

Martlane Limited

Forest Place Nursing Home

Inspection report

Forest Place
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At our previous comprehensive inspection of the service in August 2016 one breach of the regulatory requirements was made in relation to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that improvements were required in relation to the registered provider's arrangements for medicines management, care planning, the management of risk; and where people lacked capacity to give consent and assessments had been carried out, people using the service and others were not always involved in the decision making process.

At this inspection whilst improvements were noted since our last inspection in relation to complaints, medicines management and enabling people to be involved with making decisions, further improvements were still required pertaining to care planning and ensuring risks were managed appropriately.

Following the inspection there was a serious incident which is subject to a police investigation. The inspection did not examine the circumstances of the incident, however we reviewed all information received and concluded the service had acted appropriately to ensure people using the service were safeguarded and any risks to people's safety and wellbeing were mitigated.

Forest Place Nursing Home provides accommodation and personal care for up to 90 older people. Some people also have dementia and complex nursing related needs. The premises consist of Kingfisher Unit for people living with dementia and Maple Down and Maple Loft for people living with complex nursing needs. At the time of our inspection the service was undergoing extensive building works to the premises and we were advised that these works would be completed in 2019.

This inspection was completed on 29 and 30 October 2017 and there were 71 people living at the service when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although a lot of work had been done, further improvements were required to the quality assurance system to drive improvement and ensure that all aspects of the service are clearly monitored for potential risks. This related to people's care records and risk assessments. Risks had not always identified and mitigated so as to ensure people's safety and wellbeing. Suitable arrangements were needed to ensure staff followed people's care and support needs so as to ensure their safety and wellbeing. We did not see any impact on people due to these documentary shortfalls during our inspection and the registered manager was responsive to addressing any concerns noted during our visit.

Minor improvements were required to recruit staff safely in line with the provider's policies and procedures,

to ensure staff received a robust induction and an appraisal of their overall performance.

Systems were in place which safeguarded people who used the service from the potential risk of abuse and harm. Staff understood the various types of abuse and knew who to report any concerns to should the need arise. People living at the service confirmed they were kept safe and had no concerns about their safety. People were confident that their concerns and complaints would be listened to, taken seriously and acted upon.

Appropriate arrangements were in place to ensure people's medicines were obtained and administered in line with the prescriber's instructions. Improvements were required in relation to how medicines were securely stored for safekeeping at all times.

The deployment of staff within the service was suitable to meet peoples' care and support needs. Staff described the management team as supportive and approachable. Arrangements were in place for staff to receive formal supervision at regular intervals.

The service was up to date with the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS] and people's capacity to make day-to-day decisions had been considered and assessed. Staff sought consent from people before supporting them with their care.

Although people's comments about the meals provided were variable, the dining experience for people was positive. People's healthcare needs were supported and people had access to a range of healthcare services and professionals as required. Staff had a good relationship with the people they supported. People were treated with dignity and supported to maintain their independence where appropriate.

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 consistently safe.

Risks were not always assessed and managed to ensure people's safety.

Improvements were required to recruit staff safely in line with the provider's policies and procedures.

People received their prescribed medicines as they should, although improvements were required in relation to the security of medication storage.

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

The deployment of staff was suitable to meet people's care and support needs.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Not all staff had not received a robust induction and improvements were required, particularly for staff who had limited or no previous experience in a care setting.

Although staff felt supported and received regular supervision, improvements were required to ensure they received an appraisal of their overall performance.

The Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS] was understood by staff and appropriately implemented.

People's nutritional and healthcare needs were identified to ensure that they received proper support from staff.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People and their relatives were positive about the care and support provided at the service by staff. People told us staff were caring.

Staff demonstrated an understanding and awareness of how to support people to maintain their independence and to treat people with respect and dignity.

Is the service responsive?

The service was not consistently responsive.

Although some people's care plans provided sufficient detail, others were not as fully reflective or accurate of people's care and support needs as they should be and improvements were required.

People were supported to participate in a range of social activities.

People using the service and those acting on their behalf were confident and able to raise concerns. Complaints were dealt with satisfactorily.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Although systems were in place to regularly assess and monitor the quality of the service provided, improvements were required as these arrangements were not as robust as they could be and working as effectively as they should be so as to demonstrate compliance and to drive improvement.

The management team were visible in the service and there was an open and transparent culture. Staff were supported and clear on their roles and responsibilities.

Suitable arrangements were in place to actively encourage feedback about the quality of care provided at the service.

Requires Improvement ●

Forest Place Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 29 and 30 October 2017 and was undertaken by three inspectors on both days. An expert by experience accompanied the inspectors on both days. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts by experience had experience of caring for older people.

Before our 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 the improvements they plan to make. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We 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.

We spoke with 20 people who used the service, 10 people's relatives, one volunteer, one healthcare professional, the person responsible for providing social activities, six members of staff, the area manager, the newly appointed clinical lead and the registered manager.

We reviewed eight people's care plans and care records. We looked at the personnel records for four members of staff. Additionally, we looked at staff's supervision and appraisal records and training information. We also looked at the service's arrangements for the management of medicines, safeguarding, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our previous comprehensive inspection to the service on 11, 12, 13 and 16 August 2016, we found that the registered provider's arrangements for the safe management of medicines and risks required improvement. The registered provider had shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that the required improvements in relation to medicines management had been made. Although some progress had been made in relation to managing risks, further improvements were still required.

Not all risks had been identified and suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. We observed an incident whereby one person was assisted with their moving and handling needs. Staff used an incorrect item of equipment which was not in accordance with the person's specific care needs or in line with their care plan. This potentially placed the person at risk of injury and harm. This was brought to the registered manager's attention at the earliest opportunity who responded immediately by addressing this with the staff involved and action taken to ensure this did not happen again.

A member of staff was observed to assist one person to eat their lunchtime meal. The member of staff did not take their time when assisting the person to eat their meal so as to make it a pleasurable experience; and the entire meal was completed within 10 minutes. The person using the service was at risk of choking and although they did not choke on this occasion, due care was not taken by the member of staff to enable the person to eat at a slower pace and to ensure they swallowed their food properly. This practice placed the person at risk of choking and aspiration and demonstrated that the member of staff had not followed the person's care plan so as to mitigate these risks. The registered manager was alerted to this at the time of the inspection. We were advised following the inspection that a supervision meeting had been held with the member of staff to discuss how best to support people with their nutritional needs.

Following the inspection there was a serious incident. The service acted appropriately to ensure people using the service were safeguarded and any further risks to people's safety and wellbeing were mitigated.

Environmental risk assessments to ensure people and staff's safety and wellbeing were in place. For example, those relating to the service's fire arrangements. The registered manager demonstrated an awareness of their legal duties with respect to fire safety. A fire risk assessment had been completed and the registered manager confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. Individual Personal Emergency Evacuation Plans (PEEP) were in place for people living at the service. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency.

Staff recruitment records for four members of staff appointed since our last inspection in August 2016 showed that improvements were required in line with the registered provider's own recruitment policy and procedure. The majority of relevant checks had been completed before a new member of staff started.

working at the service. An application form had been completed, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been completed. Improvements were required to ensure that written references requested were acquired from an applicant's most recent employer and from someone who knew them well and who could verify their character. This would ensure the prospective employer had the most up-to-date information relating to their employment and conduct. Dates relating to previous employment and the reason for the applicant having left that employment were not routinely recorded. Following the inspection, the registered manager confirmed that a review of all staff personnel files had been undertaken and where professional references had not been pursued, these were now being sought retrospectively.

We recommend the provider seeks guidance on best practice in relation to safe recruitment practices from a reputable source and in line with current regulations.

Comments about the provider's medication arrangements from people using the service were positive. People confirmed they received their medication as they should. People received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure that people did not receive their medication too close together or too late. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for 23 out of 71 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Where people were prescribed medication dependent on the results of a blood test, for example, Warfarin, information relating to this was kept with the MAR form and specific instructions and adjustments relating to the dose of this medication were followed.

In general medicines were stored safely for the protection of people who used the service but minor improvements were required. On Kingfisher Unit on the first day of inspection a bottle of liquid medication was left by the qualified nurse on a tray on the windowsill for a period of 30 minutes whilst they continued with the medication round. This meant there was a risk that people not authorised to have access to the medication could have taken it. After this period we intervened and advised the qualified nurse to lock the medication away for safekeeping. Additionally, we found that one person required oxygen therapy. A care plan and robust risk assessment had not been completed and although the provider was aware that the oxygen provided was a prescribed medical product, a Home Oxygen Order Form [HOOF] which contains details of how the oxygen should be used had not been sought or retained. The registered manager confirmed following our inspection that a care plan relating to oxygen has been completed for this person.

We asked people whether they felt safe living at the service. People confirmed to us that staff looked after them well, that their safety was maintained and they had no anxieties or worries. One person told us, "I do feel safe here. There are always people about and staff do look in to see if you need anything." Another person told us, "Oh, yes I feel safe, in fact I feel very safe here." Relatives spoken with verified they had no concerns about their family member's safety and wellbeing. One relative told us, "When I'm not here, I don't worry about their safety. They seem more settled here, they [staff] check on them regularly. I think they are in safe hands in this home." A relative of someone newly admitted to the service confirmed, "They've [staff] worked very hard to get to know them [family member] and me. I feel they are safe here."

Staff employed at the service had received appropriate safeguarding training. Staff were able to demonstrate an awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that all members of the management team would act appropriately on people's behalf. Staff told us they would report any concerns to external agencies such

as the Local Authority or the Care Quality Commission if they felt that the management team or provider were not receptive or responsive. Where safeguarding concerns had been identified, the Local Authority and Care Quality Commission had been notified.

People's and relative's comments about staffing levels at the service were positive. People told us there were sufficient numbers of staff available to meet their care and support needs and when assistance was required, staff were prompt and care provided was undertaken in a timely manner. One person advised that staff were prompt when they used their call bell to summon staff assistance. They told us, "They [staff] come fairly quickly when I press it. I never have to wait long." Another person told us, "There are obviously less staff at night, but they [staff] still come quite quickly." Relatives spoken with confirmed what people told us. One relative advised us, "I've worked in care for years, and I'd say there always seems enough staff here." Another relative told us, "There are better staffing levels here now than there used to be." Staff confirmed that staffing levels at the service were appropriate so as to enable them to provide the care and support people required.

Our observations during both days of the inspection indicated that the deployment of staff within the service was suitable to meet people's needs. Current staffing levels ensured people's care and support was provided in a timely manner and staff were able to respond to the changing needs and circumstances of people living at Forest Place Nursing Home.

Is the service effective?

Our findings

At our previous comprehensive inspection to the service on 11, 12, 13 and 16 August 2016, we found that where people lacked capacity to give consent and assessments had been carried out, improvements were required to show that people using the service and others were involved in the decision making process. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that the required improvements had been made.

Peoples' comments about the quality of the meals provided were variable, with people expressing both positive and negative remarks. Comments included, "The food is lovely, always very good and it's hot." Another person told us, "The food is alright." Where less favourable comments were recorded, these included, "I don't like the food too much, there's too much mince." Another person stated, "The food's not very imaginative. I'd describe it as bland. I don't look forward to my meals, which is sad." The person clarified that if they did not like the meal offered the chef would provide an alternative. With the exception of one observation on Kingfisher Unit, the dining experience within the service was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service.

People were supported to make daily choices from the menu options provided and received food in sufficient quantities. Improvements were needed to ensure where people told staff they did not want to eat their meal or ate minimal amounts, encouragement was given by staff to try and entice the person to eat their meal or to eat a bit more. One relative told us on the second day of inspection, "Today, [relative] had no food. They were given a choice, they said 'no' and they [staff] took it away. There wasn't enough prompting and they weren't offered anything else." We discussed this with the registered manager at feedback and an assurance was provided that this would be addressed.

People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others were able to eat in the comfort of their room. Where people required assistance and support from staff to eat and drink, with the exception of one observation, this was provided in a sensitive and dignified manner. People were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. Staff were overheard to ask people if they had enjoyed their meal. Hot and cold drinks and snacks were readily available throughout the day and these were routinely offered to people.

The registered manager confirmed that all newly employed staff received a comprehensive induction. Records were available to show that newly employed staff had completed an 'in-house' orientation induction. Staff had not commenced a more robust induction such as the 'Care Certificate' or equivalent. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. This was a particular concern where staff had no previous experience working within a care setting and had not attained a National Vocational Qualification at Level 2 or above; or the Qualification and Credit Framework [QCF]. As already highlighted earlier the member of staff who had inappropriately supported one person to eat their lunchtime meal had not received a robust induction as described.

Training information provided at the time of the inspection confirmed the majority of staff employed at the service had received mandatory training in line with the organisation's expectations. Where training was due to expire this was highlighted within the staff training plan and evidence of future training booked. The majority of staff effectively applied their learning so as to demonstrate positive outcomes for people using the service.

Staff told us they felt supported by the registered manager and other members of the management team. Records showed that the majority of staff employed at the service had received formal supervision at regular intervals. Not all staff had received an appraisal of their overall performance for the last 12 months. For example, of five staff members files viewed, an appraisal was only available for two members of staff.

The Mental Capacity Act [MCA] 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were able to demonstrate a good knowledge and understanding of the MCA and DoLS. Records showed that people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been assessed and recorded. Where people were deprived of their liberty, the provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, whether they required pain relief medication, where they ate their meals and whether or not they wished to participate in social activities.

People told us their healthcare needs were well managed. Relatives confirmed they were kept informed of their family member's healthcare needs and the outcome of any appointments. One relative told us, "[Relative] is well looked after here. They'd [staff] notice if they were not well and would ring us." They further stated that the service were quick to contact them with any queries or concerns relating to their relative's health and wellbeing. The relative also said that when staff were concerned about their family member being tired all of the time, a GP was contacted, a blood test completed and this had revealed that the person had an iron deficiency. People's care records showed that information relating to the above was clearly recorded and this included evidence of staff interventions and the outcomes of their healthcare appointments. Each person was noted to have access to local healthcare services and professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP.

Is the service caring?

Our findings

The majority of people we spoke with were satisfied and happy with the care and support they received. One person told us, "The staff here are very kind and helpful, they've [staff] always got time for me." Another person told us, "They're [staff] looking after me well. I'd say they're [staff] very good, approachable and kind." Relatives confirmed what people told us. Two relatives who were visiting their member of family told us, "We can't give 10 out of 10, but we'd almost give it that. It's down to the warmth that staff show, they really do care." Another relative spoken with told us that staff worked well to look after their member of family who had complex care and nursing needs. They told us, "They treat [relative] wonderfully. I can't thank them all enough for their kindness." Relatives also confirmed that they too received support and kindness from staff. One relative told us, "They pick me up when I'm having a bad day and I'm upset. They'll [staff] give me a hug and have a chat with me."

Staff were noted to have a good rapport with the people they supported and there was much good humoured banter during both days of the inspection which people were observed to enjoy and appreciate. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink or assisting people to mobilise within the home environment.

Relatives told us that communication with the service relating to their member of family was positive and they were involved in decisions about their relative's care and support needs. One relative confirmed they felt included and involved in their relative's care due to the effective communication arrangements between the service and the family in relation to recent discussions about the outcome of on-going hospital tests. Another relative told us, "They're [staff] very good at showing me my relative's book [care plan]. They [staff] ask me for my views and input and we discuss their [person receiving a service] needs quite regularly as their needs change."

People's independence was promoted and encouraged where appropriate and according to their abilities. Several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed they were able to manage some aspects of their personal care with minimal or no staff support. One person told us that staff encouraged them to remain as independent as possible. They told us, "I don't need much support from staff. I can wash and dress independently. I can also eat and drink on my own and don't need staff help. I always try to do as much as possible for myself, however if I need help or assistance, the staff are always there to help you."

Staff were able to verbally give good examples of what respect and dignity meant to them; knocking on doors, keeping the door and curtains closed whilst delivering personal care and providing explanations to people about the care and support to be provided. Observations showed that the majority of staff knocked on people's doors before entering people's rooms and staff were observed to use the term of address preferred by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear jewellery and clothes they liked that suited their individual needs and were colour co-ordinated. A relative told us, "[Relative] has only been here for a short while, but they've [staff] already taken them to the

hairdresser and also they have had their nails painted. That's really pleased them."

Is the service responsive?

Our findings

At our previous comprehensive inspection to the service on 11, 12, 13 and 16 August 2016, we found that the registered provider's arrangements for the management of complaints and care planning required improvement. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that the required improvements in relation to complaints management had been made, however further improvements were still required in relation to the registered provider's care planning arrangements.

Arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured that the service was able to meet the person's needs and provide sufficient information to inform the person's initial care plan. Although people using the service and those acting on their behalf told us they had been involved with the above process, people could not always remember if they had seen their care plan or their relative's care plan.

Whilst some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. No care plan was evident for one person detailing their care needs and how these were to be delivered by staff. Although, the person had previously received respite care at Forest Place Nursing Home in February 2017, a revised care plan detailing their current care needs had not been completed. Following the inspection the registered manager confirmed that their care plan had been written on 1 November 2017.

The care plan for another person referred to their ability to stand as being inconsistent and referred to them using a 'standing hoist', however the person was immobile and unable to weight bear. This information was contradictory to their moving and handling assessment which confirmed that the person required a full body hoist. Staff were advised at the time of the inspection that the information recorded required reviewing. Additionally, not all care plans viewed were person centred and improvements were required to ensure the holistic needs of people were identified and taken into account. In some instances, observation records and daily care records provided limited information and did not provide a complete picture as to the person's wellbeing and how they had occupied their day. We did not find or observe any impact on people's care during our inspection as a result of not having care planning documentation in place.

The registered manager told us the person responsible for providing activities was predominately based on Maple Loft and Maple Down. A visitor to the service spoke very highly about the person responsible for providing activities, stating, "She's amazing and they [people using the service] all really like her. She works very hard, buys them things when it is their birthday and makes a fuss of them. Sometimes she'll just sit and have a chat with people." The person responsible for providing activities confirmed to us they were employed for between 35-40 hours per week and these included activities undertaken throughout the week and at the weekend. Information relating to social activities was displayed within the service. The person

responsible for activities also told us that where it was known that a particular person enjoyed a specific activity, the person was verbally reminded so they did not forget. They stated to us, for example, "[Name of person who uses the service] only likes bingo, so I always tell them when we're doing that activity."

Our observations on the second day of inspection showed that people on Maple Loft completed a crossword puzzle. The person responsible for facilitating the activity was seen to encourage people to take part by offering extra clues where needed and gave praise to people when they got the right answer. Additionally, people were being supported to celebrate Halloween. On Kingfisher Unit, a member of staff was seen to play an organ; staff were noted to sit and talk with individual people and to look through magazines and books with them. A volunteer, who had been visiting the service for the past 15 years, confirmed they provided religious observance to those who requested it as part of meeting their specific spiritual needs and also visited those who had no regular visitors. One person on Kingfisher Unit was noted to get involved with a variety of household chores and to assist staff in various tasks, such as writing the daily menu on the board. The person told us, "I try to help out here, doing whatever I can, I like doing it."

People confirmed they were happy with the way they were engaged in their daily lives. Several people told us about an accordionist who had recently visited the service. One person told us, "He was very good and he played songs we all knew. It was a very good time." A relative told us that their family member had recently made pancakes and as a result of this had been very proud of their achievements. Additionally, people told us about the summer party which had been based on a 1940's theme.

A record was maintained of all complaints made. Complaint records showed there had been 13 complaints since the beginning of January 2017. The specific nature of each complaint was recorded, including details of the investigation where appropriate and any action taken. The majority of people spoken with told us they were confident that any concerns or complaints would be listened to, taken seriously and acted upon. One person told us, "I saw a nurse about an issue and it was resolved very quickly."

A record of compliments was maintained to evidence the service's achievements.

Is the service well-led?

Our findings

We asked the registered manager about the arrangements in place to gather, document and evaluate information about the quality and safety of the care and support the service provided and the outcomes; through the completion of audits, feedback from people who use the service or those acting on their behalf and compliments and complaints. The registered manager confirmed that a variety of checks were completed at regular intervals. In addition, a monthly quality assurance summary report and manager's record was completed so as to provide an up-to-date overview as to what was happening within the service. Both documents were seen to be informative but we noted that the same information was recorded in several places and this was confusing. Additionally, information was not as up-to-date as it should be as some data was incomplete and therefore provided an inaccurate précis, particularly to evidence where actions had been taken and addressed. An illustration of this was where information in September 2017 made reference to Kingfisher Unit being cold on some days and some items of equipment faulty and not working properly. Though this had been documented it was not easy to determine when or if these issues had been resolved.

While the above arrangements were in place, this inspection identified that the systems in place to monitor the quality of the service and to identify where improvements were needed required further improvement. For example, maintaining an accurate and complete record of people using the service in relation to the care and support to be provided. This also referred to maintaining records for people employed at the service that were relevant to their employment and incorporated there being a more rigorous and effective induction programme for staff.

At this inspection we found that two medication errors had occurred at the service which had impacted on people's safety and wellbeing. This referred specifically whereby one person had received an increased dose of one of their medicines over a three day period and this had resulted in them having an adverse reaction to the medication. Additionally, another person had received a double dose of their transdermal patch medication. The latter is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. Though from our discussions with the registered manager the Local Authority had been notified, the Care Quality Commission had not and this was not in line with regulatory requirements. Furthermore, a formal investigation had not been completed or was sufficiently thorough to ensure that lessons were learned and improvements made to ensure this did not happen again. We discussed this with the registered manager at the time of the inspection and an assurance was provided that evidence to show lessons learned would be thorough and robust for the future.

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

People and those acting on their behalf knew who the registered manager was and told us the service was managed well. One relative told us, "I'd happily go to [name of manager] if we as a family were worried about anything. I think he's easy to talk to, I'm sure he'd listen, and he'd do something about it. I'd say he's a good manager, he knows people who live here well and, staff seem happy". Staff confirmed that the

management team were very supportive.

The service had a registered manager in post and they were supported by a senior management team who had both clinical, non-clinical and management experience. The registered manager was able to demonstrate a practical understanding of current guidance and legislation in managing the service and understood the key responsibilities of their role. The registered manager was aware of recent changes to the Care Quality Commission's assessment framework. They had attended an external consultation meeting to ensure their knowledge and understanding was up-to-date and to ensure this was reflected within the practice of the service going forward from 1 November 2017.

Information was available to show that people using the service and those acting on their behalf had been asked to provide feedback within the last 12 months, so as to give a view about the quality of the service provided. Comments viewed demonstrated that the majority of people rated the quality of the service provided as either 'good' or 'excellent'. Where negative comments were highlighted these related to the service's laundry arrangements and the quality of meals provided. An action plan was in place to show that the issues highlighted had been taken seriously and were being addressed. The views of staff had also been sought and confirmed that the majority of staff enjoyed working at the service.

Relatives confirmed that regular meetings were held whereby they were encouraged to have a 'voice' and to express their views about the service. Relatives told us these meetings were a good way of keeping them up-to-date; particularly with the on-going building works and that they felt able to discuss a range of different topics. One relative told us, "I come to the relatives' meetings; they [management team] ask us all if we have any concerns or problems. I think they [management team] genuinely want to know peoples' views and will act on what is said."

Staff confirmed that '10 at 10' meetings were held each day whereby staff from each unit and a representative from each department come together with the registered manager and/or management team. Emerging issues were discussed at these meetings so as to formulate the actions to be taken to address any concerns identified. Staff meetings had also been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this.

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
Diagnostic and screening procedures	Improvements were required in relation to the provider's quality and assurance processes to ensure these are operated effectively to guarantee compliance.
Treatment of disease, disorder or injury	