Bupa Care Homes (BNH) Limited

Puttenham Hill House Care Home

Inspection report

Puttenham
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Tel: 01483810628

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on the 20 September 2017. Puttenham Hill House provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 30 people. At the time of our inspection 22 people were living at the service.

There was a registered manager in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.
We undertook this inspection to check that actions had been taken in relation breaches around the lack of staff. We found that this had been addressed.

Records at the service were not always kept up and date, accurate and there was a risk that staff may not provide the most appropriate care. Records were not always being completed when needed. Staff were not always being monitored to ensure they were undertaking the work they needed to do.

People told us that they felt safe with staff. Relatives felt their family members were safe at the service.

On the day of the inspection we found that medicines were not always stored appropriately. The medicine room was cluttered and untidy. After the inspection we were contacted by the registered to confirm that this had been addressed. We also found that people's evacuation plans were not always accurate. We have made recommendations around these matters.

There were aspects to people's medicines that were being managed in a safe way. People told us that they had access to medicine when they needed.

There appropriate numbers of staff to meet the needs of people. We did ask the registered manager to ensure that staff did not leave the top floor as this left people at risk; They assured us that this would be addressed. Staff underwent robust recruitment checks before they started work to ensure that they were safe to work with people.

When clinical risks and risks to people's mobility were identified appropriate management plans were developed to reduce the likelihood of incidents occurring.

Staff understood what they needed to do to help keep people safe. There were systems in place to ensure that people were protected from the risk of abuse. Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring.

People confirmed that staff asked their consent before care was delivered. Staff had received training

around the Mental Capacity Act (MCA) 2005 and how they needed to put it into practice. DoLS applications had been completed and submitted in line with current legislation to the local authority for people living at the home. For example, in relation to bed rails.

Staff had the appropriate training and were sufficiently skilled to carry out their role. Staff had received appropriate support that promoted their professional development.

People told us that they liked the food at the service. People's health and nutritional needs were monitored. People had access to health care professionals when they needed.

People and relatives told us that staff were caring and respectful towards them and these were our observations. People were involved in their care planning and made choices around their care delivery. Visitors were able to visit the service when they wanted. People were supported at the end of their lives with the appropriate care.

People care plans showed detailed guidance for staff. They were reviewed on a monthly basis or more frequently when required. Staff communicated people's changing needs effectively.

There were sufficient activities for people to get involved in including those that were cared for in their rooms.

Complaints and concerns were reviewed and used as an opportunity to improve the service. Compliments were received at the service and these were shared with staff.

The registered manager and the senior management team responded well to any areas that we felt required improvement on the day of the inspection. Other quality assurance systems were in place to monitor the quality of care being delivered and the running of the service.

People, relatives and staff were complimentary about how the service was managed. Staff told us that they felt supported, valued and listened to.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events.

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 consistently safe.

Medicines were not always stored and disposed of safely. However the administration of medicines was safe.

People's evacuation plans were not always accurate. Staff however understood what do to in the event of an emergency.

There were sufficient staff at the service to support people's needs. However we did find that staff were not always deployed in an appropriate way which left people at risk.

People had risk assessments based on their individual care and support needs.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance with their needs.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of people's health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were

arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People who were at the end of the life received appropriate care.

People's privacy were respected and promoted.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities and people were protected from social isolation. There were a range of activities available within the home.

People were encouraged to voice their concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records were not always accurate and completed in a timely way. Staff were not always effectively monitored.

However the provider had other systems in place to regularly assess and
monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

The management and leadership of the service were described as good and very supportive. Records were kept securely.

Appropriate notifications were sent to the CQC.

Puttenham Hill House Care 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 was an unannounced inspection which took place on the 20 September 2017. The inspection team consisted of one inspector, an expert by experience in care for older people (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of service) and a nurse specialist.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information on the 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 also reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager, the provider's area quality manager, the provider's regional director, seven people, four relatives, seven members of staff and one health care professional. We looked at a sample of six care records of people who used the service, medicine administration records and supervision and recruitment records for staff. After the inspection we looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 25 August 2016 where a breach was identified in staffing levels. Recommendations were also made in relation to staff supervisions.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff at the service to meet people's needs. The provider sent in an action plan to show the improvements that they were making. We found on this inspection that the staffing levels had improved although we did make recommendations on the day of this inspection in relation to how staff were deployed.

There were sufficient staff to meet people's needs throughout the inspection. However, we did see occasions where staff left the top floor to call upon the assistance of other staff which left people vulnerable. Before we left the service the registered manager told us that they had ensured that staff were spoken to about this. They advised that staff on the top floor had now been provided with a radio so that they could call down to staff if they needed assistance. Staffing levels were reviewed regularly by the registered manager based on the amount of people that had been admitted and their needs. One member of staff told us, "I feel there are enough staff with the amount of residents we have." Another told us, "I feel there are enough staff. When people use their call bells they get answered quickly." Whilst we were at the service we assisted a person to use their call bell as they required personal call and this was responded to quickly by staff.

Staff absence was covered by agency staff. The registered manager told us that there needed to be five care staff on duty in the morning with one nurse on duty during all shifts. In addition to this nurses were given days to catch up with their paperwork whilst another nurse worked on shift. We saw from the rotas that that the staffing levels were always met.

We asked people if they felt safe and their responses were positive. One person said, "Yes, I like it here, because it's like my home." Another person said, "I haven't received any threat like someone will hurt me." A third told us, "It's like living at home actually and a fourth told us, "I like it here, am well looked after."

People's medicines were not always stored safely. The medicine room was dirty and untidy. The two medicine trolleys were not attached to the wall because of a lack of room. Two staff had stored their bags and clothes in the clinical room. One staff's bag was placed on top of the box for the disposal for unwanted drugs. The box was so full that it could not be secured. There was also tablets on top of the disposal box which could have been accessed by people. The labels from the disposed unwanted medicines was also still on the packets which was a breach of confidentiality. One member of staff told us, "The labels should not be there, they should have been removed."

The medicine trolleys were blocking the way to the sink and the bins that staff needed to use. Documents and leaflets were also scattered around the room. We raised this with staff and by the end of the inspection the clinic room was tidier, the sink and the bins were accessible. The registered manager provided us with evidence after the inspection of improvements that had taken place. The medicines trolleys were being stored elsewhere, medicines for disposal were more appropriately stored and the medicine room had been cleaned.

The plans in place in the event of an emergency were not always accurate. In the event of an emergency such as a fire there were personal evacuations plans detailing the support people needed. However when we reviewed the file there was information about people that were no longer at the service and the rooms details for people was not always correct. This meant that the emergency services may be provided with incorrect information about who required support in the event of an emergency. We raised this with the registered manager who advised us that this had been corrected after the inspection. Staff understood what they needed to do to help keep people safe. There was a service contingency plan so that in the event of an emergency such as a fire or flood people could be evacuated to neighbouring BUPA services.

We recommend in order to keep people safe that medicines storage and disposal follows best practice and that information relating to people in the event of an evacuation is accurate.

There were aspects to people's medicines that were being managed in a safe way. There were PRN protocols for people who required medicine 'as needed'. Records showed that these were reviewed regularly by the GP. Medicines requiring storage in the fridge was stored appropriately. Records showed that staff recorded the temperature of the fridge and the clinical room daily. People with end of life care had the required medicines prescribed. These were available to the people and were regularly reviewed by the GP. The recording sheet showed that the person was offered pain relief regularly to manage their pain. Medicine audits were completed daily, weekly and monthly and any gaps were addressed with staff. People were happy with the way their medicines were being managed.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for. One member of staff confirmed they were asked for two references, the background check and paperwork to prove their address and that they could work in the country.

During the inspection we observed equipment being used to help support people to keep them safe for example hoists, wheelchairs, walking sticks and walking frames. People's walking aids were always in reach for them. Equipment was serviced frequently to ensure their safety. There were bed rails risk assessment in place for people where needed. These were fitted with bumpers to protect people from the risk of entrapment. One staff told us that when the bedrails were not in use they either remove the bed rails or immobilise them so that other people can operate them.

People's clinical risks were identified and appropriate management plans were developed to reduce the likelihood of them occurring. People with ulcers were referred to the appropriate health care professional and their recommendations were incorporated in the care plans. Care of people with ulcers showed that they were nursed on pressure mattresses. Records showed that the mattresses were set according to the person's body weight and checked daily. There was record of the dates dressing were due to be changed in the clinic room which was up to date. Photographs of wounds were taken at regular monthly intervals. These showed improvement in the progress of the wound. People with the risk of malnutrition were assessed regularly and staff acted accordingly to what the person's risk was. For example, people that were at higher risk were weighed appropriately. People referred to the dietician and prescribed food supplements where needed.

People were protected because staff understood safeguarding adults procedures and what to do if they

suspected any type of abuse. One member of staff said, "If I saw anything I would go to (the registered manager). If nothing was done I would use the hot line (the internal whistleblowing contact number). They were able to tell us about the different types of abuse that could take place. Staff said that they knew about the whistleblowing policy and would have no hesitation in reporting concerns. There was a safeguarding adults policy and staff had received training in safeguarding people.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. One member of staff told us that when someone had an accident, "I would stay with the resident then call for help using the buzzers. I would then complete an accident form so that we have recorded what's happened." We followed up on recorded incidents and found that steps had been taken to reduce the risks to people. For example, one person spilled a hot drink on themselves. Action was taken to ensure that the person was given a more appropriate cup for them to hold to avoid spillages. Another person fell and actions were taken to provide them with a walking aid to reduce the risks of this happening again.

Good

Is the service effective?

Our findings

At our previous inspection in August 2016 we made recommendations around ensuring that staff had regular one to one supervisions with their manager. At this inspection we found that this had improved.

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "I have a meeting with my manager. It's useful to see where you are going with the work that you do." Another told us, "They are useful. I have goals set for the next six weeks. It helps me feel valued as they take on board what I say." We saw that supervisions and appraisals took place with staff on a regular basis.

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. All staff received the service mandatory training including moving and handling, infection control and health and safety. One member of staff told us, "There is lots of training here. There was a good induction. You learn new things with training. New techniques. Helps you work better and more efficiently." Another told us, "We have enough training. Training is good. I love it. They make it fun." Nurses were kept up date with the clinical training including wound care, catheter care, skin integrity, syringe driver and falls prevention. One relative told us, "My wife and I are very happy about the care of [name of the person]. He seems to be enjoying life again. He is in good spirit when we visit. The staff here are wonderful and take care of all his needs."

People told us that staff asked them for consent before delivering care. One person who required their blood sugar levels checked told us, "They (staff) say – please can I check your sugar? Or if it's something out of the ordinary they say – shall I do this for you?" We saw that staff obtained consent before carrying out any care for people that included personal care and before they were given medicines.

The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Staff had received training around Mental Capacity Act (MCA) 2005 and how they needed to put it into practice. The records showed that the service complied with the legal requirement of the MCA. Staff knew the key principles of the Act and talked about how they put these into practice. One member of staff told us, "You assume people have capacity and that they can make decisions. If you doubt their capacity then you would ask the nurse to do an assessment (of their capacity)." Care records included appropriate assessments of people's capacity to make decisions. Care plans explained how staff supported people to participate in making decisions. Records showed that the service ensured family members were involved when a 'best interest' decision was made on behalf of people who were assessed as lacking capacity to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required

to protect the person from harm. We noted that DoLS had been completed and submitted in line with current legislation to the local authority for people living at the home. For example, in relation to bed rails. Staff understood what it meant to deprive a person of their liberty and understood the need to assess a person's capacity first. One member of staff said, "If people can't make decisions we may have to make decisions for them in their best interest."

People told us that they liked the food at the service. Comments included, "The food is very good", "Very nice (food), I love it very much", "It's quite good quality, it helps me be healthy", and "Marvellous." Relatives comments included, "My dad likes the food, traditional fish and chips", "Very nice, very good (food)", "Very good" and "It's lovely and dad loves it."

We observed lunch being served in the dining room. The tables were tastefully set with cutlery, a serviette, juice and water. People were given a choice as to where they wanted to sit. One person told us, "I have a choice for main meal and even alternatives." Another told us, "They (staff) ask you what you want, we have a menu and you pick from there." A third told us, "You have a choice for two main courses." Drinks were offered, a choice between water, tea, coffee and juice (different flavours) and an alcoholic beverage if they wanted. The food was served by the chef who then passed it on to the staff via a window where staff received the food and presented it to each person. Those that required were supported to eat and we observed staff taking food to people who were in their room in a timely way. People chose want they wanted to eat prior to meal times however if they wanted something different there were other options for them. Those on a redistricted diet for example, a soft diet were also given choices.

The chef told us that when people first moved in they would be given information about their dietary needs. Within a couple of days of the person moving in they had a one to one conversation with the person to talk about their requirements, likes and dislikes. Any changes to people's requirements were notified to the chef by the nurses. 'Nite bites' were available for people who wished to have a snack at night and the kitchen was always open so staff could make snacks for people. The chef asked people to feedback each day in a book in the dining room. The comments were positive and included, 'It was very nice', 'It was delicious', Very succulent meat' and 'Very nice. Enjoyed the fish and chips.'

For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was
sought from the relevant health care professional. Where people needed to have their food and fluid recorded this was being done. One member of staff said, "Make sure people have enough to eat. Prompt people where needed and inform the nurse if someone is not eating their meals. If necessary we will start to record what they are eating and drinking and weigh people more regularly."

People told us that they had access to health care professionals when they needed them. One person said, "Once a month I have a visit from the chiropodist." Relatives told us, "The doctor will always be available" and "If I had a concern, I would approach the nurse and they would follow up." People's care records showed relevant health and social care professionals were involved with people's care including the GP, dietician, speech and language therapist and tissue viability nurse. Staff were following guidance provided by the health care professionals. One member of staff told us, "If someone starts to look unwell we involve the nurse straight away." People were referred to appropriate health care professionals in a timely manner. One health care professional told us that they had, "Excellent communication" with the staff.

Good

Is the service caring?

Our findings

People told us that they thought the staff were caring. Comments included, "They are very nice because of the way they behave", "They are very helpful and caring, they keep me going", "They ask you what you want all the time and they are always here to talk to me" and (referencing a particular member of staff), "He always comes back, he is very good." Relatives also felt that staff were caring. One relative said, "Wonderful, amazing (staff). They go above and beyond. The day Dad passed away; staff took a flower and put it on him which was my mum's name." Another relative said, "Everyone is so helpful and friendly." A third said, "The carers. I know and trust them, they are a good team."

People were cared for by staff who were kind and attentive to people's needs. When staff entered people's room they greeted them in a cheerful manner. One person thanked a member of staff who had handed them a drink and the member of staff responded, "No worries at all [person's name]." We asked staff how they would show people that they care. One told us. "By talking to them. Ask if they are okay and always watching out for them." We observed this practice through the day. We saw an occasion where a member of staff went into a person's room and said, "How are you feeling this morning? We are off to Istanbul (referring to the themed event that was taking place in the service). Are you ready? Do you like Turkish Delight?" The person replied that they did and the member of staff said, "Oh good, marvellous. See you soon then."

People were cared for by staff who spoke with them in a respectful manner and treated them with dignity. People told us that staff called them by their preferred name. One said, "Staff call me by my first name, they treat me with very great respect." People said that when staff approached their room they would always knock first before entering. One said, "They always knock." We saw evidence of this happening during the inspection. When people received personal care staff always ensured the person's doors was closed to protect their dignity. We asked staff how they would ensure that they treated people with respect. One told us, "I don't treat people like they are babies. I will listen to what they have to say." Another member of staff said, "When I talk to people I ask them what they want in a dignified manner. I do whatever they ask me to do." We observed staff coming down to the level of people before addressing them. For example, whilst administering medication one member of staff knelt down to the level of the person before giving them their medicine. A relative told us, "[Their family members] incontinence is well managed by staff, they put her on ease, they don't make a fuss about it."

People were supported to be independent. We saw examples of this during the inspection. People that were able to accessed all areas of the service and helped themselves to drinks. We overheard staff ask people if they wanted to wipe their own face with the flannel to encourage independence. One member of staff told us, "I will help people but I don't assume they can't do things for themselves." One relative told us, "He (their family member) is so happy, because he is a man who will say if it is not right." They told us that staff encouraged their family member to do as much for themselves as they could.

People were able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in. One person said, "We please ourselves with what we wear." Another person told us in reference to whether they chose want they wanted to wear, "They always give you

a choice, they let you pick it." We observed that people at the service chose to stay in their rooms when they wanted and chose what time they wanted to get up. One person chose to go back to their room after they had lunch and staff supported them to do this.

Relatives and friends were encouraged to visit and maintain relationships with people. One relative said, "I do feel welcomed. I was acknowledged on my birthday here, I really appreciate that." Another relative said, "They (staff) are very friendly, welcoming." When visitors came to the service we saw that staff greeted them warmly at the door and it was clear that staff had built up positive relationships with relatives. People also told us that they religious and cultural needs were met. One told us, "(The vicar) comes and visits me on Sunday." Another told us, "A vicar visits once a month." There were services held in the service for people to attend.

People were supported at the end of their lives. Care plans were written including information about the person's wishes in relation to where they wanted to spend their final days, funeral and funeral arrangements. Staff told us that they monitored people closely and pain relief was administered as and when required. One person was very recently on end of life care and medicines had been prescribed by the GP for the person. One relative had fed back to the service that, 'Your treatment and care for her (their family member) go way beyond what we thought would be possible. Even as she passed away your compassion had no bounds. You are all truly amazing people.'

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. Relatives comments included, "They make us aware of any changes in his condition", "There is (a care plan). It is regularly reviewed and I am fully involved. "

Pre-admission assessments provided information about people's needs and support. This was to ensure that the service was able to meet the needs of people before they moved in. There were nursing care plans identifying how to meet the needs of people. Other professional were involved in providing guidance to the staff that were incorporated in the care plans. People care plans showed that they were reviewed on a monthly basis and on a more frequent basis when required. One relative said, "We have regular meetings with the staff and if we have any concerns they are normally very receptive." Care plans outlined individual's care and support. For example, personal hygiene, medicine, health, dietary needs, emotional and behavioural issues and mobility. Any changes to people's care was updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative told us, "It (the care plan) is regularly reviewed. I know this because they inform us all the time."

Staff told us that they read people's care plans to ensure they were giving the most appropriate care. They also told us that they spoke to the person to understand who the person was. One member of staff said, "We sit and talk to people. We look at the photos in their room and ask them about them. We ask what they like doing and ask them about their histories." Staff told us that they completed a handover session after each shift which outlined changes to people's needs. One member of staff said, "The staff team work well together here. There is good communication with the nurses."

People and relatives told us that there were sufficient activities to keep people occupied. Comments included, "I know that mum does many activities, such as interaction with people", "They attend activities and they are trying to put her (their family member) at ease."

We observed various activities going on around the service during the inspection for example, Bingo and a quiz which was supervised by the activity coordinator. People were seen to take part and appeared to enjoy themselves. There were ducklings that had been born at the service and we saw people enjoyed watching them. Other activities at the service included singing, Zumba, art and crafts, crosswords, reminiscence, films and puzzles. One member of staff told us that people enjoyed music the most and they would try and cater for all preferences. They told us that for people that were cared for in their rooms had, "Music travel around the resident. Residents choice of songs, guitar, book reading, puzzles and jigsaws."
Each week there were themed events based on different cities of the world. Games would be played, foods of that city would be provided and decorations put up. On the day of the inspection the activities coordinator dressed in a costume specific to the city they were covering and people particularly enjoyed this. Seasonal events and trips out were also organised at the service. One member of staff told us, "There are enough activities. The activities organiser is fantastic. One of the best we have ever had." The registered manager was recruiting additional staff to undertake more activities at the weekend.

Complaints and concerns were reviewed and used as an opportunity to improve the service. One relative told us, "There was an issue about a night carer. A manager spoke to me and that carer never came back again." Another told us, "I would go speak to the manager if I had a complaint." They told us that the wanted their family to move to a different room and this was accommodated. We reviewed the complaints at the service and saw that they had been resolved to the person's satisfaction. Staff told us that they would support people if they had a complaint. One told us, "I would ask if there is anything I could do to help. If not then I would pass that to the manager."

Compliments were received at the service and these were shared with staff. Comments included, 'You all made our mums time at Puttenham Hill special. She was very happy there', 'I just wanted to say thank you for helping make sure my nannas last months were spent happy and cared for' and 'My family and I are most grateful to you all for patient considerate care given to my father.'

Requires Improvement

Is the service well-led?

Our findings

On the previous inspection in August 2016 there had not been consistent management support and audits were not always robust. On this inspection we found there had been some improvement as there was now a permanent manager in place. However some improvements were still required around how staff were being monitored to ensure their effectiveness and the accuracy of records.

Records at the service were not always kept up and date, accurate and there was a risk that staff may not provide the most appropriate care. For example, body maps were used to indicate where topical applications should be applied; with names of the person and the frequency they should be applied. However, staff were not always recording that this had been done. We also found that the body maps were not recording where people's skin patches needed to placed. There was a risk that staff may place a skin patch on the same site it had been placed before creating a higher risk of the person's skin becoming irritated. We did not have any concerns that people on the day were receiving appropriate acre however the records did not always reflect this. There were medicines that were recorded on the label as being out of date however this had not been picked up by staff. Staff were administering this medicine on the day of the inspection. We were later advised by the registered that the expired date was incorrect but that staff should have identified this error on the medicine label.

Records were not always being completed when needed. Where people were at risk, there were hourly checks identified in order to mitigate against the risks identified. The welfare checks, re-positioning charts and food and fluids charts were often being completed retrospectively. In some cases more than two hours after the care had been delivered. There was a reliance on staff remembering when they had provided support. Also, other staff may not know that the care had already been delivered (as it had not been recorded) and provide the care again which may not have been appropriate. Where fluid charts were being completed there were no target amounts for staff. This meant that there was no system in place to alert staff if the person had not had enough to drink. There were occasions where staff had provided people with a drink and not recorded that they had done so.

There was no deputy manager (clinical lead) at the service. The registered manager told us that they were recruiting to this position. As a result the work of the staff was not always monitored effectively during the day. There was no objective method of checking that they had done what they have been entrusted with. For example, staff leaving the top floor unsupported, the condition of the medicine room, records not being recorded when care was provided and the fluid balance charts not having any targeted amounts and total.

As systems and processes were not established and operated effectively and records were not always accurate this is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and the senior management team responded well to any areas that we felt required improvement. Once we pointed out the concerns with the medicine room this was acted on with urgency to the extent that it was transformed by the end of the inspection. It was cleaned, the sink was accessible, the

bin was accessible, the expired drug had been disposed of and the body map for the patches had been changed. After the inspection the registered manager provided us with photographs of the medicine room to show how things had improved. They had also provided an action to ensure staff were recording appropriately and evidence that target amounts had been included on the fluid charts. Additional clinical support was also going to be provided from the provider until the successful recruitment of a deputy manager.

Other quality assurance systems were in place to monitor the quality of care being delivered and the running of the service. The records showed that there was a robust process of clinical audits in place, daily walk-about, weekly clinical risk meetings and monthly audits with participation from the clinical staff. These covered all the clinical areas at the service such as assessment processes, documentation, tissue viability, nutrition, fluid intake and incidents involving challenging behaviour. Risks were identified and action plans put in place with staff identified to action them.

Internal and external audits were completed with action plans with time scales on how any areas could be improved. Audits were undertaken that covered health and safety, care plans, training, medication, staffing levels, meals and environmental issues. The registered manager had a 'Home Improvement Plan' where areas that had been identified were constantly reviewed.

People and relatives told us that the service was well managed. One person told us, "We got a new (registered manager) she is very nice." Another person said, "They (management ask if there is anything we want or anything they can get us." A third told us, "They are quite well organised." One relative said, "No matter what you want you will get it." Another said, "I am happy, The people who run it are good." A third told us, "I thank the team for their support, they listen, they act on it, they are nice people."

Staff were equally as complimentary about the manager and the support they (staff) received. One member of staff told us, "I just want to praise (the registered manager). I think she is blinding. A nice lady. I have seen a vast improvement in the home since she started." Another told us, "She (the registered manager) is fantastic. Down to earth and approachable. She is a shoulder to cry on. Really lovely." A third said, "(The registered manager) is lovely. She is a good manager."

During the inspection we saw the manager and senior members of the management team speaking and interacting with people at the service. We saw that the manager had an open door policy and people felt able to approach them whenever they needed to.

People and relatives had the opportunity to attend meetings to feedback on any areas they wanted improvements on. We saw minutes of the meetings along with actions from the previous meetings. In a meeting in June 2017 people raised concern that their televisions did not always have good reception. This had now been resolved and people fed back at the September 2017 that they were happy with this. Other matters discussed at meetings included the meal service, staff recruitment, activities and housekeeping. People and relatives appreciated being involved in the meetings. One person said, "I have attended a few." One relative said, "There are regular residents meeting every three months which is a good opportunity to see other residents and relatives. It's a good platform to socialise."

People's feedback about how to improve the service was sought. One relative told us that, "I suggested to put a hand rail in my dad's toilet and that was done quickly." Surveys were carried out each year and any actions needed were being addressed. At the time of the inspection the registered manager was waiting for the results of the latest survey.

Staff morale was good; they felt valued and said they worked well together as a team. One member of staff said, "People's (referring to staff) work ethics are good. The manager has a brilliant open door policy. I feel valued. It's her manner when you do a job well. She will give you thumbs up." Another member of staff said, "I feel listened to. If you go and mention something (to management) it gets worked on and action is taken. We also get thanked." A third told us, "The team work here is good. I get told by my manager when I'm doing a good job. I get lots of compliments and it makes me feel like a better person." We saw that staff attended regular meetings and were asked for feedback on how to make improvements. They were also thanked and congratulated on the work that they had undertaken.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that systems and processes were established and operated effectively and records were not always accurately.