

Titleworth Neuro Limited

# Coombe Hill and Blenheim Lodge Nursing Home

## Inspection report

1-3 Adelaide Road  
Surbiton  
Surrey  
KT6 4TA

Tel: 02083998948  
Website: [www.titleworth.com](http://www.titleworth.com)






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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?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

At our last comprehensive inspection in September 2015 we rated the service 'requires improvement' overall. This was because we found the provider in breach of regulations. The provider had not ensured that people's records were reviewed and up to date, people at risk of malnutrition and dehydration were supported appropriately, staff were trained and supported to meet people's needs, all complaints made about the service were recorded, the local authority was notified about safeguarding incidents involving people and there were effective governance systems in place.

We carried out a focussed inspection in April 2016 to check the provider's progress in meeting legal requirements. We found the provider had taken action to meet legal requirements, although we did not change their overall rating because we wanted to ensure the improvements made were well established and could be sustained over a longer period of time.

The service now had a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Coombe Hill and Blenheim Lodge Nursing Home provides nursing and personal care for up to 44 people. The service specialises in supporting older people living with dementia and younger adults with acquired brain injuries, mental ill health or learning disabilities. At the time of our inspection there were 37 people using the service.

At this comprehensive inspection we found the provider had maintained improvements in the way they reviewed care plans, mitigated risks, recorded complaints and reported safeguarding incidents to the relevant agencies.

Although there were systems in place to support, supervise and appraise staff's working practices, we found these were not always followed. This meant some staff might not have the right knowledge, skills and support they needed to effectively meet people's needs, wishes and choices.

We also found that although the provider had governance systems in place these had not always been operated effectively. This was because they had failed to identify a number of issues we had found during our inspection in relation to staff not always respecting people's privacy and staff not always being suitably trained and supported.

These failings represent two breaches of the Health and Social Care (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.

At this inspection we found the provider did not ensure staff treated people with respect and dignity at all

times. Although people told us they were happy living at the home and we observed most of the interaction between staff and people using the service were characterised by dignity and compassion, we found some staff did not always respect people's privacy by making sure they knocked on people's bedroom doors to ask the persons permission to enter.

The breaches described above notwithstanding, most people told us they were happy living at Coombe Hill and Blenheim Lodge Nursing Home. We saw staff looked after people in a way which was kind and caring. Staff had built caring and friendly relationships with people. Our discussions with people using the service and their relatives supported this.

There continued to be robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough staff to keep people safe. The premises and equipment were safe for people to use because staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

Staff were in the process of completing their required training, which continued to improve since our last inspection. This ensured they had the right competencies to perform their roles effectively. People were supported to eat and drink sufficient amounts of nutritious food that met their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

People received personalised support that was responsive to their individual needs. Each person had a personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. Opportunities for people to participate in meaningful social activities that reflected their social interests had improved since our last inspection.

The service had an open and transparent culture. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff.

## 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. The provider had put in place plans to manage identified risks to people and ensure they were protected from the risk of injury and harm.

Staff knew how to safeguard people at risk.

There were enough staff to meet people's needs. The provider had completed checks to ensure as far as possible only suitable people were employed.

They ensured people received their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective. Not all staff were adequately supervised by the management team, which meant they might not have the right competencies or levels of support to effectively meet people's needs.

Staff were in the process of completing their required training. The registered manager and staff were knowledgeable about and adhered to Codes of Practice of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

### Is the service caring?

Requires Improvement ●

Some aspects of the service were not caring. We witnessed some instances where staff failed to respect people's privacy and dignity.

People said staff continued to be friendly and nice.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

### Is the service responsive?

Good ●

The service was responsive. People were involved in discussions and decisions about their care and support needs.

People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

**Is the service well-led?**

Some aspects of the service were not well-led. Systems were in place to monitor and review the quality of service delivery.

However, these governance systems had not been effectively operated because they had failed to identify a number of issues we had found during this inspection regarding staff not always respecting people's privacy and staff not always being suitably trained and supported.

The views of people receiving services, their relatives, and staff were regularly sought and valued by the provider.

**Requires Improvement** 

# Coombe Hill and Blenheim Lodge 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.

This inspection took place on 11 and 18 April 2017 and was unannounced. It was carried out by an inspector and an expert by experience. Our expert by experience was a person who had personal experience of caring for someone who is living with dementia and uses this type of care service.

Before the inspection, the provider completed 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. Prior to our visit we reviewed the information we held about the service. This included reports from previous inspections, an improvement plan we had asked the provider to send us following their last CQC inspection and statutory notifications submitted to us by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During the inspection we spoke with 14 people using the service, six visiting relatives and friends and a community nurse. We also spoke to the registered manager, the provider's head of clinical governance, an area quality and compliance manager, two nurses, six care workers, two activities coordinators, a cook and a maintenance person.

Throughout our two day inspection we undertook general observations to see how staff interacted with people using the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Records we looked at included seven people's care plans, ten staff files and a range of other documents that related

to the overall governance of the service.

# Is the service safe?

## Our findings

At our last comprehensive inspection of the service in September 2015 when answering the key question 'Is the service safe?' we gave the service a rating of 'requires improvement'. We found the provider in breach of the regulations. This was because the provider did not have effective arrangements to identify and manage risks to people to ensure they were sufficiently protected from the risk of injury and harm. We asked the provider to take action to make improvements.

We carried out a focussed inspection in April 2016 to check the provider's progress in meeting legal requirements. We found the provider had taken appropriate action to identify and manage risks people might face and ensure they were sufficiently protected from injury and harm. However we did not change their 'requires improvement' rating for the key question 'Is the service?' because we wanted to ensure these improvements were well established and could be sustained over a longer period of time.

At this inspection we found the provider continued to make the improvements needed to meet legal requirements. On several occasions during our inspection we observed two staff appropriately supporting people to transfer safely from one seated position to another in the main communal lounge. Staff used the correct moving and handling equipment and sling and ensured the person they were supporting knew exactly what staff were doing. Staff were also knowledgeable about the risks to people's wellbeing and supported people to prevent or minimise identified risks. This included implementing preventative measures in regards to the development of pressure ulcers, falling, moving and transferring and becoming dehydrated. Care plans contained detailed risk assessments and management plans which were reviewed and updated bi-annually or as required, if people's needs had changed.

The provider had safeguarding adults at risk and whistleblowing policies and procedures in place for all staff to follow. These outlined how and when to report any concerns they might have. Staff were aware of the importance of sharing any concerns with the local authority and were aware of the reporting procedures to follow. One member of staff said, "I would tell the manager straight away if I saw anything bad happening to anyone who lives here." We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up, to ensure people, remained safe and to prevent reoccurrence.

The provider's recruitment processes continued to help protect people from the risk of unsuitable staff. There had been some staff turnover since our last inspection and some new staff had been employed. We checked the recruitment documents for three newly employed staff and saw the provider continued to undertake appropriate checks to ensure staff were suitable and had the appropriate knowledge and experience to carry out their role. Records showed the provider carried out criminal records checks at two yearly intervals on all existing staff, to assess their on-going suitability. This was confirmed by discussions we had with managers and staff.

We received mixed comments from people and their relatives about staffing levels in the home. Typical feedback included, "Staffing can be very low", "Staff know what they are doing in general, but are too busy



sometimes to answer call bells, which worries me" and "There's usually plenty of staff around whenever I visit my [family member]". When we arrived at the home on the first day of our inspection we saw there were two nurses and 9 care workers on duty to look after 37 people.

Our findings during the inspection showed that there were enough staff to support people. When we arrived at the home on the first day of our inspection we saw there were enough nurses and care workers on duty to meet the care and support needs of the 37 people who lived at the home. Throughout our inspection we saw staff were visible in communal areas, which meant people could alert staff whenever they needed them. We saw numerous examples of staff attending immediately to people's requests for a drink or assistance to stand. We also saw the staff rota for the service was planned in advance and took account of the level of care and support people required in the home. The staff duty rosters showed staffing levels were determined according to the number and dependency levels of the people using the service. The registered manager told us they looked at rotas daily to assess whether extra staff were needed, for example if there were activities taking place outside the home that required extra staff support. The registered manager told us that in response to concerns raised by people about staff ratios in the home during 2016 they had recruited new staff to ensure the service was fully staffed.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies quickly. For example, a personal emergency evacuation plan (PEEP) had been developed for each person who used the service, which provided guidance for staff if people needed to be evacuated from the premises in the event of an emergency. Staff demonstrated a good understanding of their fire safety role and responsibility and told us they received on-going fire safety training.

The environment was well maintained which contributed to people's safety. Maintenance records showed service and equipment checks were regularly carried out at the home by suitably qualified professionals in relation to fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

There were robust systems in place to ensure medicines were managed safely. One person told us, "They [staff] wait and check to see I've taken my medicines." Another person said, "I get my medicines on time." People's care plans contained detailed information regarding their medicines and how they needed and preferred these to be administered. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets. This indicated people received their medicines as prescribed. Staff received training in the safe management of medicines and their competency to handle medicines safely was assessed annually.

## Is the service effective?

### Our findings

At our last comprehensive inspection of the service in September 2015 when answering the key question 'Is the service effective?' we gave the service a rating of 'requires improvement'. We found the provider in breach of the regulations. This was because the provider had not ensured staff had received all the appropriate and up to date training needed to support people effectively. We asked the provider to take action to make improvements.

We carried out a focused inspection in April 2016 to check the provider's progress in meeting legal requirements. Although we found improvement had been made by the provider to ensure all staff were suitably trained and supported; we did not change their 'requires improvement' rating for this key question because we wanted to ensure these improvements could be sustained over a longer period of time.

At this inspection we found not all staff had been appropriately trained in some key aspects of their role. We received mixed feedback from people about the knowledge, skills and experience of staff who worked at the home. Typical comments included, "Most of the staff seem to be pretty good at their job", "I'm happy with most of the old staff that work here, but some of the new ones don't seem to know what they're doing. I'm sure they're very nice, but I don't think they have been fully trained to look after my [family member] properly" and "Some of the staff don't seem to have a clue how to care for my [family member]."

Records showed most staff had received training in dementia and mental health awareness, moving and handling, food hygiene, first aid, fire safety, equality and diversity and managing medicines. These also indicated that since our last inspection most staff had now completed all the training the provider considered mandatory and relevant to their role, which included safeguarding adults, infection control, health and safety and the Care Certificate. In addition, most staff told us the training they had received since working at the home had been good, although a few felt training could be better. Typical staff comments included, "I've been on loads of training lately such as first aid, moving and handling, positive behaviour support and food hygiene", "The manager asked us to complete the care certificate, which I'm really keen to do, but unfortunately I just haven't had the time to do it yet" and "Some of the training is good, like the moving and handling, but to be honest I can't recall the last time I refreshed my safeguarding training." We discussed this issue of gaps in staff training with the management team. They showed us recorded evidence that dates had now been arranged for all staff who had not completed their mandatory training within the new few months. Progress made by the registered manager to achieve this stated goal will be assessed at the service's next inspection.

The provider's supervision and appraisal policy states all staff must attend at least four supervision meetings with their line manager and have their overall work performance appraised annually. The registered manager told us they had been working to improve the support staff received by introducing group supervisions and reflective practice sessions during shift handovers to enable staff to discuss issues with her as they arose. However, records indicated that most staff's annual appraisal and attendance at individual and/or group supervision meetings with their line manager was well overdue. For example, three staff had not had their work performance appraised by their line manager in the last 12 months. We also

received some mixed feedback from staff about the support they received from senior staff. While most staff told us they felt they received all the support they needed, several staff said supervision meetings were inconsistent. One member of staff said, "I attended a group supervision meeting the other month, but I can't remember the last time I had a face to face meeting with the manager or have my work appraised." Another member of staff commented, "It would be nice to have more opportunities to talk to managers about how my work is going and the training I would like to do." This meant staff were not always adequately supported and therefore might not have the necessary knowledge and skills to effectively meet people's needs.

The provider is in breach of regulation 18 of the HSCA (Regulated Activities) Regulations 2014.

Staff continued to work within the principles of The Mental Capacity Act 2005 (MCA). They respected people's decisions and ensured they consented to the care provided where they were able to. When people did not have the capacity to consent 'best interests' decisions were made on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager was aware when to apply for an authorisation to deprive a person of their liberty. We saw that they had appropriately applied to the local authority to deprive a person of their liberty when required to maintain their safety.

People were supported to have enough to eat and drink. However, a few people described the meals provided as "variable" and "bland", although most people felt the choice and quality of the food they were offered was good overall. Typical comments included, "The food is variable and not that exciting", "The food here is what it is, it's generally ok and always edible" and "I often go to the kitchen and ask for something specific from the cook. I'm a very fussy eater but there's usually something that I can have". During lunch we saw people on a soft diet received a meal that looked appetising. This was because catering staff had pureed all the ingredients that made up the dish separately and neatly arranged them on the plate in a presentable fashion.

We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a pureed diet. We observed staff offering people drinks throughout the day. People's nutrition and hydration was provided in a way that met their specific needs, including providing thickened fluids, soft diets and supporting a person who was unable to eat and who had a PEG (a tube inserted directly into the stomach so the person can receive food through the tube) with their nutrition.

People were supported to maintain good health. People told us their health care needs were met. One person said, "An optician and dentist come here to see me. I've had some problems with my teeth lately so the staff arranged for the dentist to visit." Another person told us, "I have my own GP and the nurse is good at phoning them if I need to see them." Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

## Is the service caring?

### Our findings

Most people and their relatives told us they were satisfied with the standard of care and support provided at the service and typically described the staff as "friendly" and "nice". One person said, "It's not bad living here. I've nothing to complain about. The staff are very nice." Another person's relative told us, "I'm happy with the care my [family member] receives at the home. I find the staff are respectful to my [family member] and to me." We also saw the service had received a number of written compliments from people's relatives since our last inspection. One relative wrote, "Our [family member] felt at home here. We have nothing but praise for the service and would always recommend them."

However, people's privacy and dignity was not always respected by staff. On one occasion we observed staff enter a person's bedroom without knocking or seeking the occupant's permission to do so. Several people and relatives told us staff did not always knock on bedroom doors and ask people's permission to enter. One person told us, "There's no privacy even in your room. Staff just come in and you could be on the toilet. It really gets to me." Another person's visitor said, "I've often seen staff go into a person's room without knocking or asking if it's ok for them to enter." During our inspection we discussed this issue with the registered manager who agreed to remind staff about the importance of knocking on people's bedroom doors and seeking their permission to enter.

The negative points made above notwithstanding we did observe staff appropriately use a privacy screen to uphold a person's dignity when they used a mobile hoist to transfer this person from an armchair to a wheelchair in the communal lounge. We also saw staff gave their full attention when talking with people and were always friendly and kind. For example, during lunch we saw staff frequently checked if people were enjoying their meal or needed a drink. Furthermore, staff always responded positively to people's questions and requests for assistance. The registered manager told us that they would continue to address issues around respecting people's privacy and dignity.

Care plans were personalised and centred on people's needs, strengths and choices. People's life histories and the names of family members and friends who were important to them were recorded in their care plan. Staff knew people well and were able to tell us about their preferences, interests and background. They knew what people liked to do and what their preferred routines were.

Staff respected people's individual choices. We observed that people were offered choices throughout the day. This included how they wanted to spend their time, what activities they participated in and what they ate and drank at mealtimes. For example, we observed staff offering people a choice of eating their lunch time meal alone in their bedroom or eating with others in the main communal dining area. We also saw menus were displayed throughout the home, which meant people could make informed choices about the meals they ate.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. Information about people's spiritual needs were included in their care plan. One person told us, "The cook sometimes makes us Caribbean style food after I told them that's where I'm from and that's what I enjoyed

eating." It was clear from comments made by staff that they were fully aware of the dietary requirements of this person and knew how to meet them. We observed the chef prepare a meal for the person which reflected their specific religious dietary needs and wishes. Religious leaders from various faiths regularly visited the home to support people to meet their spiritual needs and wishes.

Although most people living in the home were dependent on the care and support they received from staff with day-to-day activities and tasks, staff still encouraged people to be as independent as they could be. For example, we saw people could move freely around the home. We also observed people who were unable to use traditional cups and plates had their needs assessed and where appropriate, had been given a plate guard or special crockery which enabled them to drink and eat with minimal assistance from staff.

When people were nearing the end of their life, they received compassionate and supportive care. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. This included conversations with people and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff confirmed they had received end of life care training.

## Is the service responsive?

### Our findings

At our last comprehensive inspection of the service in September 2015 when answering the key question 'Is the service responsive?' we gave the service a rating of 'requires improvement'. We found the provider in breach of the regulations. This was because the provider had not ensured people's care plans and risk assessments were kept under constant review and records of any actions they had taken to deal with complaints they had received were appropriately maintained. We asked the provider to take action to make improvements.

We carried out a focussed inspection in April 2016 to check the provider's progress in meeting legal requirements. Although we found improvement had been made by the provider to the way the reviewed care plans kept records of complaints investigations; we did not change their 'requires improvement' rating for this key question because we wanted to ensure these improvements could be sustained over a longer period of time.

At this inspection we found the provider had taken the necessary action to make the improvements needed to meet legal requirements. Since our last inspection the provider had reviewed and updated support plans for each person using the service. These contained information about their preferences, likes and dislikes and set out for staff the support people and children required to have their needs, wishes and choices met. This helped to ensure people received support that was specifically tailored to meet their current needs. The provider told us people and their relatives were actively encouraged to participate in planning and reviewing the care and supported they received, which relatives confirmed.

In addition, the provider continued to maintain appropriate records of complaints or concerns they received and the outcome of any investigations they had carried out. People told us they felt able to raise a complaint if they had any concerns or were not happy about the standard of care they received at the home. A relative said, "I told the manager I wasn't happy with my [family members] care and to be fair to them they did arrange a sit down meeting with us to discuss our concerns."

The provider had a robust complaints procedure that was designed to ensure people's complaints were dealt with in a prompt and fair manner. The complaints procedure was openly displayed in the home and explained what people should do if they wished to make a complaint or were unhappy about the service they received. The provider had a positive approach to using complaints and concerns to improve the quality of the service. Complaints were dealt with by the registered manager. The complaints records showed that complaints lodged at the service had been taken seriously, investigated and where required, action taken and lessons learnt.

People's care and support was planned and delivered in line with their individual care plan. We saw care plans were personalised and set out clearly for staff how these individuals' needs and wishes should be met. For example people's daily routine set out for staff when people liked to wake up, how they wished to be supported with getting washed and dressed and when and where they would like to eat their meals. Staff told us care plans were informative and easy to use.

People had enough opportunities to participate in meaningful social activities. Feedback we received from people and their relatives about activities was mixed, although most felt the three new activities coordinators had significantly improved the activities they could choose to participate in. Typical comments made by people included, "I use to get bored here, but we can do a lot more these days, like painting and gardening", "I didn't get out as much as I wanted to last year because of the staffing problems, but now I go out to church and the cinema a lot more these days" and "There seems to be a lot more going on in the lounge now we've got some new activity people, who all seem very nice."

The lead activities coordinator confirmed they and her team were relatively new in post. We observed the activities coordinators initiate a pampering session in the main communal lounge, which people seemed to enjoy, and we saw eggs people had painted for Easter. Two activities coordinators gave us several good examples of new activities they had introduced, which included gentle exercise classes, cooking, board games, arts and crafts, quizzes, gardening, hairdressing, film presentations and trips out to local parks, theatres and church. It was also evident from care plans we looked at and comments we received from these staff members that they ensured people who liked to spend time on their own also had opportunities to engage in social activities that interested them. They explained the rationale behind this was to mitigate the risk of these individuals becoming socially isolated.

## Is the service well-led?

### Our findings

At our last comprehensive inspection of the service in September 2015 when answering the key question 'Is the service well-led?' we gave the service a rating of 'requires improvement'. We found the provider in breach of the regulations. This was because the provider had not ensured the service now had a registered manager in post and always operated effective governance systems to monitor the quality and safety of the care people received. We asked the provider to take action to make improvements.

We carried out a focussed inspection in April 2016 to check the provider's progress in meeting legal requirements. Although we found improvements had been made by the provider to the way they monitored the quality and safety people whom lived at the home received; we did not change their 'requires improvement' rating for this key question because we wanted to ensure these improvements could be sustained over a longer period of time.

At this inspection we saw the service now had a registered manager in post and continued to operate effective governance. Records showed us care plans continued to be constantly reviewed, risks people faced were properly managed, the outcome of complaints investigations recorded and safeguarding incidents reported to the relevant authorities. We also saw managers and senior staff used daily, weekly and monthly audit, as well as quarterly quality monitoring visits undertaken by regional governance managers, to regularly check the quality and safety of care planning, medicines management, food hygiene and nutrition, health and safety and accidents and incidents. The head of clinical governance gave us a good example of how they had taken action to help staff improve their medicines handling practices when a number of poor practice issues were identified during a medicines quality audit they recently undertook at the home.

However, whilst we saw the provider had made some progress to improve the effectiveness of their quality monitoring arrangements, further action is still required. This was because the providers arrangements for quality monitoring staff practice through random observations and spot checks by managers and senior nurses had failed to identify that some staff did not always knock on peoples bedroom doors and seek their permission to enter or take appropriate action to ensure all staff were suitably supervised and had their work performance routinely appraised.

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

The newly registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

There was a clear leadership structure in place. The registered manager was supported by the provider's head of clinical governance, an area quality and compliance manager, as well as a deputy manager who were permanently based at the home. Senior nurses and other members of staff were designated



champions in areas such as medicines management and infection control.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people living in the home and their relatives. The provider used a range of methods to gather stakeholder views which included regular meetings for people living in the home and their relatives, and annual satisfaction surveys. All the satisfaction surveys that had been completed and returned to the provider by people in the past 12 months were generally happy with the standard of care they or their family member had received at the home. The registered manager gave us a good example of action they had taken to employ three new activities coordinators in response to negative feedback received from some people who lived in the home and their relatives.

The provider valued and listened to the views of staff working in the home. Staff meetings were held monthly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments in the home.

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 17 HSCA RA Regulations 2014 Good governance  The registered person did not operate effective systems or processes to ensure they assess, monitor and improve the quality and safety of the services they provide people living in the home. Regulation 17 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  People were at risk of not having their needs met by competent staff because not all persons employed by the service received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2) (a)