

C N V Limited

# Eversleigh Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



### Overall summary

This was an unannounced inspection that took place on the 10 and 13 of October 2014. At the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Eversleigh Residential Care Home provides personal care support and accommodation for up to 30 older people who are elderly and frail. The home was built in 1888 and has undergone many improvements to the original house. At the time of our inspection there were 22 people using the service.

# Summary of findings

The provider had several managers in post over a period of approximately 18 months but none completed their probationary period or registered with the Care Quality Commission before leaving the home.

During our inspection we found that the provider had breached several regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

People's safety was not always assured in some areas. We found risks associated with the providers call bell system. Staff were unable to explain how current staff or a new member of staff could identify which room or person was calling for assistance.

People's Personal Emergency Evacuation Plan's lacked detail and did not state the individual support people may require in an emergency. There were also inconsistencies within the provider's fire evacuation procedures and arrangements.

People's risk assessments were not up to date and had not been reviewed on a monthly basis in line with the provider's policy. The service did not always follow safe practice with regards to the storage and recording of medicines. There were no systems or processes in place to monitor the safety of the premises and equipment used to minimise the risk to people using the service.

The service was not always effective in meeting the needs of people. Restrictions such as locked key coded doors were imposed on people living at the home. The home failed to consider people's ability to make informed decisions as required under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The service was not aware of the changes in DoLS practice and did not ensure the appropriate assessments were undertaken to ensure people were not unlawfully restricted.

Staff training had not been kept up to date. Therefore staff were not adequately trained and supported to acquire and maintain skills and knowledge to meet people's needs effectively. We also noted that staff did not receive frequent and adequate supervision and appraisal to enable them to meet their roles effectively.

People were supported to arrange and attend health and social care appointments to maintain their physical and mental health care needs. Visiting health care professionals such as dentists, dietician's, opticians and chiropodists were requested when appropriate.

The service promoted healthy eating and this was reflected in people's care plans. Staff monitored people's weight on a frequent basis and we saw that requests for involvement from dieticians were made if staff were concerned about people's nutritional intake.

People using the service were not always involved in making decisions about their care and treatment. There was little evidence to demonstrate that staff enabled people to be able to make choices about the care and support they received and to ensure they were agreeable. People appeared clean, appropriately dressed and well cared for. People told us that they liked living at the home and staff were very caring.

The provider was not always responsive to people's needs. Although people's needs had been initially assessed and care plans developed, records did not always effectively guide staff so they could meet individual's needs appropriately. For example, care plans we looked at did not always provide detailed information about how to manage people's physical and mental health needs and were not person focused or responsive to people's preferences, personal history, choices, cultural needs, religious beliefs and sexual orientation. However an effective complaints system was in place.

The provider had systems and processes in place to monitor areas of the service such as infection control, administration of medicines, care plans and nutrition. However, we noted that quality monitoring audits had not been completed for some time and others had not been used at all. There were processes in place for reporting incidents and accidents and we saw that these were being followed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

The provider's call bell system was completely ineffective. People's risk assessments were not always kept up to date.

People's Personal Emergency Evacuation Plan's lacked detail and did not state the individual support people may require in an emergency.

The service did not always follow safe practice with regards to the storage and recording of medicines.

There were no systems in place to monitor the safety of the premises and equipment used to minimise the risk to people using the service.

The home had clear procedures on the safeguarding of adults from the risk of abuse.

Inadequate



### Is the service effective?

The service was not always effective.

Staff did not receive frequent and adequate supervision, appraisals and training to enable them to carry out their roles effectively.

The provider failed to assess and consider people's ability to make informed decisions as required by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to arrange and attend health and social care appointments.

The service promoted healthy eating and this was reflected in people's care plans.

Requires Improvement



### Is the service caring?

The service was not always caring.

People using the service were not always involved in making decisions about their care and treatment.

People were supported to maintain their dignity. Staff were attentive to people's needs and sought consent before providing support.

Requires Improvement



### Is the service responsive?

The service was not always responsive.

People's individual needs were not always being met. Care plans and records were not kept up to date or reviewed on a regular basis to identify people's needs and changes made to their care.

Requires Improvement



# Summary of findings

Care plans were not reflective of people's preferences, personal history, cultural needs, religious beliefs and sexual orientation.

Complaints about the service were recorded and appropriate action was taken in response to complaints raised.

## Is the service well-led?

The service was not well led.

There was a high turnover of managers, which had affected the quality of care provided. The service had been without a registered manager for approximately 18 months.

Systems and processes in place for monitoring the quality of the service had not been completed or conducted on a regular basis.

There were processes in place to seek feedback from people using the service; however these had not been followed or conducted on a regular basis.

**Inadequate**



# Eversleigh Residential 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 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 was an unannounced inspection which took place on the 10 and 13 of October 2014. The inspection was carried out by a team of two inspectors. Prior to the inspection we reviewed information we had about the service. This included speaking with local authorities who are commissioners of the service and local safeguarding teams to obtain their views. At the time of our inspection there were 22 people using the service.

During our inspection we spoke with nine people using the service, three visiting relatives, seven members of staff, a cook, maintenance person and the manager for the service. Not everyone using the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at areas of the building, including some people's bedrooms with their permission and all communal areas. We observed how people were being supported with their meals during lunchtime and tested the call bell systems within the home. We also looked at a sample of eight care plans and records for people using the service, five staff records and records relating to the management and monitoring of the service.

# Is the service safe?

## Our findings

People told us they felt safe within the home's environment and staff responded to their calls for support. One person told us "The staff are great. There is always someone around to help and they always come quickly when I need them." Another person said "Staff are very helpful but sometimes I might have to wait a while before they come." We spoke with several visiting relatives to the home. One person said "Whenever I visit there always seems to be enough staff around to help." However we found that people did not always receive safe care.

We found risks to people were not always safely managed. The home's call bell system displayed lights when a call bell had been pressed. We noted that a list of residents was placed alongside the call bell system so staff could identify who had called for assistance. However we saw the list of residents was inaccurate with many people listed no longer living at the home. We spoke with a member of staff who was unable to tell us how many residents currently lived in the home. The staff member used the out of date list as a guide. They were unable to tell us how current staff or new members of staff could identify who was calling for assistance or which rooms call bell had been pressed. For example we observed that the call bell in room 23 had been pressed, however the home's recorded list of residents was not up to date and recorded the room as vacant. This meant that people using the service may not receive safe, timely and appropriate support when required.

We observed people sitting in the main lounge and noted that one person who required support to mobilise safely around the home was sat positioned away from the call bell system. We spoke with them and asked how they called for assistance. They told us that they sometimes shouted in hope that a member of staff responded or they asked another resident to push the call bell for them. This meant that consideration had not been given to people's needs to ensure that people were protected from any identified risks.

Care records and risk assessments showed that risks were identified and assessed and care plans were developed to minimise these risks and protect people from harm. Risk assessments were completed relating to issues such as mental and physical health, moving and handling, behavioural, falls risk, nutritional and pressure sore's or

wound management. However we found six of the eight risk assessments we looked at were out of date and had not been reviewed on a monthly basis in line with the provider's policy. We noted one risk assessment was last reviewed in July 2014 and five were reviewed in August 2014. People at risk of pressure sores who required wound management did not have accurate and up to date records reflective of their needs and treatment. For example one care plan we looked at showed that the person had discolouration of the skin but no body map or photograph had been taken to monitor their condition. Another care plan showed that one person had suffered from a fall which caused a skin tear. This had been documented however no body map or records of further treatment to the wound was documented. This meant that people were at risk of receiving inappropriate care or treatment.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were inadequate policies and procedures in place to deal with foreseeable emergencies. Care plans and records showed that people using the service had a personal emergency evacuation plan (PEEP) in place which guided staff and emergency services on how to support people to safely evacuate the premises in an emergency. However people's individual needs and support were not identified or recorded. For example the needs of one person who required support to evacuate the building due to their poor eye sight and another person who had a diagnosis of dementia and lacked mental capacity to respond to an emergency situation were not recorded. Details of the assistance people required by staff was not documented. We also noted there were no recorded details of how staff should assist the five people living on the top floor of the home in the event of an emergency.

A fire risk assessment was conducted by the London Fire Emergency Planning Authority in January 2014 which resulted in an Enforcement Notice. Recommendations were made which the home had met in an inspection conducted in September 2014. We looked at the records for fire alarm checks and drills carried out and found that the last fire drill had been conducted in July 2014. The manager told us fire drills were conducted on a frequent basis and one was planned for November 2014. Staff we spoke with told us they had not practised horizontal evacuation procedures, even though the provider's fire procedure stated that horizontal evacuation was to be

## Is the service safe?

practised. We checked a first aid box located on the first floor of the home and noted it was last checked in June 2013. We noted there were no monitoring systems in place to ensure that first aid equipment was available and suitable for use.

Not all staff had received training on first aid or fire safety. The manager showed us the home's training records which confirmed that fire safety training was not always kept up to date and had not been attended by all members of the staffing team.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the systems and processes in place for the handling and administering of medicines and observed some areas of good practice. People told us they received their medication on time and the supply did not run out. However the provider did not always follow safe practice with regards to the storage and recording of medicines.

A list of staff authorised to administer medicines was kept within the home for reference, however we noted the list was out of date and not reflective of the current staffing team. This meant that staff signatures on medicines records were not identifiable which could pose a risk if there were medicine errors. Staff administering medicines received regular training and records we looked at and staff we spoke with confirmed this. One person told us they had recently completed their administration of medicines training provided by the home's pharmacist.

Two medicine administration records (MAR) we looked at did not have a photograph of the resident on the front. Photographs of people using the service were taken and displayed on the front of their MAR, to help staff correctly identify the person when administering medicines. We spoke with a member of staff who told us that the camera required a new battery.

We noted that one person required the use of oxygen. This was administered through a concentrator machine. In case of mechanical breakdown an oxygen cylinder was kept within the person's room, however we noted that the oxygen cylinder was not stored in an appropriate holder or secured to the wall. This posed a risk of personal injury and a fire hazard as an appropriate hazard sign was not displayed on the door.

Provider medicines audits were not conducted on a regular basis and actions were not taken to address areas of concerns. We noted the last medicines audit had been conducted in July 2014 and previously in June 2013. The audits recorded that refrigeration temperatures were recorded on a daily basis, however we found that no temperatures were being recorded for the refrigerator located on the ground floor. We spoke with a member of staff who told us the reason for this was that they had run out of record sheets. We spoke with the manager who told us they would address this area of concern.

We noted that refrigeration temperatures were being documented on the top floor of the home; however these were not recorded on a daily basis with the last being in October 2014. This meant that staff were uncertain if recommended temperatures were being maintained to ensure medicines remained safe and fit for use.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed that the home had three medicines trolleys in use, one for each of the floors within the home. We looked at medicines stored in two of the trolleys and checked controlled drugs which were stored securely. There were protocols in place for the use of PRN (as required) medicines and noted these were in date and were documented when required. Records were kept of medicines received, administered and disposed. These were clear, accurate and up to date.

There were no systems in place to monitor the safety of the premises and equipment used to minimise the risk to people using the service. During the inspection we found broken glass on a chair and floor in the ground floor dining room. We discovered that a light bulb had broken and smashed. Staff members were not aware of this. We spoke with the manager and asked if there were regular environmental health and safety checks conducted. They were unable to produce any evidence but informed us that they completed a 'walk through' the building check on a daily basis however they had not identified the broken glass. Possible risks to people from the premises were not being identified as there were no adequate procedures in place to do this. A health and safety risk assessment dated September 2014 had been conducted and an action point noted of regular health and safety checks to be carried out. However there was no additional evidence of any further checks being conducted.



## Is the service safe?

During a tour of the building we noted that stairways were kept clear and free from obstacles, however some landings and corridors had wheel chairs stored in them. We spoke with a member of staff who said some wheelchairs were being used but some were from previous people who had now left the home. These obstacles could pose a trip hazard to people using the service, staff and visitors.

On the first floor landing we noted there were sunken floorboards in two places and in one bedroom. We advised the manager and maintenance of this as this could pose a hazard in that someone could trip or fall. We noted that a warning sign on the laundry door stated 'keep locked' due to the storage of laundry detergents; however the laundry door was unlocked throughout the course of the day.

The garage in the grounds of the home used for storage had an unlocked and wide open door. We noted tools were stored there such as saws, drills and hammers which were within easy reach. We also noted quantities of controlled substances hazardous to health (COSHH) were also stored here and within easy reach. These could pose a health and safety risk to people using the service who accessed the grounds.

Located next to the garage was a pile of old furniture and equipment including wheelchairs which had been removed from the home due to replacements being purchased. These posed a further risk to people using the service in that they were not secured or stored appropriately.

This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People using the service and staff we spoke with told us there was a good stock of equipment such as hoists and

wheel chairs to meet people's needs. People told us they felt safe in the home environment and when using equipment. One person told us "I feel safe in the home and when staff support me to use the bath".

The home had procedures in place for the safeguarding of adults from the risk of abuse including how to recognise types of abuse and what action to take. The home's safeguarding adults from abuse policy and procedure was last reviewed in December 2013 which meant the provider ensured they followed current best practice. The manager explained that the procedure was used in line with the "London Multi Agencies Procedures on Safeguarding Adults from Abuse" (PAN London) and any concerns about the safety or welfare of a person were reported to them which was then reported to the local authority as required. We spoke with six members of staff who knew how to recognise signs of potential abuse and how to report their concerns appropriately. Staff were also aware of the home's whistleblowing policy and how to raise a concern. One person told us "I know how to report concerns and would not have any problems in using the whistleblowing procedures if I needed to".

There were enough staff available to meet people's needs. We looked at the staff rotas covering a period of two weeks. We noted that there were a minimum of five staff on duty in the mornings, four staff in the afternoons and two waking staff during the night. Staffing levels were decided according to the dependency levels and the needs of people living at the home. We found that staffing numbers were flexible and appropriate to meet the needs of people using the service and staff worked across the three floors of the home in order to meet people's varied needs. We observed staff responding to people's needs and requests in a timely manner.



# Is the service effective?

## Our findings

People living at the home and visiting relatives to the service told us they thought staff were effective in their roles and supported people appropriately. One person said “Most of the staff are wonderful. They know me well and how I like things to be done”. Another person told us “Some staff are better than others. Some really go out of their way to help you”.

Staff did not receive frequent and adequate supervision, appraisal and training to enable them to carry out their roles effectively. We looked at four staffing files which showed that three out of the four staff had not received supervision since early 2013. One of the four staffing files had a recorded annual appraisal; but this was last completed in January 2012. We looked at the home’s supervision and appraisal records which identified that supervision should be conducted every two months. This was also stated within the provider’s supervision policy.

Training records we looked at demonstrated that staff had attended training covering a range of topics including fire safety, safeguarding, medicines management, manual handling and mental capacity. However we noted that most training had not been kept up to date or refreshed on a regular basis and some areas of training had not been conducted since 2012. This meant that staff were not always adequately trained and kept up to date with best practice to maintain skills and knowledge ensuring people’s needs were met effectively. We also noted that training records had not been updated on a frequent basis to reflect changes in staff learning and development needs. We spoke with the manager who told us that various staffing files and up to date training records had gone missing.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had not considered people’s rights in line with the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). For example, the home had coded entry door systems in place which restricted people’s movement. We discussed this with the manager who told us this was in place to ensure people’s safety. They told us that one person had the entry code to the main door as they were able to leave the premises

unaided. However we noted that no mental capacity assessments or best interests meetings had been conducted taking into account people’s individual needs and wishes.

Staff we spoke with were aware of the MCA 2005 and DoLS and had attended recent training. However they were unable to explain the process they should follow if they thought someone did not have capacity to make informed decisions. One record we reviewed stated that the person lacked capacity to make decisions about their care and treatment and were unable to consent to their care. We noted there were no recorded mental capacity assessments or best interests meetings held to evidence how staff had reached that decision. This meant that people could be deprived of their right to make decisions with regard to the care and treatment received.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had completed varied qualifications in health and social care and most had previous experience of working in care settings. Staff informed us that they had received an induction into the service that helped them to learn about people’s needs and the systems and processes in place within the home. We saw from records an induction process for new members of staff was in place which included a detailed tour of the premises, reading and becoming familiar with the providers policies and procedures, undertaking induction training and shadowing more experienced members of staff. We spoke with a new member of staff who confirmed that they had shadowed an experienced member of staff for a couple of weeks. They also confirmed that they had read and understood the providers policies and procedures and had also had a district nurse visit the home to talk about caring and meeting people’s needs. They told us “This is my first job in caring and I feel I was given enough support, information and training to do the job”.

People were supported to arrange and attend health and social care appointments to maintain their physical and mental health care needs. People told us they had regular contact with health and social care professionals. One person said “I always get to see the doctor when I ask. They visit often and staff always call for me if I need to see them sooner”. The home had regular contact with visiting health and social care professionals to ensure people were able to access specialist advice and treatment when required. The

## Is the service effective?

home had good links with a local GP who visited frequently to provide treatment to residents when required and to support staff in the delivery of care to people. Records were kept of appointments attended and visiting health and social care professional's involvement including the outcomes so staff were aware of any further support or treatment people required.

People we spoke with told us the food was good and they were able to make choices. One person told us "The food is always served hot and it's usually very tasty. If I don't like what is on offer I am always offered another choice". We looked at the home's menus which rotated on a four weekly basis and spoke with the cook who was also present in the dining room serving food. They told us that people often wanted something different to what was on the menu and were supported to choose an alternative. The cook was aware of how many people living at the home were diabetic or required special diets. We noted that a list was displayed in the kitchen detailing people's

dietary needs, allergies and preferences. There were also instructions on how to fortify food in the kitchen. This meant that people were supported to meet their nutritional needs appropriately.

We saw that the home promoted healthy eating and this was reflected in people's care plans especially where people had a medical condition that was affected by poor diet. Staff were monitoring people's weight on a frequent basis and we noted that requests for involvement from dieticians were made if staff were concerned about people's nutritional intake. People had access to snacks and drink's throughout the day and we observed that staff supported people when required. We noted that people who chose to eat in their rooms or who were unable to join others in the dining room at meal times were offered support. We observed lunch served in the main dining room on the ground floor and noted interactions between people and staff were characterised by kindness and were generally positive. Staff were patient and polite when supporting people with their meal choices and with eating their food.

# Is the service caring?

## Our findings

We spoke with people using the service about their involvement in the planning and reviewing of their care. We received mixed comments from people with only two people being aware of their care plans. People told us they were not always included in the planning or reviewing of their care. One person told us they would like to go out for walks in a wheelchair but this had not been raised with staff as they were busy. Another person told us they wanted to be able to go out but needed portable oxygen which staff told them was a health and safety risk. We followed this up and staff told us they had requested portable oxygen.

People using the service were not always involved in making decisions about their care and treatment. There was little documented evidence to demonstrate that staff enabled people to be able to make choices about the care and support they received and to ensure they were agreeable to this. Of the eight care plans we looked at only one had been signed in agreement to show their involvement. Care plans also failed to demonstrate that people using the service had been involved in discussions about their individual wishes and preferences. Reviews of people's care plans had been conducted; however there was no evidence that people using the service and or their representatives where appropriate had been included in the review process or consented to the care provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People appeared clean, appropriately dressed and well cared for. People told us that they liked living at the home and staff were very caring. Comments we received from people using the service were positive. Such as, "The staff are wonderful", "very kind and helpful", "Some staff are absolutely fabulous", "Most staff are absolute angels" and "This is my home and I love it". We spoke with a visitor to the home who had been visiting for many years. They told us that they had observed that people always looked well cared for and there were staff visible whenever they visited.

People were well supported to maintain their dignity and we saw staff knocking on people's doors before entering their rooms seeking permission to enter. We observed staff to be attentive to people's needs and sought consent before providing them with personal care support. Communication and interaction between staff and individuals was positive with staff addressing people by their preferred names and assisting them using phrases such as "would you like me to" and "can I help you to". We saw a member of staff supporting a person who was confused and anxious. They reassured them about their environment and orientated them to their surroundings.

The manager held relatives meeting to hear people's views of the service. These were conducted on a regular basis. We saw minutes of meetings held in July and September 2014. We noted that residents meetings had not been held for many months. The manager explained that this was due to changes in management. They informed that residents meeting were scheduled again with one planned for this week.

# Is the service responsive?

## Our findings

Care plans did not always reflect people's individual care and support needs. Assessments were undertaken to ascertain people's care and support needs; however records were not kept up to date and did not identify changes in people's care. For example, one person had recently suffered a fall which had been recorded within their monthly evaluation but was not recorded within their daily care plan notes. This meant that staff may not be informed of changes in people's care needs and the support they required due to inconsistencies within care records.

People's care plan diaries detailed support people required with personal care and recorded when staff supported people to have a bath or shower. However records were not kept up to date. For example one care plan diary recorded that one person was last supported to have a shower in July 2014 and another person's records showed they were last assisted to bathe in September 2014. We also noted there were gaps in records with some people recorded as receiving support with personal care only twice this year. People we spoke with confirmed they were supported on a frequent basis to bathe or shower. This meant that accurate records of people's care and support were not kept appropriately.

Although people's needs had been initially assessed and care plans developed, records did not always effectively guide staff so they could meet individual's needs appropriately. For example, care plans did not always provide detailed information about how to manage people's physical and mental health needs. One record we looked at stated that the individual required oxygen throughout the day, however records of the person's oxygen levels were not kept by staff and instructions for staff on how to support the person using an oxygen concentrator were not recorded.

Care plans included a personal profile which detailed people's life events and social activities. However, information recorded was largely health and risk focused and provided staff with very little information about people's preferences, personal history, cultural needs, religious beliefs and sexual orientation. This meant that staff may not be fully informed of people's life history and how best to support them to meet their needs.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us they knew how to make a complaint. One person told us, "If I have any problems I always tell a member of staff." Another person said "I feel very comfortable and confident about making a complaint". We spoke with the manager who informed us the home had an "open door" policy where people, relatives, visiting professionals and staff were encouraged to speak with them and raise any concerns they had. We saw that complaints were recorded and appropriate action was taken in response to complaints raised. Within the last two years the manager had received three complaints that had been dealt with appropriately and had a positive outcome for the complainant. We noted that the home had a copy of their complaints policy and procedure displayed within the entrance hall and copies of a complaints form were made available. The home also had a complaints, suggestions and concerns book that people could record any issues they had for discussion.

We spoke with the manager about the home's activities programme. They told us that they had recently appointed a new activities co-ordinator who was due to start full time employment in November. We saw the home had a specified activities lounge which stored lots of activities equipment, however on the day of our inspection no group activities were provided. We observed that staff were assisting people with activities such as reading and completing puzzles on a one to one basis.

# Is the service well-led?

## Our findings

The home had a number of different managers over a period of approximately eighteen months and during this time there had been no registered manager in post. The manager told us that they had several managers in post during this time; however none had completed their probationary period or registered with the Care Quality Commission. This meant that staff may not have been appropriately managed during this period and lacked guidance and support in meeting people's needs.

We saw policies and procedures were in place for quality monitoring purposes such as infection control, administration of medicines, dependency staffing levels, health and safety, care plans and nutrition. However, we noted that quality monitoring audits had not been completed for some time and audits for some areas of the service had not been conducted. For example we noted that the last infection control audit was conducted in March 2013 and had an outstanding action plan dated 14 August 2013 with no further follow up action recorded. The last medicines audit had been conducted in July 2014 and previously in June 2014 which stated that medicines refrigeration temperatures were recorded on a regular basis, however at the time of our inspection we noted that the ground floor refrigerator was not being monitored. We saw that an additional 'managers monthly audit tool' had been produced by the provider for the home manager to use on a regular basis had not been completed and there was no evidence found of the tool ever being used. We saw that care plan audit tools available had also not been used. Therefore there was no effective quality monitoring to ensure that people's needs were being met and the service was operating to a good standard enhancing people's safety.

The service had systems and processes in place to conduct annual satisfaction surveys for people using the service and their relatives, visiting professionals and staff. However there was no evidence of these being conducted. We spoke with the manager who informed us that they were unsure when the last survey was conducted but told us it was

several years ago when the last registered manager was in post. People using the service that we spoke with confirmed that they had not received an annual satisfaction survey with many people stating they had never seen one. This meant that people using the service had limited opportunities to provide feedback on the service provision or to assist in driving improvements.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At the time of our inspection a new manager was in post. They told us of the changes being made to the service and the work they were doing to create a better working and learning culture for the staffing team. Staff we spoke with told us the manager and senior members of staff were accessible and approachable. Staff told us they felt supported by their manager and colleagues. We observed team working within the staffing team and one staff member said, "I don't like my job, I love it. We all work well together to ensure people are cared for". Another staff member told us "There have been lots of changes in the home for some time, however we are more settled now and the manager is working hard to address different areas we need to improve on".

Staff members told us they felt able to raise issues or concerns with the manager and they would be addressed. Staff meetings were held on a regular basis which gave staff the opportunity to discuss the needs of people who used the service; share good practice, raise any issues or concerns and identify areas for improvement. We looked at the minutes of staffing meetings held which confirmed they took place approximately every six weeks.

There were processes in place for reporting incidents and accidents and we saw that these were being followed. All incident and accident reports included details of the incident or accident and any follow up action required by staff or other professionals was recorded. For example one person had suffered from recurrent falls and we saw that staff took action to address this and referred them to appropriate health care professionals for support.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**People were not protected against the risks of receiving care or treatment that is inappropriate or unsafe.**

**The provider did not have procedures in place for dealing with emergencies.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

**The provider did not have suitable arrangements in place to assess and monitor the quality of the service.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

**People were not protected against the risks of unsafe management of medicines.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

**The provider did not ensure there were systems in place to monitor the safety of premises.**

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

**The provider did not have suitable arrangements in place to ensure people participated in making decisions relating to their care or treatment.**

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

**The provider did not have suitable arrangements in place to obtain or act in accordance with people's consent.**

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

**The provider did not ensure that people were protected against risks arising from inappropriate information and records.**

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

**The provider did not ensure that staff received appropriate training, professional development, supervision and appraisals.**