that people's privacy and dignity was maintained and that people always looked well cared for. One relative said, "They do a good job of looking after him, I don't have any worries and he always looks

well looked after and well dressed."

Staff were knowledgeable about maintaining confidentiality within their role. One member of staff described this as, "Respecting every service user's privacy, not talking carelessly. Information is held in confidence."

The home had received five compliments since January 2016. One compliment read, "I would like to thank all the staff for the love and care given to [name of person] whilst she was with you. Words are not enough but knowing she was cared for well right to the end is so comforting." Another compliment said, "Words fail me to express my gratitude for the wonderful way you interact with the residents." The compliments folder was displayed in the hallway for anyone to view.

Family and friends could visit when they wished. One staff member said, "Visitors can visit anytime." During our inspection we observed family members visiting.

Is the service responsive?

Our findings

The home was responsive to people's needs and care was delivered in a person centred way. Relatives spoke positively about the home and told us that care was individualised and met people's needs. One relative said, "The home is very supportive of me as well as my wife. This makes me feel part of the family." Another relative said, "Residents are treated well. They treat Mum well and show her lots of affection which she likes."

Care records contained a photograph of people, essential information and their life history. Care documentation gave staff an overview of people and the things that were important to them. Documentation was in accessible format for people which included pictorial guides. A full assessment of people's needs was conducted before people came to the home to ensure the home could meet people's needs. Care records were person centred and described people's personal preferences in relation to communication, personal care, mobility and eating and drinking. For example, one care record described how a person would communicate they were in pain, 'body language will change, grimacing on face.' Another care plan included a detailed sleep plan. The plan stated, 'Help into pyjamas as a cue it is bedtime. Sit with [Name of person] for ten minutes as this appears to help them settle.'

Care plans gave guidance to staff into the level of support people needed. For example, 'Two staff to walk at all times.' People's religious and cultural needs were identified. For example, 'Likes Italian music, has an Italian CD she likes.' We saw that care plans were regularly reviewed and people and relatives had been involved in this process. The home adapted to people's changing needs. One relative told us, "[Name of person] is much more dependant now but the home have adapted well to any changes."

When people had displayed behaviour that could be viewed as challenging to others, the care plan detailed how staff should manage these periods. For example, staff had documented the signals one person might display when distressed. Such as, 'Will shout and scream if feels threatened.' The guidance for staff was, 'Speak clearly and loudly and staff to introduce themselves.'

There were designated co-ordinators for activities. Relatives and staff spoke positively about the range of activities on offer. One staff member said, "The activity staff are good here." A monthly and weekly activity list was prominently displayed in an accessible format in several areas of the home. We saw that activities such as art therapy, gardening and musical entertainment took place.

One room in the home was decorated and set up like a pub. Staff told us that as well as people having 'pub meals' this area was used to celebrate birthdays and special occasions. People's family could use this area for a party or gathering. A staff member told us about trips out to places of interest and how people were supported to go to the Christmas markets to get their loved ones a gift. One relative said, "Sometimes two staff will assist her to go for a little walk. She went to church a few months ago in a wheelchair, which she enjoyed." One staff member told us about a person who did not engage much and communicated very little. They were taken to see a motorbike, as they had an interest in motor bikes. The person really enjoyed this and touched the bike. When the biker rode around the person said, "Nice, very nice."

The home had thoughtfully considered the needs of the people living at the home and this was reflected in the items around the home. There were items such as radio's and telephones which were from an older era. There were toys, tactile items and memory boxes that people could explore. There were books, pictures and music playing appropriate to the age of people living at the home. The home also had a display shop which had items and posters which would be familiar to people.

We observed a member of staff being responsive to people during a mealtime. There was a lot of noise from the television, music playing and the pet birds within the room. A member of staff recognised that people could become distressed by the level of noise and turned off the television and reduced the volume of the music. We observed one person who was walking around the building during lunchtime. A member of staff followed the person and every so often offered them some food. This meant the staff member ensured the person was at liberty to move around as they wished, whilst also ensuring they ate their meal.

The home had the complaints procedure displayed around the home in an accessible format. The home had received two complaints since January 2016. However, we found one complaint was not held in the complaints file and the information had been stored elsewhere. We saw that one complaint had not been responded in the timeframe set out in the provider's policy. However, both complaints had been fully investigated and a detailed response given.

Relatives told us they would be happy to raise any concerns if necessary. One relative said, "We have not really had to raise a concern but we would if needed. We would speak to the new manager, they are all very approachable." Another relative said, I would mention anything I was unhappy with and I know the staff would listen and try to resolve it."

Is the service well-led?

Our findings

The home was not always well-led as systems to monitor and review the quality of the service were not always fully effective. We found that an annual medicines audit had been completed and a bi-annual environmental audit. However, this meant that it could be some time before concerns were found. An audit of people's DoLS had been completed in January 2016. At this time it was noted, 'Eight residents DoLS are subject to conditions being met and evidenced.' However, an audit not been completed since and we found that people's DoLS conditions were now not always being met. We found there were no audits of care records, which meant issues were not being identified or addressed. For example, lack of best interest decision documentation. Accidents and incidents were systematically logged and coded. This showed the type of accident and the subsequent action taken. However, as no overall audit was completed any patterns, trends or risks would not always be recognised and minimised.

After the inspection we reviewed documentation of other audits that had been completed. Bi-monthly quality audits by the provider identified areas with suggested improvements. Some of these had been completed. For example, performance development reviews had been arranged and the incident and accident spreadsheet had been amended to include extra information. However, a suggestion made in August 2016 around the overview of complaints had not been completed when we reviewed the complaints file. The registered manager's completed a monthly audit. From these we saw some components from other audits had been completed. For example, complaint posters were now displayed in pictorial form around the home as highlighted in the provider bi-monthly audit of August 2016. However, an infection control audit had been completed in July 2016. The outcome was positive and showed the home was doing well in this area overall. It made two suggestions to consider. However, the managers July 2016 audit referred that the infection control audit had been completed and no requirements were needed. It was not shown how the two suggestions that had been made were followed up. Also, we saw that in May 2016 and October the service users satisfaction survey had been commented upon as being completed in March 2015 but did not demonstrate how the recommendations had been considered or the outcomes completed as asked in the audit. Other audits, for example, night time checks identified areas which required action and detailed when and how these would be addressed.

We recommend the service takes steps to ensure that quality assurance findings are implemented where improvements have been identified.

We found that local policies to the home had been updated and reviewed in November 2016. However, operational policies and procedures available to staff had not always been regularly reviewed as these were last completed in 2012. This may mean the information is not current or still in use.

Staff spoke positively about the changes within the home and the improvements being made. Staff said they felt they were part of an improvement plan. One staff member said, "We know exactly where we need to get to. It's still a work in progress, but we're heading in the right direction." Another staff member said, "We discuss how to change things as a team. Staff feel included in the changes."

Staff spoke positively about the registered manager describing her as, "A breath of fresh air." One member of staff said, "The manager is very approachable and supportive. I feel supported and enabled." Other staff members commented, "The new manager is very person centred and empowering." Staff said the registered manager and the changes being implemented contributed towards a good working environment. One member of staff said, "Morale is very good at the moment. We've got a good leader which cascades down to the team."

A survey had been conducted in April 2016 for people and relatives. The results had been collated in June 2016 and a comprehensive overview compiled. Feedback was mixed and demonstrated that people's view of the care experiences varied. For example, one person commented that the food was, 'Excellent', whilst another person commented on the lack of fresh fruit. In another example, 12 people out of 18 said they were invited to care plan review meetings whilst six people responded they were not. There were several comments made about the environment and courtyard and how these could be made more pleasant and homely. For example, seating improved and furnishings replaced. People commented that the environment had improved since the registered manager was in post. For example, pictures were on the wall. However, we did find that the plan of action to be taken section, which detailed how the findings would be used had not been completed.

Relatives said they were kept well informed. One relative said, "There are good communications between myself and the home." Another relative said, "The home is good at contacting the family if there is a problem." One relative told us about when their family member had sustained a fall. "A senior [staff member] came to see me to make sure that I knew everything that should have been done had been, that it had been correctly documented and that I was happy with the outcome."

Information was communicated effectively to staff. Messages, appointments and important information were conveyed through a communication record, diary and letters attached with people's payslip. In addition, all staff had individual email addresses so that information could be circulated to the staff team. A written and verbal handover took place at the start of each shift so staff were kept informed of people's current support needs. The format of this had been reviewed and the afternoon handover included all staff from all areas of the home. This was to ensure staff had the opportunity to communicate effectively to one another.

The registered manager organised regular team meetings. Staff spoke positively about the meetings and said they could raise any issues or suggestions. We reviewed the minutes from recent meetings and saw areas such as staffing, activities, organisation and team working were discussed.

Throughout the home we observed areas that required redecorating or maintenance. We saw hallways where paint and wood were chipped and floors where the lino was coming away. The registered manager told us that a plan to address these was in place although it was not produced.

The registered manager understood the legal obligations in relation to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the PIR within the timeframe allocated and explained what the home was doing well and the areas it planned to improve upon.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Regulation 11 (1) The provider had not ensured that practice to obtain consent for care and treatment was in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (2) (b) The provider had not always ensured that risks associated with medicines had been minimised.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Regulation 13(4)(d) The provider had not met the needs of some service users by failing to meet the conditions set out within Deprivation of Liberty Authorisations.