

Mr Thuraiaratnam Nadarajah Prakash

Durham Care Homes

Inspection report

99-105
Durham Care Homes
Hull
Humberside
HU8 8RF

Date of inspection visit:
02 October 2017

Date of publication:
27 December 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 2 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and one expert-by-experience. This was the first inspection of this service.

Durham Care Home is registered to provide care and accommodation for 20 older people, some of whom may be living with dementia; there are 14 single and three shared bedrooms. There was a dining room and a lounge on the ground floor and sufficient bathrooms and toilets. The first floor was accessed by a chair lift. The service had good public transport links to Hull city centre and is situated close to local facilities and amenities. At the time of our inspection there were 18 people living at the service.

There was a registered manager 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.

We found the provider did not always have effective systems and processes in place to identify shortfalls in the service. Audits were not always completed and action plans were not always followed through. Quality assurance systems were being developed but we found information in the audits was not consistently recorded. For example, medication audit had not identified the lock on the medicines fridge had broken. Also a food safety audit had not identified the temperatures of the food refrigerators were not recorded on a daily basis. This meant people could potentially access medicines and also the provider could not be assured food was stored at the correct temperature. Quality assurance systems and processes lacked consistency and some policies were not available to staff at the time of the inspection.

There were shortfalls in the staff recruitment process. References for two members of staff had not been obtained and one disclosure and barring service (DBS) check had been carried out by a previous employer. This meant the provider was not assured staff were of a good character. The provider had also not always assured themselves new staff were competent prior to allowing them to work unsupervised.

You can see what action we told the provider to take regarding quality monitoring and staff recruitment, at the back of the full version of the report.

We found the environment had some potential hazards for people such as uneven floor covering connections between communal rooms. During the inspection, the provider started to address these trip hazards and assured us these would be rectified. After the inspection, the provider confirmed the work had been completed.

People told us they felt safe living at the service. Staff were clear about their responsibilities to protect people from the risk of harm and abuse, and had completed safeguarding training.

Staff had completed risk assessments for people to ensure there was guidance in how to minimise the risks. These included risks associated with falls, moving and handling, nutrition, pressure areas and plans for emergency evacuation of the building.

People's health care needs were met. Records showed they had access to community health care professionals in a timely way and when required.

People's nutritional needs were met. The menus provided choices and alternatives to people and catering staff were aware of their special dietary needs. We observed people were offered choices for meals, snacks and drinks, and the food served looked appetising and healthy.

The registered manager was aware of their responsibilities regarding the Mental Capacity Act 2005. For example, when people were assessed as lacking capacity to make their own decisions, people involved in their care were consulted or invited to meetings. There was also Deprivation of Liberty Safeguards (DoLS) in place for thirteen people who used the service.

People received person-centred care, which was responsive to their individual needs. People's care records were detailed and risks to their wellbeing were identified. People were supported to be as independent as possible and staff supported them to attend appointments in the community.

Although entertainers were sometimes invited to the service and people could participate, if they wished, there was no structured activity programme. Most people were happy with this arrangement but we spoke with the registered manager about enhancing the provision of activities for people living with dementia. Visiting was not restricted and relatives were invited to attend events and to have meals with their family member.

We found staffing levels had recently been reduced. However, people told us there were sufficient staff to meet their individual needs. We observed staff were caring and patient with people, and their dignity and privacy were respected. Staff had a good understanding of people's individual needs. Staff received training, supervision and appraisal to develop their knowledge and skills.

Staff told us they were well-supported by the registered manager. People who used the service said the registered manager and provider were approachable. Regular residents meetings were held and people's requests were acted upon, for example, liver had been added to the menu.

The service was clean and tidy. Staff had access to personal protective equipment. Equipment used in the service was maintained appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were shortfalls in the staff recruitment process. The provider did not always follow their own recruitment policy and records were missing from staff files.

Medicines were not always stored safely, although people received them as prescribed.

Staff were knowledgeable about how to safeguard people from harm and abuse and knew how to report issues of concern.

There were risk assessments and emergency evacuation plans in place. Accidents and incidents were reported as required.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had not assured themselves new members of staff were competent prior to them working unsupervised. However, staff told us they received supervision and training to maintain and develop their skills.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and had submitted deprivation of liberty safeguarding applications as required. Staff were aware of the need to gain consent prior to carrying out care tasks.

People's health and nutritional needs were met. They accessed a range of health care professionals as required. Menus offered choices for their meals, snacks and drinks.

Is the service caring?

Good ●

The service was caring.

People's individual needs and preferences were understood by the staff.

People told us the staff were caring and confirmed staff respected their privacy and dignity. We observed staff had a patient and kind approach.

Staff were aware of the need to maintain confidentiality and personal records were stored securely.

Is the service responsive?

Good ●

The service was responsive.

Care was person-centred and staff responded to people's individualised needs. People were supported to be as independent as possible and were not restricted.

People's care records contained detailed relevant information and risk assessments. These enabled staff to quickly identify areas where people required support.

People were happy with the amount of entertainment and occupied themselves. However, we spoke with the registered manager about exploring activities for people living with dementia.

A complaints procedure was in place. People told us their complaints would be addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems and processes for quality assurance were not used effectively to identify shortfalls in the service. Audits were not always completed and were not used to drive improvement in the service. Action plans were not always completed to address issues.

Staff did not always have access to the guidance they required; several procedures were missing from the service's policy file. Some procedures were not always followed.

The service had a registered manager in post. Everyone we spoke with told us they were approachable and there was a culture of openness in the service.

Durham Care Homes

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 inspection took place on 2 October 2017 and was unannounced.

The inspection was undertaken by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had expertise of older people living with dementia.

The provider had not yet been asked to complete a Provider Information Return (PIR). This form asks the provider to give information about the service, what it currently does well, and what it hopes to implement in the next year.

Prior to the inspection, we contacted the local authority commissioners and safeguarding team to gain their views about the service. We looked at notifications that the provider had submitted to the Care Quality Commission (CQC). Notifications are forms, which the provider has to submit to us by law. They tell us how the provider manages incidents and accidents for people in their care.

During the inspection, we talked with seven people who used the service and three people's relatives, the provider, the registered manager and three staff. We also spoke with community healthcare professionals including a visiting general practitioner, two nurses and a physiotherapist.

We looked at four people's care records including their medication administration records (MARs). 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. We observed how staff interacted with people in the communal areas of the service. We also completed a tour of the building.

We reviewed how the service used the Mental Capacity Act 2005, to ensure that when people were assessed

as lacking capacity to make their own decisions, best interest meetings were held to make them on their behalf.

We looked at documentation and records relating to the day-to-day running and management of the service. These included induction, training and supervision records, recruitment documents for five members of staff and staffing rotas. We also looked at the certificates for maintaining equipment, the business continuity plan and policies and procedures.

After the inspection, we asked the provider to send us further information about staff recruitment, policies and procedures and the staff induction process. This information was received by the requested time, which helped us to make a judgement about the service.

Is the service safe?

Our findings

We found shortfalls in the staff recruitment and induction processes. The provider's recruitment policy stated all offers of employment were made only after receipt of two satisfactory written references. However, we found written references were not always received prior to members of staff starting work. This meant the provider was not following their own policies and procedures. One member of staff had no references and another had one reference.

The disclosure and barring service check (DBS) for one member of staff had been carried out by previous employers several months ago and was not current. The DBS gives information on the suitability of staff to work in the care setting and allows providers to make safer recruitment decisions. This meant the provider was not assured of the good character of the member of staff.

There were also discrepancies with the information given in the application form for one member of staff regarding dates of employment. The provider was unclear about whether two staff had actually completed shifts and also if they had, whether they had been supervised until competency to work alone had been assessed. The staff rotas showed they had completed shifts but there was no record they were supervised or that they had completed an induction. These two members of staff were both carers and the rota showed they were the only ones on duty for a night shift, whilst both were still completing their induction period. This meant people were supported by two staff whose competence had not been assessed as induction was still underway. The provider informed us there was an induction checklist and competencies were assessed through the completion of a booklet. However, we were shown a blank booklet to support that observation took place. The provider confirmed they had not yet been completed for any member of staff.

Not operating effective recruitment and induction procedures to ensure that potential staff were of a good character and had the qualifications, competence, skills and experience which were necessary for the work was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

After the inspection, the provider sent documents stating telephone references were obtained for the members of staff and written references were requested on the day of interview. However, no documentary evidence of this was provided. They also sent a new DBS for the member of staff showing there were no restrictions or reasons why they could not work in care settings. We also received the completed induction checklists for three members of staff.

People told us they felt safe living at the service. One person said, "It's alright, yes I do [feel safe]; staff are in their uniforms and anything you want they see to it." A relative said, "I'm satisfied with what I've seen." A visiting healthcare professional told us, "I've never witnessed any signs of neglect; everyone seems fairly well cared for."

In discussions, it was clear staff knew how to keep people safe from the risk of harm and abuse. Staff were

knowledgeable about the different types of abuse that may occur. They understood their responsibilities to report any concerns immediately. A member of staff told us, "I'd mention abuse to a senior, document it and pass to [Name of registered manager] and to the safeguarding team if I had to." The registered manager was also clear about their responsibilities to report safeguarding concerns. We saw safeguarding notifications had been submitted, as required. This helped to protect people from potential harm and abuse.

Staff completed individual risk assessments for people, which helped to guide staff in minimising risk. Records showed these included falls, moving and handling, nutrition, pressure areas and plans for emergency evacuation of the building. The risk assessments were kept under review so staff had accurate and up to date information.

People had received their medicines as prescribed. Medication administration records were completed accurately and the main medicines in use on a daily basis were stored in locked trolleys securely attached to a wall. There was a designated cupboard for controlled medicines, which required more secure storage. We noted the fridge, used to store specific items was located in the dining room and the key had broken in the lock. This meant it could not be locked and caused a potential risk for people as they could access the contents. This was mentioned to the provider and they put a lock on the fridge straight away.

Staff told us staffing levels at the service had recently been reduced and minutes of meetings confirmed this. They said this meant they now had little time to sit and chat with people. We observed there were periods of time when no member of staff was in the communal areas overseeing people who used the service. Despite this, we saw no detrimental impact on people.

People who used the service told us they were happy with the care they received and with staffing levels. They said, "I like it. There are no problems; there's always someone around", "Yes, [happy with the care] but they do work hard", "You've only got to say what you want and staff do it" and "Mostly; they [staff] respond quickly to the call bell, but just occasionally I might have to wait a short time." A relative told us, "Yes, it's safe. It's excellent; the care is more or less one to one. They're right on the ball and very good." Another relative said, "There seems to be enough staff; they're on the go all the time and everything we want doing has been done immediately."

During a check of the environment, we observed the cover-strips holding the carpets in place at doorways between internal doors left a gap and this created a trip hazard. A relative told us, "[Name] is frightened to death of the steps in the doorway." We spoke with the provider about this. They told us the reason for the gap was because the carpet had recently been replaced, and they told us they would address this immediately. Before we left the service, the provider had arranged for quotations to help to rectify this. After the inspection, we received a copy of this and the provider informed us the work has now been completed.

We saw the environment was clean and tidy. Staff had completed training in infection prevention and control, and health and safety. They had access to appropriate supplies of personal protective equipment such as aprons and gloves. Cleaning records were completed and there was a cleaning schedule in place, which meant staff were clear about their cleaning duties and responsibilities. We noticed toiletries belonging to people were stored inside their wardrobe rather than being accessible near the sink. This meant people found it difficult to wash their hands, as they had to retrieve the items from their wardrobe. The provider told us they were installing soap dispensers near each sink, which would address the issue, and these had already been purchased and were awaiting fitting. The provider confirmed they would ensure people had soap and towels located next to their basins so they could wash their hands until the dispensers were fitted. When we checked later, we saw the registered manager had actioned this during the inspection.

Is the service effective?

Our findings

People who used the service told us staff were effective and trained appropriately to meet their individual needs. They said, "I think they look after everybody well" and "Yes, staff are well-trained." A relative of a person who used the service told us, "They're [staff] very good; they know what they're doing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw mental capacity assessments and best interest meetings had taken place as required. We looked at the best interest meeting decisions for two people to not leave the service unsupervised. Staff had received training and were knowledgeable about the MCA. They had a good understanding of consent. One member of staff told us, "I always ask people for their consent to provide personal cares."

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 authorisation 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. We found the registered manager had submitted DoLS applications as required. We found four DoLS applications had been authorised and the provider was awaiting the outcome of four further applications. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff supported people to access healthcare treatments in the community and at the service. People told us, "I've just got new glasses, the optician came here", "It's perfectly possible [to access community healthcare services], a carer goes with you in a taxi" and "Ask them [staff] and they arrange it [appointments]." This meant people were not restricted and could choose where to access treatments and services. We looked at people's weight monitoring records and saw these were updated regularly. Staff told us all referrals to professionals for health and dietary needs were completed in a timely way, and we saw action had been taken as appropriate.

People were offered choices for their meals, snacks and drinks. We saw drinks were available in the communal areas and people who used the service were offered drinks and snacks throughout the day. We looked at the display detailing the meal times and menu options available. The menu was not in a pictorial format, which may have assisted people living with dementia to understand what was available. We brought this to the attention of the provider who said they would address it. Everyone we spoke with gave positive comments about the food and said they could join in with the mealtime experience. One person who used the service told us, "The food is excellent." A relative said, "I can even come for a meal if I want to."

We observed people's diets were catered for according to their needs. Staff told us they ensured people's individual needs were met and they said, "We always peel and cut up fruit for those people who need this."

The registered manager told us, "There are sandwiches, salads and fruit available all day." This meant people could choose to eat outside meal times and they had a choice of food.

We observed the meal-time experience for the people who used the service. Staff were attentive to people and served them quickly when they sat down which meant the meals were hot. However, it also meant people did not eat at the same time. People were able to choose where to eat their meal and some people chose to eat in their room. The majority of people who used the service ate all of their meal and all were asked if they would like additional food. This meant larger and smaller appetites were catered for. People were offered another meal if they turned down their original choice. We saw the food looked appetising and healthy. The service had a food hygiene rating scheme (FHRS) score of five, which was the highest score possible. The FHRS shows people the standard of food hygiene in the service.

We found staff were knowledgeable and their skills were monitored and reviewed. They were trained and records showed they had completed a range of appropriate training including courses on safeguarding, MCA/DoLS, fire, infection control, dementia and moving and handling. Staff told us they received suitable training to support people's individual needs. We brought to the provider's attention many courses had been completed over a year ago. The provider told us training can now be completed online and said many staff would be scheduled courses to complete soon. Staff confirmed they could complete online training and refresh their skills as required.

Staff told us they received supervision and appraisals, and these met their needs. However, we found the supervision and appraisal systems were not consistent and information was recorded differently. This meant some staff received different supervision to their colleagues and not all appraisals were fully recorded. The registered manager told us these systems had recently been changed and information was stored in different locations. We found staff had not been informed of the new processes and some documents were not fully completed. We discussed this with the provider and were told in the future they would ensure information was communicated to staff prior to any changes being made and all staff supervisions and appraisals would be fully recorded.

During a tour of the building, we noticed some areas of the service required changing to make sure they were suitable for people living with dementia. For example, we saw there were signs and pictures on some doors, but the bedroom doors were a similar colour and many only had a number. This meant people living with dementia might struggle to locate their room. We brought this to the attention of the provider. They told us they would look into improving the environment and would keep us updated regarding changes they make.

People told us the environment mostly met their individual needs. One person who used the service said, "The chairs are so comfortable" and another said, "There's a good atmosphere." However, another person told us, "When I'm in my room, it's a bit awkward sometimes getting the chair in a position to see the television." This was discussed with the registered manager who confirmed they would address it.

Is the service caring?

Our findings

People who used the service told us the staff were caring. They also said they were happy with the care they received. Comments included, "They are wonderful, they do take good care of us all and they're very caring", "They're very caring and helpful" and "They look after you here." Other people said, "I enjoy it here; I like being here" and "I love it here; I'm very lucky to be here."

Relatives told us visiting times were not restricted. They said, "It's quite friendly and relaxed, everything is free and easy; it's quite good." Other comments included, "They [staff] are caring" and "Yes, staff are caring; with it being a smaller place than [Name] has been in before, they [staff] seem to have more time." We looked at the results of a survey completed by relatives of people who used the service. Their comments included, "Staff are approachable and seem to be happy in their job" and "I feel confident with [Name's] care."

Visiting healthcare professionals told us, "The staff are lovely and caring. I'd be happy in here" and "It's a friendly place and everyone is helpful."

Staff told us they cared for people by being happy and responsive to their individual needs. One member of staff said, "I greet people with a smile" and another said, "I check how well the night has gone for people and if they are not in a good mood, I give them more time." Staff understood the individual needs and preferences of the people who used the service. One member of staff told us, "I can be breezy with some people but not with everyone" and another commented, "We have to knock loud [on one person's door] to make sure they know you are there."

We saw staff acting in a patient and kind manner, which supported people to be independent. Staff spent time with people ensuring they ate and drank. We observed a member of staff aiding a person who used the service to eat their meal as independently as possible, giving appropriate encouragement and taking time to describe the food. One person who used the service was supported to help with the cleaning and tidying of their room and also chose clothes for their doll. Staff told us this helped the person to maintain their independence.

We observed the registered manager and provider knew the name of every person who used the service, including what they preferred to be called. Staff told us this meant people felt known, cared for and understood.

People told us their dignity and privacy was respected. Their comments included, "They [staff] knock before they come in" and "Staff are careful what they do; they put towels around you." Staff had a good understanding of how to promote people's privacy and dignity. They said, "I perform people's personal cares in private" and "I'm discreet if someone has an accident; I wouldn't speak about it in front of others."

We found staff involved people who used the service in their care and asked for their opinions. We looked at the minutes of a recent meeting and saw some of the suggestions had been acted upon.

We saw advocacy and Lasting Power of Attorney (LPA) arrangements were detailed in the care records of people who used the service. This meant people had others to represent them and express their views, on their behalf, if required. For example, we saw one person's daughter had LPA for health and finances and the provider had contacted the daughter regularly to seek their consent.

Staff had a good level of understanding about confidentiality. They told us, "I'm always careful about who I share information with" and "I'd never post anything [on social media] about the residents." We observed all phone calls were taken in an office and people's personal information was discussed in private. Records were stored both on paper in the office, and electronically. The computers were password protected. This meant people who did not have log-in details could not access people's records. The provider was in the process of registering with the Information Commissioner's Office (ICO). We have asked the provider to inform us when this is completed. We will check this has been done at our next inspection.

Is the service responsive?

Our findings

People said they were happy with the number of activities provided and they were treated as individuals by being able to make their own decisions. Their comments included, "You get up when you want" and "We can do what we want really."

Visiting healthcare professionals told us staff were responsive to the needs of individual people. They said, "The staff ask for advice without prompting", "They're pretty proactive; staff seem to follow my instructions" and "They follow our instructions and I've no concerns at all."

People received person-centred care that was responsive to their needs. The care records we saw contained information about people's needs, preferences and history. Assessments were used to identify individual risks and these were clearly rated through a colour-coded system, which enabled staff to quickly identify areas where people required support. Risk assessments contained information for staff on how the risk could be reduced or mitigated. We saw care plans and risk assessments were reviewed regularly and updated to reflect changes in individual needs. We noticed the care records contained detailed information for staff. The registered manager told us, "We're going to introduce a one-page profile so staff can quickly see the needs, likes and dislikes of an individual person without going through the whole record." This meant staff would easily be able to view a summary of people's individual needs.

We saw activity profiles, which detailed the person's likes and dislikes for participating in activities, the support required and past outcomes.

People who used the service told us they could spend their time in a variety of ways. Their comments included, "I read", "I like to listen to the radio or come down [to the communal area] and join in the singing or listen to records" and "I just watch television and sit still." During the inspection, we saw people sat reading and heard there was music playing or the television was on.

We saw the general notice board that showed singers and entertainers were invited into the service. One person who used the service told us, "There's a pottery class soon and the pantomime has been mentioned. There were carol singers at Christmas and the hairdresser comes once a week." Relatives of people who used the service told us they had seen singers and said there had recently been a barbeque. One relative commented, "I didn't go, but [Name of person] enjoyed it." We saw minutes of a recent resident and relatives meeting where future events were discussed. The minutes were on display and they informed people about future planned entertainers.

We saw a plan of daily activities; however, none of the activities for the day of the inspection took place whilst we were there. There was a record sheet for four months detailing the activities offered and the names of the people who had participated, but no recent entries had been made. Staff told us they no longer provided activities and said the dedicated activities board, which detailed what was on, had been taken down. We asked the registered manager about this and they told us events still took place, but staff presently did not deliver activities themselves. We observed people used their telephones, listened to music

and read books and magazines. We spoke with the registered manager about enhancing the provision of activities for people living with dementia.

We saw there was a complaints policy and procedure in place. We found no formal complaints had been received since our last inspection. People who used the service told us they usually had no complaints and would approach staff, the registered manager or the provider if they wanted to raise any issues. People commented, "No complains at all; I'd speak to the manager or [Name of provider]", "No, it's been very good, I would see the manager [if I wanted to complain]", "No complaints at all, I would see staff" and "No reason to complain, everything seems to work smoothly."

Is the service well-led?

Our findings

During our inspection, we found the provider did not have effective systems and processes in place to identify shortfalls in the service. Audits were not always completed and when they were, the information gained was not used to drive improvement. We found medicines were not always stored safely and this issue had not been found by the provider's auditing system prior to our inspection. We also found the monitoring of the medicines fridge temperature had lapsed eight weeks before the inspection.

Audits had also not found that the temperatures of the fridges and freezers located in the kitchen had not consistently been recorded. This meant the provider could not be assured food and medicines were stored at the correct temperatures and this may have placed people at potential risk. We brought this to the attention of the registered manager who said the temperatures should be recorded daily. There were no audits of the temperatures, which meant the provider would not be aware of any issues that may have occurred.

The provider also failed to audit recruitment practices, which led to appropriate checks not being carried out before staff worked in the service autonomously.

The provider's guidance on audit for infection control at the service stated this should be completed monthly. We saw it had been completed in March and July 2017 which meant the provider's own procedure had not been followed. There was an action plan developed from the July 2017 audit to address identified shortfalls, however this had not been completed. We also found the kitchen audit had not been completed, and the action plan section on the premises audit was blank. We brought this to the attention of the registered manager who said they completed the audits when they had time, but staffing issues had meant some actions had not been followed up. This meant the identified improvements had not been made.

There was a list of policies for staff to follow and we reviewed some of them. However, we asked the provider if we could view all of their policies and they told us the policies required printing from a different location and bringing to the service. This meant staff did not have access to the service's policies and procedures that they may require. The provider assured us this would be actioned and the policies would be stored where staff could access them.

We found systems and processes lacked consistency. For example, the supervision and appraisal records of staff were stored in different locations and were on different documents. The registered manager told us this meant it was difficult to keep track of which staff supervision had and hadn't been completed. Staff told us the provider implemented new systems and processes and they were not always communicated before they were introduced. We discussed this with the provider who said they would ensure staff would be made aware of any new systems and processes to be introduced at staff meetings.

Not having effective governance systems in place to make sure the service is monitored to improve quality and safety was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the

back of this report.

The registered manager showed us the newly developed processes for monitoring accident and incident records and healthcare needs. The registered manager said they had just started the processes this month to help to make sure people received the correct support and to identify any patterns or trends. When completed these would help in the audit of accidents and incidents.

Staff told us there was a culture of openness and they were well supported. One member of staff said, "I don't think twice about phoning [Name of registered manager] any time of day or night." We found people who used the service were aware of who the registered manager and the provider were and said they were approachable. They told us, "[Name of registered manager] and [Name of provider] talk to me", "Yes, you can chat to [Name of registered manager]" and "I only know [Name of registered manager] and [Name of provider]; they're very nice and always smiling."

The registered manager was aware of their registration responsibilities and sent notifications in a timely way of incidents that affected people's safety and well-being. We saw the registered manager worked in conjunction with other agencies such as the local authority and safeguarding teams as appropriate. The provider completed visits to the service and was available to talk to people who used the service, relatives and staff. This enabled them to have general oversight of the service.

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 Effective systems were not operated to assess, monitor, evaluate and improve the service as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment procedures were not in place to ensure that persons were of good character and had the qualifications, competence, skills and experience necessary for the work to be performed by them.