

# Mr & Mrs J G Mobbs and A J Small The Old Roselyon Manor Nursing Home

## Inspection report

The Old Roselyon Manor  
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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

The Old Roselyon Manor Nursing Home is a care home that provides nursing care for up to 30 older people. On the day of the inspection there were 27 people using the service. Some people living at the service had a diagnosis of dementia.

We carried out this unannounced inspection of The Old Roselyon Manor Nursing Home on 10 April 2017. At the last inspection, in May 2015, the service was rated Good.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

People, their families and healthcare professionals were all positive about the management of the service and told us they thought the service was well run. Comments included, "This is a very well run establishment" and "They are a competent and caring establishment." However, the registered manager/provider had not kept up-to-date with changes in legislation in relation to the recruitment of staff and protecting people's rights. Some audits, carried out by nurses to monitor the nursing care, had fallen behind due to two nurses being on long term sick. We found there were missing risk assessments, incorrect air mattress settings, some recording gaps for medicines, lack of analysis of falls and gaps in charts for when people needed to be re-positioned. We judged that the gaps in records and the lack of some audits had not impacted on the care people received. However, it showed that the management oversight of how the service was performing needed to be improved.

At the last inspection the service had a stable staff team, of care workers and nurses, who had worked in the service for many years. In recent months some care staff had left which resulted in the service needing to recruit new care staff. In discussions with the registered manager and assistant manager it was clear that the interview process was thorough. However, the service had not applied for a new Disclosure and Barring Service (DBS) check and instead had used the applicant's copy of their DBS check, completed by a previous employer. This meant people sometimes received care and support from staff without the appropriate pre-employment checks in place.

There were two students working part time in the service, carrying out domestic duties, and the service had not applied for a DBS checks for either of them. While these staff did not provide direct care for people, it is still a requirement that any staff member, or volunteer, working in a care setting should have a DBS check.

Management did not have a full understanding about the legal requirements of the Deprivation of Liberty Safeguards (DoLS) and what practices might constitute a person being deprived of their liberty. For some people, who did not have mental capacity, the service had put measures in place to protect them from the

risk of harm. However, the provider had not recognised these measures as restrictive practices and therefore had not made DoLS applications to the local authority as is required by law.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005.

People told us they felt safe living at The Old Roselyon Manor and with the staff who supported them. People and their relatives told us, "I am happy here", "Can't fault it" and "We are very happy with the service."

We met with several people living at the service but some were unable to tell us their views about the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

Staff had received training in how to recognise and report abuse. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

On the day of our inspection there was a relaxed and friendly atmosphere at the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. People appeared to be well cared for and spoke positively about the care they received. Comments from people and relatives included, "Staff are very good", "The girls are all very pleasant" and "Carers have a good knowledge."

Healthcare professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them. Comments included, "Staff have a good rapport with people and good understanding of their needs", "Staff kept us informed when necessary" and "I find it to be a lovely caring competent environment with good communication." People and visitors told us they were confident that a doctor or other health professional would be called if necessary.

Safe arrangements were in place for the storing and administration of medicines. There were some missing signatures where two staff had not signed to confirm the accuracy of handwritten entries for prescribed medicines. Some people had been prescribed creams and these had not been dated upon opening. The provider told us systems in relation to this would be improved and we judged that this had not had an impact on the safety of how people received their medicines.

There were enough staff on duty to meet people's needs. Staff received appropriate training and supervision. New employees completed a thorough induction and had the opportunity to attain a Diploma in Health and Social Care. However, the induction was not in line with the care certificate, which is an industry recognised induction that replaced the Common Induction Standards in April 2015. The provider assured us that all staff, who were new to the care industry, would complete the care certificate.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible.

Care records were personalised to the individual and detailed how people wished to be supported. They provided clear information to enable staff to provide appropriate and effective care and support.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. Staff told us they felt supported by the management commenting, "Very good. Always approachable", "Really happy working here, management are very approachable" and "I would put my Mum in this home."

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end 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 service was not entirely safe. Recruitment procedures did not include all of the appropriate pre-employment checks.

Records in relation to people's care and risk management were not always accurately completed.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs

Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

**Requires Improvement** 

### Is the service effective?

The service was not entirely effective. People's legal rights were not fully protected because the provider did not have a full understanding of the requirements of the Deprivation of Liberty Safeguards

Staff had a good knowledge of each person and how to meet their needs.

People saw health professionals when they needed to so their health needs were met.

**Requires Improvement** 

### Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes

**Good** 

### Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

**Good** 

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

### **Is the service well-led?**

The service was not entirely well led. People, their families and healthcare professionals were positive about the management of the service. However, the provider was not aware of current legislation in relation to the recruitment of staff and protecting people's rights.

Systems to assess and monitor the quality of the service provided to people were not entirely effective.

The management provided staff with appropriate leadership and support. There was a positive culture within the staff team and with an emphasis on providing a good service for people.

### **Requires Improvement**

# The Old Roselyon Manor 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.

This unannounced inspection took place on 10 April 2017 and was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people living at The Old Roselyon Manor Nursing Home and four visiting relatives. We looked around the premises and observed care practices on the day of our visit. After our visit we spoke with four healthcare professionals.

We also spoke with six care staff, two nurses, the registered manager/provider and the assistant manager. We looked at six records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

At the last inspection the service had a stable staff team, of care workers and nurses, who had worked in the service for many years. In recent months some care staff had left which resulted in the service needing to recruit new care staff. In discussions with the registered manager and assistant manager it was clear that the interview process was thorough. The registered manager used their extensive care and nursing experience to recruit staff with the right attitude and approach to help ensure new staff had the appropriate skills to meet people's needs.

However, we found the registered manager/provider was not aware of the current checks required by law when recruiting staff to work in a care setting. In order to comply with the regulations the service should have applied for a new Disclosure and Barring Service (DBS) checks for each new member of staff. The service had not applied for a new DBS checks and instead had used the applicant's copy of their DBS check, completed by a previous employer. The DBS checks the service had used for two new members of staff were dated 2014 and 2015, so the information was not up-to-date. This meant people sometimes received care and support from staff without the appropriate pre-employment checks in place.

There were two students working part time in the service, carrying out domestic duties, and the service had not applied for a DBS checks for either of them. While these staff did not provide direct care for people it is still a requirement that any staff member or volunteer working in a care setting should have a DBS check.

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

Some people had been assessed as being at risk from developing skin damage due to pressure. Pressure mattresses were in place for these people. The maintenance person carried out weekly checks to ensure the mattresses were working. However, there was no system in place to check if mattresses were set at the correct level for the person using them, when first put in place and on an on-going basis. We found no evidence that people's skin integrity was not being well managed. However, there was a risk that if pressure mattresses were not set to the weight of the person using it pressure damage to their skin would not be prevented.

Care plans detailed how often people should be re-positioned to help manage the risk of pressure sores. Records of when staff carried out any repositioning for people were not always completed. This meant it was not clear if people were always re-positioned in line with their assessed care needs.

Most care files included risk assessments which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure damage. However, there were no risk assessments in place for two people who had recently moved into the service. One person, who had been living at the service for 10 days, needed staff to use a hoist to move them from their bed to a chair. There was no risk assessment in place for this procedure. The other person, who had been living at the service for four weeks,

had according to their care records, 'lost 6kgs in weight since admission'. There was no risk assessment in place about how this was going to be managed. This meant staff did not have clear instructions about how to provide care that helped to manage the identified risks for these two people.

Incidents and accidents were recorded in the service. All records of incidents were filed together in one folder rather than in people's individual files. This meant confidential information about individual people was held together, which contravenes the Data Protection Act 1998. We looked at records of the incidents and found there was no overview or analysis to show what action had been taken to learn from the events. For example, one person had fallen six times in January 2017 and there were no records to show what action had been taken. However, when we looked at this person's care plan, and spoke with staff, it was clear action had been taken to minimise the risk of them coming to harm from falling.

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

Medicines were managed safely at The Old Roselyon Manor. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

Staff had transcribed medicines for some people on to the MAR following advice from medical staff. 37 handwritten entries had not been signed by a member of staff or witnessed by a second member of staff. This meant there was a potential risk of errors and people might not receive their medicines safely. Some people had been prescribed creams and these had not been dated upon opening. This meant staff were not aware of the expiration of the item when the cream would no longer be safe to use. The provider told us systems in relation to this would be improved and we judged that this had not had an impact on the safety of how people received their medicines.

People told us they felt safe living at The Old Roselyon Manor and with the staff who supported them. People and their relatives told us, "I am happy here", "Can't fault it" and "We are very happy with the service."

We met with several people living at the service but some were unable to tell us their views about the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff received safeguarding training as part of their initial induction. However, two students, who were carrying out domestic duties in the service, had not had any safeguarding training and when we spoke with one of them they had little knowledge of safeguarding procedures.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were seven care staff and one nurse on duty in the morning and five care staff and one nurse in the afternoon. In addition the registered manager, the assistant manager, the cook, a kitchen assistant, a laundry assistant and a domestic were working at the service. People and visitors told us

they thought there were enough staff on duty and staff always responded promptly to people's needs. We saw people received care and support in a timely manner.

We observed there were suitable amounts of personal protective equipment such as disposable gloves and aprons. Where people needed help from staff to move from one place to another, with the use of a hoist, the correct size sling was used in line with their assessed needs. Some people had their own named sling and other people shared slings. Staff told us these were washed after each use. Staff told us sometimes net pants, used to wear over continence pads, were also shared. However, it is considered to be good practice for slings and net pants not to be shared for infection control reasons and to respect people's dignity.

The environment was clean and well maintained. Some areas of the premises were in need of decorating and carpets changed. However, there were plans in place to carry out this work and the dining room was in the process of being decorated at the time of the inspection. Records showed that manual handling equipment, such as hoists and bath seats had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

# Is the service effective?

## Our findings

People's legal rights were not fully protected because management did not have a full understanding about the legal requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The service's DoLS policy included the changes to the criteria, for where someone may be considered to be deprived of their liberty, following a court ruling in 2015. However, this policy had not been followed in practice. For example, one person, who did not have the mental capacity to make decisions about their ability to walk unsupported and lacked insight into their physical capabilities, was at risk of sustaining injuries from falling. This person was sat in a reclining chair, with their legs raised, so it was not possible for them to get up without assistance. This was a restrictive practice and therefore deprived the person of their liberty. However, the provider had not recognised this as a restrictive practice and therefore had not made a DoLS application to the local authority as is required by law.

Some other people living at the service also lacked the mental capacity to recognise the decline in their physical capabilities. These people were potentially at risk of injury from falling if they mobilised without staff supervision. As a result of this a member of staff had been allocated to be the 'lounge watch' in the afternoon. This role was to support people with drinks and activities as well as to monitor some people's movements and guide them back to their chairs to keep them safe. Management had not carried out any assessments, or sought advice, to see if these people met the threshold for a DoLS application because they were subject to continuous supervision and were not free to leave the service if they wished.

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

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed by staff. Some of these records were not completed thoroughly enough to be able to check exactly how much food and fluid the person had taken. However, it was clear from speaking with staff that information about how much people had eaten and drunk was communicated verbally at handover meetings.

Staff told us they received suitable training to carry out their roles. Training was a mixture of e-learning and staff attending externally sourced training. One of the managers was a manual handling trainer and another one was a safeguarding trainer. The assistant manager arranged training sessions and set up new staff with electronic-learning packages. They told us that staff had regular training, although some staff needed support with the on-line training. Training sessions, recently booked, for safeguarding and Mental Capacity Act had been cancelled due to staff shortages. Individual training records for each member of staff had been developed. We looked at these and saw that while some files contained evidence of recent and appropriate training others were still in the progress of being completed. The provider was unable to give us details of a training programme or an overview of what training each member of staff had received and when refresher

training would be due.

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

People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the lounges. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. Soft and pureed diets were well presented with different food colours identifiable. People told us they enjoyed their meals and they were able to choose what they wanted each day. Comments from people included, "We have a varied menu" and "We have roast twice a week and the meat is cooked well."

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Care records detailed whether or not people had the capacity to make specific decisions about their care. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the service as well as working closely with healthcare professionals. Healthcare professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. Comments included, "Staff have a good rapport with people and good understanding of their needs", "Staff kept us informed when necessary" and "I find it to be a lovely caring competent environment with good communication." People and visitors told us they were confident that a doctor or other health professional would be called if necessary.

Staff told us they felt supported by managers and they received annual appraisals. They had regular supervisions in the form of meetings and observation of their working practices by senior staff. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service. The registered manager encouraged staff

development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

New employees completed an induction which included familiarising themselves with the service's policies and procedures and working practices. The induction also consisted of a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. All new staff were enrolled, within a few weeks of starting, on a programme to complete a Diploma in Health and Social Care. However, the induction was not in line with the care certificate, which is an industry recognised induction that replaced the Common Induction Standards in April 2015. The provider assured us that all staff, who were new to the care industry, would complete the care certificate.

# Is the service caring?

## Our findings

On the day of our inspection there was a relaxed and friendly atmosphere at the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. People appeared to be well cared for and spoke positively about the care they received. Comments from people and relatives included, "Staff are very good", "The girls are all very pleasant" and "Carers have a good knowledge."

There were plenty of friendly and respectful conversations between people and with staff. People, who were able to verbally communicate, engaged in friendly and respectful chatter with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff assisting one person to move from an armchair into a wheelchair using a hoist. Staff were kind and gentle explaining what they were doing throughout the procedure to prevent the person from becoming anxious.

Staff helped people achieve greater independence by working with other professionals and services. For example, staff had supported one person, who had limited verbal communication, to communicate by sourcing an electronic word device and a card with letters on. While this had helped the person to communicate staff identified that the person might be having difficulty in reading the letters. The service had arranged for the person to have an eye test to find out if their sight could be improved. If this was possible then the aids could be more effective and further help the person to communicate independently.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at The Old Roselyon Manor had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on

bedroom doors and waited for a response before entering.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. Relatives told us, because the registered manager/provider was so visible in the service, they spoke with them regularly and were kept informed of any developments in the service

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the communal areas or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable.

# Is the service responsive?

## Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at The Old Roselyon Manor. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Each person had a care plan. Care plans contained appropriate assessments, for example, about the person's physical health, personal care needs, and moving and handling needs. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the guidance they needed to care for people.

The nursing staff team aimed to review care plans on a monthly basis. Each nurse was responsible for updating and reviewing an agreed number of people's care plans. Due to the shortage of nursing staff some of these reviews had fallen behind. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans.

On each shift staff were allocated to work with specific people for the entire shift they were working. Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and specific staff were available to respond to their needs.

Staff supported people to take part in activities should they wish to. A member of staff worked between the two lounges every afternoon from 3.00pm until 6.00pm to support people with activities such as craft work, reading and board games. External entertainers provided music and singing sessions on a regular basis.

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. The registered manager made decisions about any new admissions by balancing the needs of a new person with the needs of the people already living at The Old Roselyon Manor.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. However, people and their relatives said they had not found the need to raise a complaint or concern.

# Is the service well-led?

## Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the running of the service, was also the provider, as they were one of the owners of the service. They were supported by an assistant manager, nurses and senior care staff.

The registered manager/provider had been running the service for over 30 years and was an experienced nurse. They had provided stability for the service and this was reflected in the positive comments that people and their families made about the service. At this inspection we found, while the standard of care was still good, some auditing systems had fallen behind and the registered manager/provider was not aware of some current practices. There was no clear training programme or an overview of what training each member of staff had received and when refresher training would be due. The provider was also not aware of the need to use the care certificate when staff, who were new to the care sector, were recruited.

The registered manager had always provided 'hands on' nursing care for people but recently they had decided that they would cease working as a nurse. This change coincided with some care staff leaving and two nurses going on long term sick. This meant the service had to recruit new staff, which had not been necessary for some years. In addition, the number of people living at the service who had a diagnosis of dementia had increased. The need to recruit new staff and the increasing needs of people with dementia had highlighted that the registered manager/provider had not kept up-to-date with changes in legislation. As detailed in the safe and effective sections of the report the registered manager/provider was not aware of the current legislation in relation to staff recruitment and the legal requirements of the Deprivation of Liberty Safeguards (DoLS).

The shortage of nursing staff, due to sickness, had impacted on the auditing processes that were carried out by nursing staff and some checks had fallen behind. Some care plans had not been reviewed and audits for medicines, falls and air mattresses had not been completed. Records of incidents and accidents were not stored in line with the Data Protection Act. This had resulted in the provider not being aware of some areas of the service that needed improvement. This included, missing risk assessments, incorrect air mattress settings, some recording gaps for medicines, lack of analysis of falls and gaps in charts for when people needed to be re-positioned. We judged that the gaps in records and the lack of some audits had not impacted on the care people received. However, it showed that the management oversight of how the service was performing needed to be improved.

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

People, their families and healthcare professionals were all positive about the management of the service and told us they thought the service was well run. Comments included, "This is a very well run establishment" and "They are a competent and caring establishment."

There was a positive culture within the staff team with an emphasis on making people's daily lives as

pleasurable as possible. Staff told us the service was well-led and staff were highly motivated and keen to ensure the care needs of people they were supporting were met. Staff said there was good communication with the management of the service. Staff told us they felt supported by the management commenting, "Very good. Always approachable", "Really happy working here, management are very approachable" and "I would put my Mum in this home."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with managers and through regular staff meetings and supervisions.

Although the registered manager no longer worked as a nurse in the service they were still very visible and they regularly monitored staff's care practices. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.

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
Diagnostic and screening procedures	Where people lacked mental capacity the provider had not acted in accordance with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Regulation 11(1)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not maintained accurate records of the care and treatment provided to people and decisions taken in relation to the care and treatment provided. Systems to assess, monitor and improve the quality of the service provided were not effective. Regulation 17 (2)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Recruitment procedures were not operated effectively. Regulation 19
Treatment of disease, disorder or injury	