

Vishomil Limited

St Winifred's Nursing Home

Inspection report

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Date of inspection visit:
24 May 2016

Date of publication:
27 July 2016

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?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 24 May 2016 and was unannounced.

St Winifred's Nursing Home provides accommodation for people who require nursing or personal care situated in Rastrick a suburb between Huddersfield and Halifax. There are single and double bedrooms available many of which have en suite facilities. Of the twenty seven people using the service on the day of inspection ten required residential care and seventeen required nursing care.

The last inspection was in August 2015. At that time we found the provider was in breach of a number of regulations and the home was placed in special measures. The breaches of regulation were in regard to safe care and treatment, staffing, meeting nutritional and hydration needs, safeguarding people from abuse and improper treatment and good governance. At this inspection we found the provider had made sufficient improvement to take the home out of special measures.

The home did not have a registered manager in post at the time of the inspection. However, a new manager had taken up post on 01 March 2016 and had applied to be registered with the Commission. 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.

At this inspection we found the staffing levels on night duty had been increased in line with the dependency levels of people who lived at the home and the layout of the building. In addition, a staff training audit had been carried out and a training and supervision plan for 2016 had been put in place to ensure staff received the training and support they needed to carry out their roles effectively.

At the last inspection we found people were not consistently receiving appropriate support to meet their nutrition and hydration needs. At this inspection we found people's nutritional status was assessed to determine the risk of malnutrition and people's weights were being monitored. However, we found staff were not always accurately recording the amount of fluid people were taking and although the audit systems in place had identified this issue no action had been taken to address the matter.

We saw the manager was in the process of implementing a new care planning system which would ensure the care plans were more person centred and people had access to the full range of NHS services. We observed people were well cared for by staff that had a good understanding of their needs and preferences.

The home had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible. People told us they felt safe because the staff were caring and because the manager listened to them and acted if they raised concerns. However, although we found improvements had been made in the

way money held in safekeeping for people was managed; staff were not always following to the policies and procedures in place.

We found although the service was working in accordance with some requirements of the Mental Capacity Act 2005 (MCA) where people had their liberty restricted in order to keep them safe conditions had not always been met.

We saw the complaints policy was available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

We found although some improvements had been made to the quality assurance monitoring systems further improvements were required. The audit systems were not robust and had not identified some of the shortfalls in the service highlighted above and in the body of this report.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The service was not consistently safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

Assessments were undertaken in relation to potential risks to people who used the service and staff. Written plans were in place to manage these risks.

The staff recruitment and selection procedure was robust and there were adequate staffing levels to keep people safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Although the service was working in accordance with some requirements of the Mental Capacity Act 2005 (MCA) where people had their liberty restricted in order to keep them safe conditions had not always been met.

People were supported to have an adequate dietary intake and their preferences were catered for. Some improvements were needed to the way people's fluid intake was monitored and recorded.

People had access to a full range of NHS services.

Improvements had been made to the way staff were trained and supported. Further improvements were planned to make sure staff were fully supported to meet the needs of people living at the home.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's right to privacy, dignity and independence was respected and valued.

Wherever possible people were involved in reviewing their care needs and were able to express their views about they wanted their care and support to be delivered.

Is the service responsive?

The service was not consistently responsive.

Care plans were in place outlining the care and support people required. However, they needed to be developed further to ensure people received person centred care.

Staff were knowledgeable about people's needs, interests and preferences. There were some activities but more needed to be done to support people to spend their time meaningfully.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led

There was no registered manager in post.

New quality assurance systems had been implemented which had begun to identify and address areas for improvement. It was too early to test the long term effectiveness of these processes.

Some areas for improvement were identified by the Commission, rather than through the service's own quality assurance processes.

Feedback about the manager was positive. They were open and transparent and demonstrated a commitment to improving the quality of services provided.

Requires Improvement ●

St Winifred's Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 May 2016 and the inspection was unannounced. The inspection was carried out by three inspectors 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. In this case their area of experience was services for older people and people living with dementia.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at seven people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with twelve people who were living at the home and five relatives. We also spoke with the manager, the deputy manager, six care staff and the chef.

Following the inspection we spoke with the Local Authority Commissioning team and Clinical Commissioning Group (CCG) NHS.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also asked the provider to complete a Provider Information Return (PIR). 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. One person said, "I am much happier living here than I was at home because I have company and feel safe."

We asked the staff about their knowledge and understanding of safeguarding people in their care and they were able to give us detailed examples of different types of potential abuse and what actions they would take. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They also told us they were aware of the whistle blowing policy. Safeguarding notifications had been stored together and were analysed by the manager for themes and trends. The service had a safeguarding policy in place which was available for people to access.

At the last inspection we had concerns about how the service managed money held in safe keeping for people. At this inspection we checked to establish if improvements had been made to the systems in place and found money was stored in a secure safe with only designated people having access to finances. The manager told us they completed regular audit checks to make sure people had the correct amount of money. We saw documentation to indicate these checks had taken place. We spot checked people's money with the amounts recorded on the transaction sheets and found no discrepancies.

At the last inspection we had concerns that people's medicines were not being managed safely. At this inspection we found improvements had been made. Medicines were stored securely, this included medicines classified as controlled drugs. The temperatures of the treatment room and medicines fridge were being checked to make sure medicines were stored in accordance with the manufacturers instructions.

Some medicines are prescribed with specific instructions about how and when they should be taken in relation to food. We found there were suitable arrangements in place to make sure these instructions were followed. However, one person told us they should have their medication before meals but this only happened at breakfast time and not at other times during the day. This was discussed with the manager who confirmed this matter would be addressed.

Some people who lived at the home were not able to take their medicines by mouth; their medicines were administered through a Percutaneous Endoscopic Gastrostomy tube (PEG). We saw there were clear instructions for staff to follow to make sure people received their medicines safely.

The deputy manager told us people had the right to refuse their medicines and when they did it was recorded and their GP was informed. We saw evidence of this in one person's records. We saw the GP had spoken with the person and established they had the capacity to understand the implications of their decision and had stopped their medicines. The records indicated the person had been made aware they could change their mind at any time.

None of the people living in the home at the time of the inspection was having their medicines in a disguised

format, covert medication. The deputy manager explained that some people had experienced difficulties taking medicines in tablet form but this had been resolved by obtaining the medicines in liquid form.

When people were prescribed medicines to be taken 'as required' (PRN) there was guidance in place to help make sure they were used consistently. However, we found when people were prescribed a variable dose, one or two tablets, it wasn't always clear from the records how many had been given. This made it difficult to check the stock balances were correct. When looking at PRN medicines we also found the amount received into stock was not always recorded and in two cases we found this had resulted in people running out of Paracetamol. People had received Paracetamol because staff had used the homely remedy stock of Paracetamol however this should not have been necessary as people should have had adequate supplies of their own medicines. This was discussed with the manager who assured us it would be resolved. They explained they had been making changes to the ordering systems because the home had been holding too much medication in stock. They acknowledged further improvements were needed to get the right balance.

When people were prescribed topical medicines such as creams and lotions we found some had body maps in place and others did not. The body maps were used to show staff where the creams/lotions should be applied and when. The deputy manager explained they were in the process of putting body maps in place for everyone who had topical medicines prescribed. In the meantime this information was shared with care staff in the daily handovers.

Medicines classified as controlled drugs were accounted for correctly. Most people's medication administration records (MAR) were printed by the supplying pharmacist. In some cases people's MARs had to be hand written, when this was necessary we saw they had been checked and signed by two people to reduce the risk of transcribing errors.

The deputy manager told us all the staff involved in the administration of medicines had recently undertaken training and in addition the manager had carried out observations of their practice.

We saw the manager carried out a full medicines audit once a month and in between the MARs were checked against the stock to make sure they were correct. We found the manager had taken appropriate action in response to any medication errors and this included informing the Commission and local safeguarding team when necessary.

We saw there was a recruitment and selection policy in place. The manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service. We looked at four employment files and found all the appropriate checks had been made prior to employment.

At the last inspection we found insufficient staff were employed on night duty to meet people's needs. At this inspection we found the staffing levels on night duty had been increased to one qualified nurse and three care assistants. The manager told us staffing levels were no longer just based on people's needs but also on the layout of the building which is on split levels. This had not been the case at the last inspection.

However, the people we spoke had differing views on the current staffing levels. While some people felt there were always sufficient staff on duty others felt at times they had to wait for assistance especially when they needed to go to the toilet. This was discussed with the manager who confirmed in their opinion the home had sufficient staff for operational purposes however they would continue to monitor the situation.

In people's care records we saw risk assessments were in place for areas of potential risk to their safety and welfare such as falls, pressure sores, malnutrition and moving and handling. The records showed when people were at risk actions were taken to reduce or manage the risk. For example, in one person's records we saw they had an air mattress in place to reduce the risk of developing pressure sores. The records stated the air mattress should be set to 'medium' and when we looked in the person's bedroom we found this had been done.

Personal Emergency Evacuation Plans (PEEPs) were in place which provided guidance for staff on how to support people in the event of an emergency.

We looked around the home including the communal areas and a random selection of bedrooms. We found the carpets in some areas of the building did not fit to the edges of corridors and on the lower ground floor area we noted a malodour. On the same corridor we noted the floor boards were very loud to walk on. We were concerned as there were a number of bedrooms alongside this corridor and the noise would affect people's sleep during the night. This was discussed with the manager who confirmed that these carpets were due to be replaced in the near future as part of the homes refurbishment and renewal programme and the issue with the floor boards would be resolved at that time.

Corridors and fire escapes were left clear with any items temporarily being used, placed at the side of a walk way. A recent staff meeting recorded a reminder for staff the importance of keeping corridors clear. We completed visual checks and looked at the service records of the equipment in use including fire fighting equipment, hoists and the passenger lift and found all had been serviced in line with the manufacturer's guidelines and were safe to use. The electrical wiring certificate and gas safety certificate for the home could not be found on the day of inspection but the manager sent us a copy of both shortly after.

We saw bedrooms were filled with people's personal effects and laid out in different ways. The manager told us they had a number of double rooms; however these were only used as single occupancy now to increase people's privacy. We noted one bedroom was only accessible through a meeting room. We asked a staff member how often this meeting room was used, and they told us it was used a lot. This potentially could affect the person living in this room to exit or return to their room.

The service benefitted from domestic staff that followed a cleaning rota to cover all areas of the service. The domestic staff they had sufficient cleaning materials to do their job. We noted around the service plenty of personal protective equipment (PPE). We observed staff removing PPE when they had completed someone's support. This showed us the staff were aware of the importance of cross contamination.

Is the service effective?

Our findings

At the last inspection we found people were not consistently receiving appropriate support to meet their nutritional and hydration needs. At this inspection we found people's nutritional status was assessed to determine the risk of malnutrition. The manager told us people's weights were checked either monthly or weekly depending on the level of risk and this was evidenced in the records. When people were at risk of poor nutrition or had difficulty eating and drinking we saw the home had sought advice from dietitians and speech and language therapists. When people were at risk of poor hydration we saw a daily target fluid intake had been calculated using current good practice guidance. However, we found the fluid charts were not completely properly and therefore did not provide an accurate record of people's daily intake.

For example, one person had a daily fluid intake target of 1524mls. We looked at the fluid charts for the period covering 16 to 22 May 2016 inclusive. The charts for 19 and 21 May 2016 were blank and the remaining five charts showed a total daily intake of between 280mls and 880mls, none of which were close to the target. In another person's records we saw the daily fluid intake target was 1905mls. We looked at the fluid charts for 16 to 22 May 2016 inclusive. The charts for 16, 19 and 21 May were blank. The remaining four charts showed a total daily intake between 570mls and 1250mls which was well below the target.

We were concerned that the fluid charts were not being monitored properly. In one person's daily care notes the entry for 19 May 2016 stated, 'fair diet and good fluid intake', however the fluid chart for that day was blank. Similarly the entry dated 22 May 2016 stated 'good fluid intake' but when we looked at the fluid chart it showed the total fluid intake was 1000mls less than the daily target. This was discussed with the manager who told us they were confident people were receiving sufficient to drink but acknowledged staff had failed to record this correctly. The manager told us this matter had been identified through the internal audit system but had not been addressed.

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

We saw when people were prescribed dietary supplements there were suitable arrangements in place to make sure they were given properly and recorded. Similarly, when people were prescribed thickening powders to add to their drinks there were clear instructions for staff to make sure they were used correctly. The care staff we spoke with knew how to use the thickening powders.

In most cases the thickening powders were kept in the kitchen where they were accessible to staff but not to people who used the service. However, we found some tins of thickening agents in an unlocked cupboard in the kitchenette which was open to people who used the service. This was discussed with the manager as there was risk that if taken accidentally the powder could lead to fatal airway obstruction. The manager made immediate arrangements for the thickening agent to be securely stored.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We observed people were offered a choice of cereals and/or cooked breakfast and people were offered drinks throughout the day. People told us they enjoyed the food and there was always plenty of choice.

We spoke with the cook and found they knew about people's dietary needs and preferences. They told they kept a list in the kitchen to make sure all the kitchen staff were aware of who needed special diets for example, soft, pureed or diabetic. At the time of the inspection none of the people living in the home had any other special dietary needs; however, they said they had in the past catered for people with gluten free diets. They told us people chose their main meal one day in advance but added they were always extra portions as people often changed their mind when they saw what other people were eating. They told us the head cook did lots of home baking and although they did not make their soup from scratch they always fortified the soup powders with fresh vegetables and/or cream.

People's care records showed they had access to a range of health care professionals which included GPs, district nurses, tissue viability nurse specialists, palliative care nurses, dieticians, speech and language therapists, opticians and chiropodists.

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.

At the last inspection we found one person who was at risk of being deprived of their liberty did not have a DoLS in place and no applications had been made to the authorising body. At this inspection the manager told us that seven people had an authorised DoLS in place and applications had made for another six people. We asked the manager if any conditions had been applied to peoples DoLS and they told us there were no conditions. However we looked through five people's DoLS paperwork in detail and found two people had conditions attached to their authorisations. Other authorisations were applied for and documented in the correct way. This was discussed with the manager who confirmed that this matter had not been highlighted through the internal audit system and assured us the matter would be addressed immediately.

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

We observed how staff interacted with people throughout the day. People were asked for their consent before support and care were being given. For example, staff asked a person in a wheel chair if they wanted to go through to the living room and they said, "Yes Please." Staff then removed the brakes and checked if they were ready to move, before pulling the wheel chair back away from the table. On another occasion we saw staff discreetly asked someone if they wanted to go to the toilet, this person refused. Staff respected this person's decision.

Care records contained information signed and documented by the people who used the service. For example we saw consent forms for photography, sharing of information, advanced decisions and Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR). This showed us people were asked for their consent to care and treatment.

At the last inspection the registered provider was unable to demonstrate the staff team had received the training and support required to meet people's needs. At this inspection we found that although the manager had only been in post a few months they had carried out a training audit and identified the training needs of individual staff members and the staff team as a whole. The training matrix showed there were still gaps in some people's mandatory training however there was a training plan for in place for 2016 to address this matter.

The manager told us all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to work unsupervised. The staff we spoke with told us the training they received was good and provided them with the skills and knowledge they required to carry out their roles effectively and in people's best interest.

One staff member we spoke with was very enthusiastic about a 12 month dementia training course they had recently completed and was keen to introduce new ideas into the home to improve the service provided, especially for people living with dementia .

The manager told us they were in the process of changing the way formal one to one supervision meetings and staff appraisals were carried out to make sure they provided staff with the support they required and identified their training and personal development needs. The manager confirmed the fifteen Care Certificate standards were to be integrated into the training and supervision staff received to ensure they followed good practice guidelines. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Is the service caring?

Our findings

People told us staff were caring and they were well looked after. One person said, "I could not ask for better care and the staff are lovely." Another person said, "Everything is fine we all get along nicely." A third person said, "I like living here I enjoy the company." The relatives we spoke with informed us they felt their relative was happy living at the home and they were always kept informed of any significant changes in their general health or well-being.

The staff we spoke with were clear in their understanding of protecting people's rights to privacy and informed us they always knocked and sought permission before entering a person's room. Staff also informed us they ensured doors were closed when providing personal care. For example, we saw staff encouraged one person to go to their room to change their clothing after breakfast because they had spilled food down their top. The person wanted to change their top in the lounge. We saw staff gently but firmly explained this was not appropriate and persuaded the person to change in the privacy of their own bedroom. This demonstrated to us staff were conscious of maintaining people's privacy and dignity.

We saw people appeared relaxed and confident in the presence of staff and the staff were able to communicate well with people. For example, where people had limited levels of verbal communication it was evident the staff understood their needs and responded accordingly.

We saw staff had a good understanding of people's needs and preferences. For example, one person asked a staff member for toast at breakfast. They explained they could not have toast because they had difficulty swallowing but offered a range of alternatives none of which the person wanted. The staff member then told the person they would surprise them and returned with scrambled egg which the person enjoyed. We looked at the person's care plan and found they did have swallowing difficulties and the staff member had taken the appropriate action.

People looked well cared for and the relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. One relative described the staff as, "Very good". Another relative stated, "The staff are very pleasant and caring and this has made it so much easier for my mother to settle."

We heard staff clearly explaining and asking permission before they assisted people. Care records included information about how people could be involved in making decisions. Relatives informed us they felt people had choice and were treated with dignity and respect. One relative informed us staff always tried to involve people in decision making processes.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Relatives told us they were able to visit when they wanted to and the only time visiting had been restricted was when the home had an outbreak of the winter virus.

End of life care plans had been prepared with input from people and their families. Relatives informed us they had been involved and felt they were listened to when they had made any suggestions.

Is the service responsive?

Our findings

We saw changes to people's needs were identified and were reviewed with the involvement of other health and social care professionals if required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding appropriately to people's care and support needs. The manager confirmed that staff also read and completed the daily notes for each person. The daily notes we looked at were detailed and contained information such as what activities people had engaged in, their nutritional intake and their general well-being so that the staff working the next shift were well informed.

The manager told us they were in the process of implementing a new care planning system which would ensure the care plans were more person centred. We looked at seven people's care records in detail. Three people's care record was written in a person centred way on the new documentation. Records were detailed with specific information about the person. This meant people could be supported in a way that suited them. Care records and other documentation were signed by the person and/or their relative which showed us they were involved in the planning of their care. We saw care records in place for maintaining a safe environment, communication, personal care, mobility, elimination, eating and drinking, sexuality, pressure sores and body temperature amongst other areas.

People's care records also contained a 'Getting to know me' document. This document is widely used in other areas of the Health and Social Care sector. This provides staff with a life history about this person, their family, place of birth, pets, and occupation among other areas. This also lists people's likes and dislikes and how they prefer to receive their care.

However, we saw some care plans had still not been reviewed and transferred onto the new documentation. For example, two care plans we looked at had initially been written in 2012 and 2014 and although there was a monthly review sheet in place it was difficult to establish if the care plans provided accurate and up to date information. We spoke with the manager about this and they told us they had already identified the problem through the internal audit system and the introduction of the care planning system would address this matter. They also told us that approximately 50% of all care plans had been transferred to the new system and the remainder would be transferred in the near future.

We observed staff supporting and responding to people's needs appropriately throughout the day. The people we spoke with indicated that they were happy living at the home and with the staff that supported them. Throughout the inspection, we observed positive interactions between people and staff. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable. The relatives we spoke were complimentary about how the staff responded to people's changing needs and provided care and support.

The manager told us they were aware more needed to be done to provide people with a stimulating environment and a range of meaningful activities. They said they had appointed an activities organiser but they had not started work as the background checks had not been completed.

Our observations on the day of inspection indicated very little stimulation for people in terms of activities. We overheard comments made by people, for example, "I'm bored" and, "Can we go outside, there's nothing else to do." People told us there had been more going on in the past but very little happened now. Some people were aware that the home was trying to recruit an activities person and were hopeful things would improve.

We asked staff what people could do and they told us activities were very quiet at the moment but when they had a chance they would ask the ladies if they wanted their nails doing and the hairdresser visited on regular basis. We saw there was an activities file which documented recent activities people had participated in. We noted seven activities during the course of April and one up to 24 May 2016 when the inspection took place. Activities included an entertainer, nail care, bingo, exercise and reminiscing in the court yard.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. We looked at the complaints received since the last inspection and saw they had been dealt with correctly and within the timescales set out in the complaints procedure. The people who were able told us they had no complaints about the service but knew who they should complain to.

Is the service well-led?

Our findings

We saw since the last inspection in August 2015 a new manager had been appointed and had started the registration process. The staff we spoke with told us the manager was very approachable and had started to implement changes which would improve the quality of the service provided. The staff also told us the manager operated an open door policy and they could contact them at any times if they had any concerns.

At the last inspection we found the registered provider did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks.

On this inspection we found improvements had been made and there was evidence that the new manager had started to introduce a rolling programme of meaningful audits which should ensure a reflective and quality approach to care. Audits carried out included medicines, care plans, accidents and incidents, staff training and infection control. We saw the manager also checked the staff personnel files and supervision schedules on a routine basis to make sure they provided accurate and up to date information.

However, although we found the majority of shortfalls in the service identified in the body of this report had already been identified through the quality assurance monitoring system, action had not always been taken to address matters. This raised concerns about the effectiveness of the quality assurance monitoring process.

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

This was discussed with the manager who told us the systems were robust but because they had only been in post since 01 March 2016 they had been unable to action all the concerns highlighted in the last inspection report or through the internal audit system. They confirmed prompt action would now be taken to address any outstanding issues.

The manager told us that they wanted to create a culture within the home that encouraged and enabled both staff and people who used the service to raise concerns and ideas for improving the service.

Throughout our inspection we observed the manager interacted with staff, relatives and people who lived at the home in a professional manner and had a visible presence throughout the day of inspection. They told us that they were trying to develop staff's roles so that they could provide more support to each other. For example, they were developing lead roles for some care staff and designating more experienced staff to mentor new starters.

We found the manager was open and transparent with the inspectors about where they recognised improvements were still required and had a clear vision about how they wanted the service to develop in the future.

We saw "residents" meetings were planned in advance and held on a three monthly basis. We saw a list of future dates of planned meetings on notice boards for people to access. The previous meeting minutes were also on the noticeboard for people who could not attend the meeting to read, or be supported in reading them. Meeting minutes covered information about the environment, any changes that may affect the service and facilities provided and reflected people's feedback from the meeting.

The majority of people we spoke with were aware a new manager had been appointed and told us they thought they were approachable and things had recently become better organised. One person said, "I see [name of manager] nearly every day and they seem to be doing a good job."

We saw staff meetings were also planned in advance for all staff to have the opportunity to attend the meetings. Staff meetings discussed issues in the service, including the change in management, previous CQC inspections and actions to be completed as a result of the last inspection report. Staff feedback was recorded in the meeting minutes with replies from management. The staff we spoke with told us the meetings were important to share information from the home and focus their efforts in certain areas.

The manager told us the service sent out annual survey questionnaires to people who used the service and their relatives to seek their views and opinions of the care and support they received. The manager confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made.

We looked at the results of the last survey carried out in September 2015 and found the majority of the eighteen people who had returned questionnaires were happy with the care and facilities provided. However, ten people felt they did not have the opportunity to see the Directors of the home when they visited. The manager confirmed that a Director from the company visited the service on a regular basis. They told us they would discuss this matter with them and see if this could become an established part of the quality assurance monitoring system.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The registered person did not have suitable arrangements in place to ensure people received person centred care to meet their needs and reflect their preferences.
Treatment of disease, disorder or injury	

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	The registered person did not have suitable arrangements in place to ensure where people had their liberty restricted in order to keep them safe any conditions applied had been met.
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 registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the service provided and to identify, assess and manage risk.
Treatment of disease, disorder or injury	