

The Hawthorns Lodge Limited

Moorlands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

We inspected Moorlands Nursing Home on 24 April and 10 May 2017. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the provider of our visit on 10 May 2017. When we last inspected the service in March 2015 we found that the provider was meeting the legal requirements in the areas that we looked at and rated the service as Good. At this inspection the provider was not meeting all the legal requirements and we rated the service as Requires Improvement.

The home had a registered manager. 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.

Moorlands Nursing Home provides nursing care and accommodation for up to 30 older people, some of whom are older people living with a dementia. The service also provides short term care (up to six weeks) for people who are unwell and are unable to manage at home. People can also be cared for on a short term basis for assessment and recovery on discharge from hospital to allow recuperation and reablement before they are able to return home safely. At the time of the inspection there were 26 people who used the service.

We looked at the arrangements in place for quality assurance and governance and found them to be ineffective as they did not identify the areas we highlighted as needing improvement during our inspection. The health and safety audit was a tick box and did not inform staff of the checks they should be making. The accident and incident audit only stated facts and did not identify any patterns or trends. The provider visited the service on a regular basis; however, they did not have effective systems in which to check the service was safe, effective, caring, responsive and well led. This meant systems and processes to identify where quality and / or safety were compromised.

Staff told us they felt well supported; however formal supervision sessions with staff were not taking place regularly.

Staff had received training in safeguarding, fire, health and safety, moving and handling, first aid and infection control. The council had responsibility to educate and train care home staff to support people with

their reablement, however, up until the time of the inspection this had not happened. The provider told us until this training had been provided they would not be providing reablement support and therapy to people who used the service.

The registered manager told us staff had received training on PEG feeding and evidence of staff competence in PEG feeding was submitted to us after the inspection. However, some care staff were responsible for taking the blood sugar of those people who were diabetic but there was no evidence to support that staff have received training or had their competency assessed in the taking of blood sugars.

The records of those people receiving short term care did not detail what support care staff needed to provide to people in between visits from physiotherapists and occupational therapists. For example support with moving and handling.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, choking, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe.

Checks of the building and maintenance systems were undertaken to ensure health and safety.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People told us staff treated them well and they were happy with the care and service they received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Safe recruitment and selection procedures were in place and appropriate checks had been undertaken before new staff started work. This included obtaining references from previous employers to show staff employed were safe to work with people.

Systems were in place for the management of medicines so that people received their medicines safely.

Staff had an understanding of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. However, people we spoke with during the inspection gave mixed reviews on the food provided.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People were treated with kindness and respect. The care staff knew the people they were supporting well and respected the choices they made about their care. The staff knew how people communicated and gave them support to make and express choices about their lives. People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service.

The registered provider had a system in place for responding to people's concerns and complaints. People

and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

People, staff and relatives spoke highly of the registered manager. They told us the registered manager was supportive and approachable.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version 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?

Good ●

The service was safe but some improvements were needed.

There were sufficient staff on duty to meet the needs of people who used the service. People told us they felt safe. Staff were aware of the different types of abuse and what would constitute poor practice. Safe recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Systems were in place for the management and administration of medicines. Some improvement was needed to make sure people prescribed medicine that staff administered as a patch was given at the correct time.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff told us they felt supported by the registered manager but they had not received regular supervision.

Staff had received training in safeguarding, fire, health and safety, moving and handling, first aid and infection control. The council had responsibility to train care home staff to support people with their reablement, however, this had not happened. Until this training had been provided staff at the service would not be providing reablement support and therapy to people who used the service.

The records of those people receiving short term care did not detail what support care staff needed to provide to people in between visits from physiotherapists and occupational therapists. People were supported to maintain good health and had access to healthcare professionals and services.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People told us that staff asked for their consent, and showed a good understanding about how they sought this.

We received mixed feedback on the food people received.

People were weighed on a regular basis and nutritional screening took place.

Is the service caring?

Good ●

This service was caring.

Staff knew people well and respected their privacy and dignity.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

People we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Requires Improvement ●

The service was not responsive.

Care plans for those people receiving recuperation and recovery were insufficiently detailed with the care, support and reablement needed. Care plans were not evaluated to show any deterioration or improvement made.

People were involved in a range of activities and outings.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Effective auditing by the registered provider was not taking place.

People and staff were supported by the registered manager and felt able to have open and transparent discussions with them.

The registered manager had regular meetings with staff. Staff confirmed they were encouraged to share their views.

Moorlands 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 checked 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.

We inspected Moorlands Nursing Home on 24 April and 10 May 2017. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the provider of our visit on 10 May 2017.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We had not asked the registered 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.

We sat in communal areas and observed how staff interacted with people. We spoke with 11 people who used the service and three relatives. We looked at communal areas of the home and some bedrooms.

We spoke with the registered manager, provider, deputy manager, clinical lead, activity co-ordinator, deputy manager, a physiotherapist (who is based at a separate care service) and two care staff. We contacted Redcar & Cleveland local authority safeguarding and contracts and commissioning teams and other visiting professionals to seek their views on the service provided.

During the inspection we reviewed a range of records. This included five people's care records, including

care planning documentation and medicine records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.



Our findings

Through our observations and discussions with people, relatives and staff members, we found there were enough staff to meet the needs of people who used the service. The registered manager told us during the day there was a nurse, a senior care assistant and five care assistants. Overnight there was a nurse and two care assistants. In addition there was a clinical lead who worked 36 hours a week and the registered manager who was supernumerary and worked 40 hours a week Monday to Friday. We asked people who used the service and relatives if there were enough staff on duty to meet their needs. One person said, "Sometimes you get the impression they have a busy job, but I think there is enough staff." Another person said, "They come straight away when I use the call bell."

Although there were sufficient staff on duty we found that staff responsibilities were blurred in terms of which staff were to support those people who had been admitted to the service for short term care and rehabilitation. We pointed this out to representatives of Redcar & Cleveland Borough Council who contracted with the provider for 10 beds for short term care for people who were unwell and people who need assessment and recovery on discharge from hospital. We also pointed this out to the registered manager and provider who assured us that this was not impacting on the support people needed.

After our inspection we were informed by the registered manager that they were to meet with representatives of Redcar & Cleveland Borough Council to discuss the areas we had identified as needing improvement. The registered manager told us they had identified a lead person within the service who was the deputy manager and who would take responsibility for the 10 beds for short term care.

We asked people who used the service if they felt safe and what made them feel safe. One person said, "I feel safe, staff are good, they look after you." Another person said, "They keep checking on me to make sure I'm alright." One relative told us that staff "Look after [person who used the service], when [person who used the service] is a bit dodderly they make sure [person who used the service] doesn't fall." Another relative said, "I feel [person who used the service] is safe, there are nurses here, the staff are very nice, and give a cuddle if required." A staff member we spoke with said, "I love it here we [staff] endeavour to make all feel safe."

Policies and procedures for safeguarding and whistleblowing were accessible for staff which provided guidance on how to report concerns. Staff had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised. Staff told us that they had received safeguarding training at induction and then every two years after that. Records were available

to confirm that staff were up to date with their safeguarding training. A staff member we spoke with said, "We do safeguarding training and refreshers."

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and adults.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risks covered areas such as falls, choking, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We did note that some people who used the service had bed rails, but the risk assessment for this did not clearly identify what the risk to people were. We pointed this out to the registered manager who told us they would review bed rails.

We looked at records to confirm that checks of the building and equipment were carried out to ensure health and safety. We saw that the portable appliance testing (PAT) had been checked. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on gas safety, fire extinguishers emergency lighting and the fire alarm.

Personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure a person's safe evacuation from the premises in the event of an emergency.

The fire authority visited the service on 3 May 2017 and identified two areas requiring attention. The fire authority asked that the registered manager organise a fire drill to include evacuation to ensure that this task could be undertaken within two and a half minutes. They also pointed out that the cold smoke seals on a number of fire doors needed replacement. We checked with the registered manager after the inspection to make sure areas needing improvement had been addressed. They confirmed the fire drill had taken place and cold smoke seals had been ordered and delivered and were to be fitted.

Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Each month the nurse completed a stock check of medicines and ordered what was needed for each person for the month ahead. Staff told us that medicines were delivered to the service by the pharmacy usually about three to four days before their current supply of medicines ran out. Medicines were checked in by the nurse to make sure they were correct. The nurse told us by having the medicines delivered early this ensured continuity of supply and enabled them to rectify any incorrect prescriptions. Records of ordering and disposal of medicines were kept in an appropriate manner.

We looked at the current medicines administration record for one person prescribed a medicine with a variable dose, depending on regular blood tests. Written confirmation of the current dose was kept with the person's medicines administration record (MAR) sheet. Care staff were able to check the correct dose to give. Staff had recorded that this medicine had been given correctly. Arrangements were in place for the safe administration of this medicine. However, we did note that one person who was prescribed a medicine that staff administered as a patch every 72 hours was not consistently given at the correct times. We pointed this

out to the registered manager who took immediate action to address this.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily of the medicine room to ensure that medicines were stored within the recommended temperature ranges. However, medicines were also stored in locked trolleys (fixed to a wall) in the dining area and a record of the dining room temperature was not recorded. We pointed this out to the clinical lead and registered manager who told us they would take action to address this immediately.



Our findings

The registered manager had a supervision matrix that documented that only 22 out of 48 staff had received supervision in 2017. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they felt well supported and spoke with senior staff and the registered manager on a regular basis. The registered manager confirmed that they and nurses regularly supported staff, however when they came into post in August 2016 they had identified a number of areas requiring improvement. They told us they had needed to prioritise areas identified as needing improvement hence the delay in supervisions.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18.

Staff told us they had received induction training and shadowed other more experienced staff when they were first recruited and only began working with people unsupervised when they were confident and the registered manager felt they were competent. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding, fire, health and safety, moving and handling, first aid and infection control. Any gaps in training had been identified by the management team and refresher training had been arranged. Staff complimented the training they received. One staff member said, "Our training is very good quality. We always seem to be doing something to keep us updated."

The standard operating procedure from the council advised that they would educate and train care home staff to support people with their reablement, however, up until the time of the inspection this had not happened. The provider told us until this training had been provided they would not be providing reablement support and therapy to people who used the service. This meant reablement support would only be provided to people who used the service when therapy staff attended.

Some people who used the service were unable to maintain adequate nutrition orally and as such had a PEG tube (Percutaneous Endoscopic Gastrostomy). This is a way of introducing foods and fluids directly into the stomach. The registered manager told us some care staff had been trained to perform this task. Records to confirm this were sent to us after the inspection. Some staff were also responsible for taking blood sugar levels for those people who were diabetic; however records of training or competency were not available.

The service provided short term care (up to six weeks) for those people who had been unwell and were unable to manage independently at home and for those people who need recuperation on discharge from

hospital. As part of this support, physiotherapists, occupational therapists and therapy assistants visited the service and provided guidance and support to help people to regain their independence. However, care records did not detail what support care staff needed to provide to people in between these visits. For example support with moving and handling.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "They [staff] look after me very well. I can't fault them at all." A visiting professional we contacted by email wrote and told us, 'In recent visits I have found the service to be generally good. Staff are pleasant, helpful and answer any queries as quickly as possible. Records are usually of a good standard and any concerns seem to be addressed by the clinical lead or manager as requested.'

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 time of the inspection nine people were subject to DoLS authorisations with a further one person awaiting authorisation. People subject to DoLS had this clearly recorded in their care records and the service maintained an audit of people subject to a DoLS so they knew when they were due to expire.

In care records we saw that mental capacity assessments were available. Evidence of best interest decisions were recorded within the plan of care for areas such as medicines, care and treatment and finance. All best interest decisions surrounding people's care and needs involved staff, family and other professionals.

We looked at the menu plan. The menus provided a varied selection of meals and choice. Staff told us they supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We observed the lunch time of people who used the service. We saw that lunchtime was a sociable event with staff and people who used the service interacting with each other. Staff helped those people who needed to cut up their food. We saw some people enjoying a lager or a beer with their meal.

We received mixed comments from people when we asked about the food provided. One person said, "The chips are nice." Another person said, "The food is alright." Another person said, "Basic but nice, tasty and home cooked." Another person said, "Food not great could improve." A relative said, "[Person who used the service] says they can't cook meat, the food is mush, either corned beef or sausages, and [person] is picky."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed that when people had lost weight they had been referred to the dietician.

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician and their doctor. Staff told us they had good relationships with the doctors who visited people. Staff told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to do so. Relatives told us staff acted

quickly when people became unwell and kept them up to date with the outcome of any doctor or hospital visits.



Our findings

People who used the service and relatives praised the care and staff at the service. One person said, "They [staff] are very good, very respectful, they seem to be there when you want them." Another person said, "Yes they are very respectful." Another person said, "The staff are caring, it's the best place, I've been to." A relative said, "From what I've seen you can't fault the staff, they are always cheerful, they always offer me tea or coffee when I visit." Another relative said, "They [staff] have empathy, they talk to the patients as if they were their own."

Staff were very welcoming and the atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. Staff were able to understand the needs of those people who had limited communication. For example, one person had no verbal communication. Staff were skilled at being able to communicate with the person and anticipate their needs. We spoke with this person during our inspection. They gave us a thumbs up when we asked whether staff caring and respectful. The person communicated that staff protected their dignity. During our visit we observed a care staff member who had an excellent rapport with this person. It was evident that this person enjoyed the care staff members company as they laughed and joked together. This staff member then communicated effectively with the person to determine they wanted to have a rest on their bed.

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Throughout the day we saw staff interacting with people in a very caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. On other occasions we staff members reassuringly touched people's hands in a show of support and reassurance.

Staff interacted well with people and provided them with encouragement to be independent. We saw staff encourage people to be independent with their walking. Staff provided people with their walking aids and patiently walked next to them and gave praise for their achievements.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of people receiving their visitors in private if they wanted to and when their doctor visited for people to go to their room so that they could be seen in private. People and relatives told us that staff always showed respect. One person said, "They [staff] make me feel very much at ease when

they help to bath me." This showed that the staff team was committed to delivering a service that had compassion and respect for people.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. Relatives told us they were made to feel welcome and encouraged to visit at any time.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process to follow should an advocate be needed.



Our findings

Before admission to the service a pre-admission assessment was completed to determine whether the service would be able to meet people's needs. For those people requiring personal care and nursing care this pre admission assessment would focus on the individual needs of the person and the information was then used to develop person-centred care plans outlining the care and support people required. For those people to be accommodated in the short term recovery beds this pre-admission assessment focussed how to support the person with their recuperation and if possible to enable the person to regain independence to go home.

We looked at the care records of two people who were receiving short term care and support. Care plans were insufficiently detailed with the care, support and reablement people were to receive or achieve during their stay at the service. We looked at the care records of one person who needed assessment and support with transferring from bed to their chair and from their chair to their bed. There wasn't a plan of care which detailed what the person could do for themselves and how to support the person. The same person needed to exercise to strengthen their limbs and other than an exercise sheet there was no information available to confirm if they needed staff to support with this. Staff told us the physiotherapist visited the person to work with them to aid their mobility, but it was unclear what staff should be doing in the interim. Staff were not evaluating if the person was making any progress or deteriorating during their stay.

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

During the inspection we spoke with the registered manager and therapy staff about our concerns regarding lack of assessments and care records. The physiotherapist and registered manager told us they would get together and immediately work on developing detailed plans of care for people. After the inspection the registered manager sent us a sample of care plans for people who received short term care. These care plans were detailed and clearly focussed on the assessed recuperation and recovery needs of the person. The registered manager told us this was work in progress and they were to meet with the contracts and commissioning team, other representatives of the local authority, therapy staff and staff at the home to continue to work to improve the standard of care planning within the service.

During our visit we also reviewed the care records of three people who required personal and/or nursing care. We saw people's needs had been individually assessed and plans of care drawn up. The care plans included people's personal preferences, likes and dislikes. We saw that care plans were reviewed monthly

along with the necessary risk assessments. We saw that staff had updated care plans as people's needs changed. We did note that some care plans for those people who used a syringe driver to manage their pain relief and who needed catheter care contained limited detail. This was pointed out to the registered manager at the time of the inspection who told us they would take immediate action to address this.

People and relatives confirmed that staff were responsive to their needs. One person said, "They staff] are always there to listen if you need or want something." Another person said, "All the care staff and nurses are very good."

During the inspection we spoke with staff who were knowledgeable about the care that people received. One staff member said, "This is a lovely place to work the residents and staff are like one big happy family." Another staff member told us they were undertaking One Page Profiles on people who used the service. This is a short introduction to a person, which captures key information on a single page, which gives family, friends or staff an understanding of the person and how best to support them.

The service employed an activity co-ordinator to work 20 hours a week to arrange activities and outings for people who used the service. We were told that activities such as chair exercises arts and crafts, quizzes, singing, soft ball and bingo took place on a daily basis. We were told that the service celebrated each person's birthday and there were social events and activities organised at different times during the year such as Easter, Halloween and Christmas. The activity co-ordinator was relatively new in post and presented as passionate at making activities as enjoyable as possible. A relative we spoke with during the inspection complimented the activity co-ordinator. They said, "[activity co-ordinator] goes above and beyond, [activity co-ordinator] includes everyone."

The registered manager and staff were able to explain what to do if they received a complaint. We were shown a copy of the complaints procedure, which gave people timescales for action and who to contact. We looked at the complaints log and saw that the registered manager and staff recorded all concerns and complaints made by people and relatives. People told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation. One person said, "We have a catch up meeting informally. We sit down and talk, the staff keep me informed, I couldn't be happier about this home."



Our findings

The inspection of this service identified that auditing undertaken by the registered manager and provider was ineffective as it did not pick up on the areas we identified as needing improvement. We saw records to confirm that medicine systems were audited, however these audits did not pick up on the concern that we found during the inspection. For example we identified one person's pain was managed by a patch which was to be applied every 72 hours. We noted from records that this patch was not consistently applied at the correct times. We found care records for those people receiving short term care were insufficiently detailed and in addition they were not evaluated. We found supervision was not taking place on a regular basis. We were sent a document after the inspection dated February 2017 in which the registered manager identifies supervision to be out of date, however at the time of the inspection little action had been taken to address this.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents; however this analysis just stated the facts. Accidents and incidents audits did not look for any patterns or trends and put measures put in place to avoid re-occurrence.

The health and safety audit was a tick box. It did not clearly describe the checks that needed to be made to ensure people and systems were safe.

We asked the registered manager how they obtained the views of people who were accommodated on a short term basis for recuperation and recovery. We were told there were no systems in place in which to seek the views of people. The registered manager and provider told us they were working with the local authority in order to get systems in place to ensure the effective management of the short term recovery beds and to have clear guidelines with responsibilities.

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

The home had a registered manager who had worked at the service for many years. They had been appointed as manager in August 2016 and then became the registered manager in May 2017. Staff, people and relatives told us the culture in the home was good and the registered manager was approachable. One person who used the service said, "Name of registered manager is a really lovely person." A relative we spoke with said the registered manager "Couldn't be more approachable."

Staff told us they felt they could approach the registered manager with anything as they were so encouraging and supportive. One staff member said, "This is a very positive environment to work in [Name of registered manager] is very open and really listens to what you are saying." Another staff member said, "I think [registered manager] is kind and courteous. [Registered manager] has so much time for residents and staff. I do think this home is very well run."

The registered manager told us they had an open door policy in which people who used the service, relatives and staff could approach them at any time. People and staff confirmed this.

The registered manager told us since coming into post in August 2016 they had identified numerous areas that required improvement and development and they had prioritised working through methodically. They told us they had an action plan of work needed and had made significant progress with this.

We saw records to confirm that staff meetings with all grades had taken place on a regular basis. Staff told us these meetings were well attended and that they were encouraged to share their views and speak up.

Observations of interactions between the registered manager and staff showed they were open, positive, respectful and supportive. Staff told us that they were a visible presence in the home and that the registered manager provided them with support and encouragement in their daily work. During the inspection we saw that the registered manager spent time with people who used the service. The registered manager effectively engaged with people to make sure their needs were met.

Daily handovers were used to keep staff informed of the health and well-being of people using the service. Senior staff attended a 'flash meeting' on a morning. The registered manager told us this is where all senior staff meet for a quick five to ten minutes to share any concerns and if needed support each other.

The registered manager told us meetings took place with people who used the service and relatives to keep people informed and to encourage people to share their views and ideas. The registered manager told us they spoke with people and relatives on a daily basis.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.

Surveys were sent out to relatives, staff and visiting professionals to seek their views in October 2016. We were shown a summary of the responses, which showed everyone was mostly happy with the service provided.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Some care staff were responsible for taking the blood sugar of those people who were diabetic, but there was no evidence to support that staff had received training or had their competency assessed in the taking of blood sugars.
Treatment of disease, disorder or injury	Care plans for those people receiving recovery and reablement were insufficiently detailed with the care, support and reablement they needed or were to achieve during their stay at the service. In addition these care records were not evaluated to show any deterioration or improvement made.
	The registered provider did not follow effective auditing systems and processes. The health and safety audit was a tick box and did not identify the actual checks that staff needed to make. The medicine audit was ineffective. Accident and incident audits did not look for any patterns or trends.
	The provider did not have a system in place to seek the views of those people receiving short term care.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not received periodic supervision in their role.