Ings House Care Limited

Ings House Nursing Home

Inspection report

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Date of inspection visit: 7 and 9 December 2015
Date of publication: 22/02/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection of Ings House Nursing Home took place on 7 and 9 December 2015 and was unannounced. The home had previously been inspected in August 2013 and found to be fully compliant with the requirements of the Health and Social Care Act 2008 and its associated regulations.

Ings House Nursing Home is located in a residential area of Liversedge. It provides accommodation, personal and nursing care for up to 32 residents. The home was built in the early 1800s and has been extensively renovated and refurbished. Accommodation is provided over two floors, which can be accessed via two lifts. The home had recently completed an extension providing a further four rooms. On the day of inspection there were 27 people living in the home.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People and relatives said they felt safe at Ings House and staff understood how to report safeguarding concerns. We found risk assessments reflected individual need and were comprehensive.

Staffing levels were appropriate for the needs of the people living in the home but we discussed with the registered manager how they may be better deployed at certain times of the day to manage people's anxiety levels better. Medicines were administered and recorded correctly but we found issues with the storage and security of liquid medication along with time taken to administer it. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment. However, we did note this had been remedied with immediate action by the second day of our inspection.

Staff had received a detailed induction and were up to date with current training requirements. They had regular supervision and appraisals from the registered manager who constantly sought to improve practice and ensure their knowledge was relevant.

The home followed the requirements of the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards (DoLS) by ensuring people had capacity assessments that were decision specific and that best interest decisions were made with all relevant parties.

People's nutritional and health care needs were met through the provision of regular food and drinks throughout the day, and visits from health and social care professionals as needed.

Staff were caring, kind and considerate and clearly knew people well, as retention of staff was positive. They paid attention to small details as well as the more general support needs of people. People were encouraged to be as involved and active as possible and staff supported them where needed. We saw staff treating people with respect, honouring their dignity and promoting their wellbeing in meeting their needs.

We could see that people had choice about what they wished to do, and the home had a good programme of activities for people to join in as they wished.

The home was well led by a visible registered manager and supported by an actively involved registered provider. Both were keen to embed high quality practice and the systems were in place to support this.

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?

Requires improvement

The service was not always safe.

We found that people and their relatives felt safe, and staff understood how to report any safeguarding concerns.

Risks assessments were person-centred and focused on specific abilities.

Staffing was appropriate to the needs of people living in the home but how they were deployed, at certain times of the day needed further consideration.

Medicines were administered and recorded correctly but there were issues with the time it took medicines to be administered and the security and storage of liquid medication. These had been remedied by the second day of the inspection.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training and this was supported by an annual appraisal.

The home adhered to the principles of the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards.

People were supported with eating and drinking, and external health care was sought when needed.

Is the service caring?

Good

The service was caring.

Staff showed a high level of positive regard for people in the home, paying close attention to small details.

Staff encouraged people's participation in how their care needs were met as much as possible.

People were treated with dignity and respect, and this was reflected in comments from external visitors to the home.

Is the service responsive?

Good

The service was responsive.

There was evidence of a mixed activities programme which included a range of activities and interests.

Care records were detailed and reflected people's needs.

The home had only received one complaint which was dealt with well.

Summary of findings

Is the service well-led?

Good

The service was well led.

People living in the home and their relatives spoke highly of the care received, and of the positive atmosphere.

Staff felt supported by the registered manager, who in turn was supported by the registered provider. Both had a detailed knowledge of what was happening in the home on a daily basis.

There was a robust auditing and reporting system in place to ensure concerns were identified and acted upon quickly.

Ings House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 7 and 9 December 2015 and was unannounced. The inspection consisted of one adult social care inspector and one specialist advisor. The specialist advisor had expertise in nursing care of older people.

We asked the provider to complete a Provider Information Return (PIR) which was sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked information held by the local authority safeguarding and commissioning teams.

We spoke with nine people living in the home and three of their relatives. We spoke with five staff including two carers, the deputy manager, the registered manager and the registered provider.

We looked at six care records, three staff personnel records, minutes of staff and resident meetings and audits including accidents, medicine administration records and care plans.

Requires improvement

Is the service safe?

Our findings

One person we spoke with told us "I feel safe living here and I've been here seven years so I know." A relative visiting the home said "My relation is safe. There are always a lot of staff on and they have had no falls in here. It's a big relief off my mind, knowing my relation is safe." Another relative expressed the same opinion that their relation was very safe.

We asked staff about their understanding of safeguarding. One staff member said "If I was concerned about anything I would report it to the nurse in charge, and then to the manager. If nothing was done I would contact the local authority." They said they were not aware of any concerns, and this was confirmed by the registered manager who said there had been no safeguarding concerns in the past year. Staff were able to explain the signs of abuse and how they would report any concerns.

We looked at how the service managed risk and found detailed and person-centred risk assessments. Risk assessments considered the hazard, the risk posed by it and what measures were in place to minimise the risk. These were reviewed on a monthly basis notwithstanding any change in need. All people, on admission to the home, were assessed with regards to dietary requirements, physical health including foot care and mobility, pressure care and infection control. Where specific needs were identified the home produced a care plan which detailed how these needs were to be met. We looked at two people identified as being at risk nutritionally and needing pressure care. In both of these files we saw that both people had maintained or improved their weight, and skin integrity of pressure areas had been maintained.

We also reviewed accident records and found detailed records and monitoring after each specific accident and monthly analysis to identify if there were any patterns. The home assessed the impact of the accident in terms of injury and whether it had been witnessed. If a person had fallen and no major injury had occurred, they were observed for a period of 24 hours after the event looking at areas such as pain, bruising, behavioural changes or loss of mobility. In addition, risk assessments were reviewed after each event and amended if necessary. These had all been seen by the registered manager and agreed.

On the first day of inspection there were four care staff on duty with the deputy manager and the registered manager in addition to kitchen and domestic staff. We saw the staff rotas and noted that all shifts had been covered. We observed positive interaction between people in their rooms and the domestic staff when cleaning duties were being undertaken. Staff attended frequently to call bells and were prompt in their response times. Relatives we spoke with all felt there were enough staff. One relative said "They are all familiar faces when we visit."

We observed that some people's need for closer supervision occurred at teatime and staff had to respond to these extra demands. One person was particularly agitated due to their confusion and needed additional support at times. Staff responded to this well but the person had different carers supporting them, and this may have exacerbated their confusion.

The registered manager was in the process of recruiting more staff and had recently increased staffing at night from one carer and one nurse to two carers and a nurse. They explained they rarely used agency staff as regular staff tended to pick up shifts if someone rang in in sick.

Appropriate recruitment checks were in place, and staff were subject to Disclosure and Barring service (DBS) checks before commencement of their role. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable people. DBS checks had been updated at regular intervals as much of the workforce had worked at Ings House for some time. This showed the registered provider recognised that people's situations may have changed, and were keen to ensure that their records were up to date. Staff were subject to a six month probation period prior to being offered permanent contracts.

We observed two medication rounds and found that medicines were administered in a safe manner. The nurse checked the Medication Administration Record (MAR) to ensure that the medication stock levels corresponded with the records prior to administration. Medication was taken to one person at a time and the person was observed taking their medication by the nurse. One person took the tablet out of their mouth but the nurse encouraged them to take it and swallow it and provided an additional drink to

Requires improvement

Is the service safe?

help with this. The trolley was left locked whenever the nurse was not present. We spoke with one relative who was aware of their relation's medication and told us "There have never been any issues with medication."

There were clear protocols in place for people who were prescribed PRN (as needed) medicines to assist with pain relief or to reduce anxiety. We noted in one person's notes it said "[Name] is unable to identify when in pain so staff need to offer." It was recorded that staff needed to observe this person and follow their facial expression to judge if they were in pain. We saw that these PRN protocols were regularly updated and included details about the reason for the medication, the dosage, administration instructions and the maximum dosage a person was allowed.

We noted on both the rounds on the first day of inspection that medicine was left on the top of the trolley which should have been stored in the fridge. When we questioned the nurse about this they immediately remedied this by returning the medicine to the fridge. The registered provider later told us that as the fridge was in the main office the nurse had felt uncomfortable keep entering the room as we were present. We stressed that this posed a risk for the medicine's effectiveness and security due to the high temperature of the room it was in and the fact that it was unattended so people living in the home could access this. Although there was an issue with the security of medication the registered manager and registered provider had taken corrective action with the nursing staff by the second day of the inspection showing that they responded in a timely manner.

The medication rounds took a long time to complete due to the home only offering medication once people had woken up and come in to the lounge for their breakfast. We asked if anyone was on time specific medication but were advised that no one was. We later checked this and found this to be correct. The nurse completing the medicine round was not given protected time to complete this, and had to deal with many other distractions whilst trying to safely administer medicines. This could have led to errors and required extra concentration on behalf of the nurse to minimise this.

We noted the medicine fridge was faulty, reading 9 to 10 degrees centigrade. This had been reported by the registered manager and was awaiting repair. By the second day of inspection this had been replaced and so the registered provider took immediate action to remedy our concerns. Controlled drugs were stored in line with the Misuse of Drugs Act 1971 within a locked cupboard which was secured to an external wall.

The above issues indicate a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. This was because there were concerns about the storage of liquid medication in terms of temperature and security. The medication rounds took some time, although this was partly because they were being led by people's own routine, and the nurse was interrupted on a number of occasions while administering medication.

We spoke with the registered manager about how staff were trained. They advised us that only nursing staff administered medication and they had completed the required training. The registered manager completed regular medication audits and had recently had a supervision with a member of staff having identified a concern regarding the booking in of medication upon receipt from the pharmacist. We saw records of this in the staff member's file showing a detailed explanation of the correct process and an assessment of the staff member's understanding which evidenced their learning. In the registered manager's monthly report to the registered provider from November 2015 it was noted that the home had completed the Boots best practice in medication audit which showed the home were keen to ensure they were performing in line with good practice.

All residents' risk of infection was assessed on admission and staff completed training in the control of infection in their induction and yearly updates. The home was audited by the local authority and scored 98% on its latest inspection. We found hand washing and gel dispensers around the building. The home had a clear policy on hand hygiene which we observed was practised by all staff during our inspection.

Good

Is the service effective?

Our findings

One relative we spoke with said "Staff are well trained and friendly." We spoke with staff about their induction and subsequent training. One staff member told us "I have completed training online both here and at home. My moving and handling was practical and delivered by the nurse here. I have completed safeguarding and food hygiene among others." We looked at staff personnel files and found evidence that staff had undertaken all necessary training as part of a comprehensive induction. This included areas such as infection control, fire safety, moving and handling, safeguarding of vulnerable adults, food hygiene and Control of Substances Hazardous to Health (COSHH). Most staff had received training within the past year in safeguarding, health and safety, infection control, person-centred care and dementia care.

Staff received regular supervision with the registered manager or the deputy manager. This incorporated group supervision where specific topics had been discussed. Notes were produced and shared with each member of staff who had to sign them to say they agreed and understood. Topics included nutritional supplements, application of steroid creams and the associated recording required and clinical note writing. The home was in the process of altering its supervision policy to ensure at least quarterly sessions were held for all staff. Topics scheduled for the next year included safeguarding, handwashing and dignity in the delivery of care.

We also found evidence of individual supervision sessions where any specific concerns re a staff member's conduct had been discussed. This included consideration of the consequences of both action and inaction to ensure the staff member had fully understood the implications of their behaviour. The meeting covered an assessment of someone's performance with regards to infection control, communication and record keeping. There was also a discussion of their training needs and other points that either staff member or supervisor could raise. Notes were written positively and identified clearly where improvements could be made, and practical suggestions offered as to how this should happen. These forms were signed and dated by both parties. The supervision record for nurses also included discussion around pressure care and medication.

Staff received an annual appraisal which reflected their performance and strengths. We noted in one "[Name] is always well motivated and is very effective in all their roles." In return the staff member had commented "I am happy to work at Ings House and love all staff and residents. They have become a huge part of my life." Comments in other records included "[Name] always has good banter with residents and families" and "It is a pleasure to work alongside [name]. Thank you for all your hard work." We noted that feedback from fellow members of staff was also sought prior to the appraisal meeting to ensure a rounded assessment of someone's performance was obtained.

The home displayed a large menu board in the main reception area which showed options for lunch and tea. One person living in the home told us "The food is lovely." Another said they appreciated the new cook's food and as a consequence their appetite had now increased. One relative we spoke with said the food was "very good. My relation always has two bowls of porridge and a fried egg."

We observed people being supported to eat and drink throughout the day. People were asked what they would like for breakfast from a wide selection of foods on offer. We saw someone being given a freshly prepared plate of bacon and eggs. They were asked if they wished to wear an apron to protect their clothing and there was a plate guard to assist them to eat their meal

At mid-morning people were offered a choice of drinks from the tea trolley including tea, coffee and juice. We also heard people being asked how they preferred their drinks. This generated a high level of interaction with people as they discussed events of the day. This experience was mirrored at lunch time where people were again offered a choice of beverage. Meals were pre-plated and gravy was added at the kitchen hatch. We did not always see people being asked if this was their preference at the time the food was presented but were aware they had been asked earlier in the day as staff showed us the records of people's preferences.

Most people remained in the lounge area for their lunch. Three people chose to eat in the dining area after staff encouraged people to move. All four care staff on duty were assisting with the delivery of meals to people. We did note that meals were given for specific individuals and it was

Good

Is the service effective?

evident that the kitchen staff knew what people had requested. Meals were adapted according to a person's requirements such as a smaller portion or liquidised meals for those with swallowing difficulties.

People who remained in their rooms were taken food promptly – all had received their first course within fifteen minutes of the initial meal being served. One member of staff was in charge of drinks, and another for ensuring all meals were provided. People in their rooms were all assisted to eat by care staff. We saw people were offered a choice of dessert. In the afternoon the tea trolley went around again and people were offered a selection of drinks and snacks. At tea time we heard someone ask for 'ham sandwiches on white bread' and this was duly provided.

We asked staff how they were kept informed of events in the home and one staff member told us "We have a handover at 2pm and 8pm, and also in the morning. This helps us to know what has happened and tells us what we may need to know for the shift ahead."

One relative told us "The GP is called straightaway if needed." We saw that people were offered regular pressure relief care and records were kept of this. In the care records it was evident that external health and social care professionals were contacted when required to assist in meeting people's care needs effectively. The home had positive working relationships with the pharmacist, local GP practices and Community Mental Health Team as we saw evidenced in written feedback from these services.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All nursing staff had received training in mental capacity and deprivation of liberty safeguards.

We found detailed mental capacity assessments in people's notes that were decision-specific as required under the Mental Capacity Act 2005. Where it had been determined someone lacked capacity to make a specific decision there was a record of a best interest decision to reflect how the decision had been made. In one care record we looked at, we saw that this has included all relevant parties including family members and health and social care professionals. Each person's view and the justification for the decision recorded. Where people were being deprived of their liberty due to the locked front door, appropriate DoLS authorisations had been granted by the supervisory body and the home was adhering to the conditions imposed such as ensuring regular reviews of people's needs.

We found the environment to be clean and bright, and people had spacious rooms. Most people congregated within the communal lounge area and this was the focus of activity during the day. The home had a new extension on the back which was fully accessible and had a purpose built lift.

Good

Is the service caring?

Our findings

We asked people living in the home how they found the staff. One person told us "they're smashing" and another said "staff are very good to us". A further person said "Staff are nice, very nice." One relative told us "Staff are lovely and my relation has settled in well. Staff are very good." Another relative said "Staff are friendly and I can ask them anything. Things are always sorted out if something special is needed." They also told us "Staff seem very kind and careful with people."

We heard a carer address someone by name upon seeing them first thing that morning showing they had a positive relationship with that person. When another person entered the lounge they were asked where they would like to sit as they needed hoisting from their wheelchair. They chose a chair and staff took time to explain what was happening throughout the transfer to the chair using the hoist and sling. Even after they were settled in the chair they were asked if they were comfortable.

In the lounge we noted that one person was particularly active and staff intervened on more than one occasion to support them as they often set off walking without their wheeled walker. They were very encouraging to the person, ensuring they did have some exercise but that risks were minimised as far as possible. This need for close observation was recorded in the person's care plan. Staff enjoyed good conversation with the person and they responded positively to this interaction.

Later in the day we saw one staff member engaging in conversation with a few people at the end of the lounge. They were discussing the Christmas decorations and the music. The staff member was keen to ensure everyone was involved and asked specific people simple questions to keep them engaged.

Staff also noted small incidents such as when someone dropped a knife; this was replaced promptly with a clean one. We noted the registered manager talking to someone who was becoming distressed as they could not find any money. The registered manager was very reassuring and told the person not to worry as 'everything was taken care of'. It was evident throughout our inspection that all staff knew people well and were very supportive by the conversations they had with people discussing their families or their particular interests.

We saw that care records showed how people were enabled to do as much for themselves as possible. In one record we saw "[Name] is now requiring more assistance form care staff each morning to meet their hygiene needs. They will, at times, wash and dry their own hands and face but are now needing more prompts." This had been discussed with family and a best interest decision recorded to this effect, as the person had been assessed as not having the capacity to make this decision on their own.

One relative told us "My relation always has a matching cardigan and dress. They like to wear beads and every time I visit, they are doing so." We asked staff how they supported someone to maintain their dignity. One staff member replied "I have done training and am aware to shut doors and curtains. I always ask the person what help they need and what they would like me to help with. My starting point is always how I'd want my relative to be cared for." We observed people being supported throughout the day in having their continence needs met discreetly. This showed the service was aware of the importance of ensuring people were comfortable and cared for in a dignified manner.

We saw evidence in staff supervision and appraisal records of how their conduct was judged. In one file it said "[Name] always treats residents with respect" and "[name[is respectful towards people and they protect and promote their dignity." We saw in feedback from external professionals that staff's positive conduct was noted. In one comment it read " 'See me and care' is embedded within culture of the home" indicating that staff evidenced person-centred care every day, ensuring people's needs were met as they wished them to be and this was always mindful of people's dignity. Another nurse from the local Clinical Commissioning Group had written "Staff are always very courteous and helpful."

One person living in the home had an Independent Mental Capacity Advocate to support them in making complex decisions as they had no family to support them. All nursing staff had received training in end of life care.

Good

Is the service responsive?

Our findings

We observed people enjoying Christmas music playing in the lounge and many joined in singing. One person said "I'm really enjoying the music." The lounge was also decorated with Christmas decorations which one person told us "was great." Some people were completing puzzle books and others read their newspapers. We saw that the home had strong links with the local community. For example the local school choir was due during the afternoon of the second day of inspection to sing carols.

On the activities board there were pictures of skittles, magazines and books, dominoes, knitting, films and hand massage. There was little in the way of organised activities for people on the first day of inspection as the activities co-ordinator was working in the kitchen that day due to annual leave of the cook. Staff were busy meeting people's personal care needs and apart from conversation, of which we saw there was plenty, we did not observe other specific activities.

One relative we spoke with told us the activities co-ordinator was "very good and lovely with people. They do lots of things such as craft activities and playing catch with velcro balls." We asked a staff member what went on in the home and they told us "we have lots of parties, we also sit down and paint people's nails and we often have entertainment in."

The registered manager informed us that external entertainment was usually arranged on a monthly basis. Musical afternoons were quite regular as the activities co-ordinator played the saxophone and people joined in with percussion instruments. The registered manager also said there were regular film afternoons.

We saw in the activities file that people living in the home had recently enjoyed a pies and peas supper for bonfire night, they had participated in a remembrance service and enjoyed a visit from an entertainer on 18 November 2015. Forthcoming planned activities included some reminiscence activities and a celebration of Burns night in January. There was also a record of additional resources bought to support with activities including 'doodling for senior citizens' and a 'chat and choice' pack which promoted social interaction.

We looked at care records and found them to be person-centred. They contained a photograph and key information about an individual in the introductory section. There was also evidence of regular input from external health professionals such as GPs and nurse practitioners. A person's needs were listed and how they liked them to be met. The information was current and it was clearly updated regularly, in conjunction with family and other representatives where the person lacked capacity.

Links had been made to a person's life when they had lived in their own home. In one file we saw it noted that "[name] liked their room to be locked as they'd been broken into when they lived in their own home." We saw later in the record that it was agreed the door did not need to be locked but should be shut and we found this was the case. This information was linked to a pen profile of each person giving details of their life history, preferences and dislikes. Each need was linked to a risk assessment if required.

We saw that the daily notes corresponded with the person's identified care needs but they were very basic in information. This lack of person-centred recording had been identified by the registered manager who was keen to ensure staff developed a more person-centred style of recording rather than just factual information. They had arranged group supervision and some specific training around this area. It was clear that staff understood the value of person-centred care by their actions, always ensuring the person was happy and understood what was happening before undertaking any activity with them.

One relative we spoke with told us they had just attended a review of their relation's care plan. They told us they "were highly satisfied with everything." In a care record we saw details of a recent review which stated "[name] has always been very happy with the care my relation has received. They knew who to approach if there were any concerns or problems, and had confidence they would be dealt with."

We looked at the complaints file and policy and found there had been one complaint recorded since the last inspection. This complaint had been dealt with appropriately and in a timely manner. We did see copies of many thank you cards and there was a beautiful flower display in the dining room sent in by a grateful family thanking the staff for the care of their relative.

Good

Is the service well-led?

Our findings

One relative we spoke with said "I think it's a very good home. The registered manager is on the ball. They couldn't get anyone better. I only have to mention something one day and the next day it's done." Another relative told us "I feel able to ask anything and am happy to do so."

We saw that the home had asked both relatives and visiting professionals their views of the service. Comments included "excellent staff" and "always made welcome". A visiting social worker said "all records were available. Staff were very helpful and professional." Some relative comments included "I have always found the home clean and the staff friendly with a good atmosphere." Another relative said "my relation is very happy at Ings House. They feel safe and valued, and as his close relation, I feel very lucky that he is here."

We asked staff how they felt working in the home. One staff member replied "I've no problems. I like the atmosphere in this home. It's nice." We observed the deputy manager who was the nurse on duty giving clear direction to care staff throughout the morning. They also showed willingness to assist where needed on the odd occasion when care staff were otherwise engaged.

We asked staff how supported they felt. One staff member said "I see the registered provider and the manager often. The residents say thank you often as does the nurse in charge so that is good." The registered manager told us they felt supported by the registered provider, who was also present during the inspection. We noted the registered provider took an active part in a discussion about a potential new admission to the home, showing they shared the focus on the individual needs with the registered manager. The registered manager said there was regular contact between them and if they needed anything it was provided.

The registered manager, when asked, advised us that they felt the risks posed to the home were mostly from external pressures, for example ensuring they were able to recruit good nursing staff when needed as there was a regional shortage. With regards to their achievements they said "I have sought to ensure high quality care with new policies and procedures, using others' advice where needed and striving for best practice." They were also aware of where improvements were needed such as in an increased use of people's life history information to better inform staff of people's likes and dislikes, and to promote engagement.

We discussed with the registered manager what checks were in place for ensuring quality provision. They informed us of spot check visits at night which were carried out on a regular basis to ensure practice was consistent alongside the regular audits of care plans and medicines. The registered manager held staff meetings, of which we saw the minutes, although these were not that regular. Many of the issues identified were then followed up in group and individual supervision sessions. The registered manager said the evidence of a lack of complaints, a stable and longstanding staff team and their own availability were all indicators of a home seeking to provide quality care and had the interests of the people living there at its heart.

We saw records of resident and relative meetings. The latest one included a reminder to people of how to raise a concern, discussion around the recent extension and a call bell system which showed how long the buzzer had been ringing. People were asked for ideas of improvements and these were noted. Another person asked if staff could wear name badges and the registered provider agreed to look into the means of doing this quickly as they agreed it was important. The registered provider advised us they were in the process of arranging this as the meeting had only occurred the previous week.

We saw records that showed all equipment had been appropriately maintained and serviced as required. The home had recently acquired new hoists and replaced slings where labels had washed off. This showed the registered provider was keen to ensure all equipment was fit for purpose.

There was a robust auditing system in place. A monthly report was completed by the registered manager which was then forwarded to the registered provider. This report looked at care, environmental issues, finance, personnel and any other pertinent concerns. Within the care section there were notes regarding any concerns noted from the medication audits, any safeguarding issues and the status of care plan reviews. There was also the monthly analysis of any incidents and accidents, again evidencing transparency of recording and sharing the information to ensure any trends could be detected. On the second day of the inspection we saw evidence that the nursing staff had

Good

Is the service well-led?

been reminded about the storage of liquid medication showing the registered manager was responsive and pro-active to any deficient practice. The reports showed that all pertinent information was shared and evaluated, ensuring the registered provider was able to provide overall scrutiny and resolve any concerns or issues.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There were concerns about the storage of liquid medication in terms of temperature and security. The medication rounds took some time, although this was because they were being led by people's own routine, and the nurse was interrupted on a number of occasions while administering it.