

Barron Kirk Quality Care Limited

Bryher Court Nursing Home

Inspection report

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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 

Overall summary

We undertook an unannounced inspection of this service on 17 and 18 March 2015. This service provides accommodation, personal and nursing care for up to 45 older people, some of whom have limited mobility, are very frail or receiving end of life care. There were 37 people living at the home at the time of our inspection. Accommodation is arranged over three floors and each person had their own bedroom. Access to the each floor is gained by the main staircase or two lifts, making all areas of the home accessible to people.

This service had a registered manager in post. A registered manager is a person who is 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 last inspected the home in June 2014. We found the provider was in breach of regulations about the care and welfare of people, how some of this information was recorded, aspects of the safety and suitability of the

Summary of findings

home as well as how they assessed the quality of the service they provided. The provider sent us an action plan telling us what they intended to do make the improvements needed. During this inspection we checked to see if the relevant regulations were now met. We found our previous concerns had been addressed; however, we identified other areas that breached regulations. Some of these breaches were of a similar theme to those identified at our last inspection.

People commented very positively about the care and support received and their experience at Bryher Court. However, the inspection highlighted shortfalls in the following areas that could compromise the safety of people in the service.

Recruitment processes did not ensure that thorough checks took place. These are required to establish why previous employment ended and to inform decisions about the suitability of applicants for their role. Incomplete checks did not promote the principles of a robust recruitment policy or protect the interests of people living at the home.

Staffing levels occasionally did not meet the numbers the home had assessed it needed and processes, intended to safeguard against insufficient staff, were not always effectively implemented. When this occurred, staff told us their shifts felt difficult and hectic to ensure that people's needs could be met.

Arrangements for the supervision and appraisal of staff were not effective. Although staff supervision took place about concerns, regular supervision and appraisals, intended to monitor the training, on going development and the competence of staff, had lapsed.

Although resolved quickly, checks to ensure the safety of equipment such as the lifts, gas boiler and other gas appliances were out of date. The home could not evidence that they were safe to use and did not present a risk to people living and working at the home.

We made a recommendation that the home review its medication policy to reflect current guidance and amend practices.

The record of complaints and how these were progressed was incomplete and the wording used in the displayed

complaints process could be viewed as off-putting. It did not give people confidence that all complaints would be viewed with the same seriousness with which they were made.

Care plans were reviewed regularly, but did not always reflect people's involvement or the support they may require to ensure they understood and were involved in making and reviewing decisions about their care.

Although care plans recorded changes in people's condition and support required, they did not always contain sufficient information to enable all staff to understand what had caused the change or if action was required to address the cause. We have identified this as an area for improvement.

A quality monitoring system was in place but was not effective to enable the service to highlight the kind of issues raised within this inspection.

There were also the following areas that did work well. The manager had an understanding of the mental capacity Act 2005, and Deprivation of Liberty safeguards, they understood in what circumstances a person may need to be referred, and when there was a need for best interest meetings to take place. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and that people's rights were respected and upheld.

The service records showed that there were low levels of incidents and accidents and these were managed appropriately by staff who sought appropriate action or intervention as needed to keep people safe. Risks were identified and strategies implemented to minimise the level of risk.

People were able to choose their food at each meal time, snacks and drinks were always available. The food was home-cooked, including some home-made biscuits and cakes. People told us they enjoyed their meals, describing them as 'excellent' and 'first class'.

Two activities co-ordinators oversaw the management of activities programmes and entertainment. All staff had a holistic approach and saw it as their responsibility to spend time with people, talk with people, and carry out small acts of kindness such as getting drinks or showing people where to go.

Summary of findings

Staff understood how to protect people from the risk of abuse and the action they needed to take to alert managers or other stakeholders if necessary if they suspected abuse to ensure people were safe.

New staff underwent an induction programme and shadowing experienced staff, until they were competent to work on their own. There was a continuous staff training programme, which included courses relevant to the needs of people supported by the home. Most care staff had completed formal qualifications in health and social care or were in the process of studying for these.

The home was led by a registered manager who worked closely with the deputy manager and the staff team. Staff

were fully informed about the ethos of the home and its vision and values. They recognised their own roles as important in the whole staff team and there was good team work throughout the inspection. Staff showed respect and valued one another as well as people living at the home.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which now correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Recruitment checks were not sufficiently robust to meet the requirements of regulations and ensure prospective staff were fit and proper for their role.

Shortfalls in staffing were not suitably managed to ensure there were always enough staff to meet people's needs.

Safety and service checks had not been completed on key equipment in the home.

Minor improvements were needed to the management of medicines to ensure this was managed safely.

Staff knew how to recognise and combat abuse, accidents and incidents and risks were managed appropriately.

Requires improvement



Is the service effective?

The service was not always effective.

Staff were not provided with opportunities to meet with their supervisor or manager to discuss their work performance, training and development.

People were supported to access health and medical support, but records and documentation used to monitor aspects of people's health did not always record the rationale of some decisions.

New staff received a comprehensive induction and had access to a rolling programme of essential training. Staff were given specific training in the conditions some people lived with in the service.

The service was meeting the requirement of the Deprivation of Liberty safeguards and Mental Capacity Act 2005.

Requires improvement



Is the service caring?

The service was caring.

People spoke positively of the care they received and people were treated with dignity and respect. Staff adopted an inclusive, kind and caring approach.

Staff spoke with people and supported them in a caring, respectful and friendly manner.

People were relaxed in the company of staff and people were listened to by staff who acted on what they said.

Relatives and people's friends told us they were made to feel welcome when they visited the home.

Good



Summary of findings

Is the service responsive?

The service was not always responsive

People felt confident of raising concerns and action was taken to address issues raised, but the complaint handling policy was not always followed and some of its wording did not instil confidence that complaints would be regarded with the same importance with which they were made.

Care plans did not reflect that people were able to express their views and be actively involved in making and reviewing decisions about their care.

Changes in health or social needs were responded to. Short term care plans were written for people with acute conditions.

The home employed two full time activity coordinators and people told us they enjoyed the activities provided.

Requires improvement



Is the service well-led?

The service was not always well led.

The system for assessment and monitoring of quality was not effective. Shortfalls had not been identified by monitoring systems in place.

People, staff and relatives thought the service was well run and spoke positively about the leadership of the manager.

There was an open culture and meetings were held for staff and people to hear information about the service and to raise issues and comment.

Staff demonstrated values of the home in their commitment to care and support and the respectful way in which it was delivered.

Requires improvement



Bryher Court Nursing Home

Detailed findings

Background to this inspection

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

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As from 01 April 2015, CQC will only inspect the service against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The inspection took place on 17 and 18 March 2015, it was an unannounced inspection. The inspection team consisted of two inspectors.

We focused on speaking with people who lived in the home and their visitors. We also spoke with staff, observed how people were cared for and how staff interacted with them. We looked in detail at care plans and examined records which related to the running of the service. We looked in detail at six care plans and four staff files as well as staff training records and quality assurance documentation to

support our findings. We looked at records that related to how the home was managed such as audits, policies and risk assessments. We also pathway tracked some people living at the home. This is when we look at care documentation in depth and obtain people's views on their day to day lives at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked around most areas of the home including some people's bedrooms, bathrooms, lounge and dining areas. During our inspection we spoke with 10 people who live at the home, four visitors, one registered staff nurse, four care staff, the home's cooks and housekeeping staff. We spoke with the deputy manager, as the registered manager was on leave at the time of the inspection.

We reviewed the information we held about the service. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals such as a social worker. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law. Our last inspection identified breaches of regulations. We looked at the action plan the provider had sent us following the last inspection. This set out how the home intended to make the improvements needed and when they would be complete. This formed part of our planning process for this inspection.

Is the service safe?

Our findings

During our inspection in June 2014 we found concerns about the care and welfare of people who lived at Bryher Court and other concerns about the safety and suitability of the premises. The provider sent us an action plan telling us how they would meet these requirements by the beginning of December 2014. During this inspection, we found our previous concerns had been addressed, however, we identified other areas of concern. People we spoke with told us they felt safe and were happy living at Bryher Court Nursing Home. Comments included, "It's very pleasant here" and, "I feel well looked after, I haven't had any problems or anything to feel concerned about". A visitor we spoke with felt they were kept up to date with the care and support their relative received and told us, "I have every confidence in the home, its safety and the care provided". However we identified some areas of practice which meant that the home was not safe.

People were not protected as far as practicably possible by a safe recruitment system. Providers are required to establish evidence of satisfactory conduct in previous employment and, if that employment was in a care setting, the reason why the employment ended. For some staff, previously employed in care work, we found the reasons for the termination of their former employment and poor work references were not explored or recorded. In addition, references were not always taken up from most recent previous employer. This did not address why a person's previous employment had ended, the possibility of involvement in abusive practice, poor work practice, inform their suitability for their current role or promote the principles of a robust recruitment process to protect the safety of people living at the home.

This is a breach of Schedule 3 of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The day before our inspection the required number of care staff, assessed by the home as needed to meet the needs of people at the home, had not been met. Records showed the home had operated three members of care staff short. We discussed this with the deputy manager and some of the staff on duty. Some staff absences were at short notice; we were told efforts had been made to cover the shortage

by using existing staff and agency staff, however, these efforts proved unsuccessful. The failure to secure sufficient staffing had not been communicated to the deputy manager who had not been at the home on that day. This meant that the staffing shortfall was not addressed. Staff we spoke with told us although they worked well as a team, "It can be difficult and hectic when we are short staffed". People we spoke with told us there are usually plenty of staff, but commented staff seemed especially busy the previous day. Systems established to ensure enough staff were on duty had failed and the shortfall of staff had not been communicated to the home's management team.

People commented that, "Things still got done, but staff took a little longer to come". This presented a risk that people's needs could not be safely met and potentially impacted upon emergency fire or evacuation procedures. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at safety and service certificates for equipment used in the home. Checks intended to ensure the safety of the passenger lifts and the home's gas appliances, such as the boiler, cooker and tumble driers had lapsed. Although we brought these to the attention of the provider who acted appropriately and immediately to resolve these issues, planned maintenance should ensure continuity of safety checks. This had not happened.

Equipment was untested and uncertified as fit, serviceable and safe to use. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed medicines being given to people, spoke with staff who gave them out and people who received them. We found on one occasion the medication room was unlocked with no staff present. The lock fitted to the door had not locked automatically, leaving the room insecure. Two oxygen cylinders stored in the room were not secured to prevent them from being accidentally knocked over and statutory British Standard signage, to alert the emergency fire service to the storage of oxygen, was not displayed. Where Medication Administration Records (MAR) contained hand written changes to regularly needed 'as required PRN

Is the service safe?

medicines' its administration was not always countersigned by a second member of staff to help reduce the risk of error. Pharmacist advice had not been sought for some covertly administered medicine or another medicine, crushed to make it easier to swallow. Best practice recommends checks with pharmacists to ensure that the medication remains effective and stable if administered differently to the manufacturer's recommendation. Although best practice was in place in the form of body maps for the application of creams and pain relief patches, they were not consistently completed. For example the positioning of pain relief patches was not always recorded; this made it difficult to know if a replacement patch was positioned on a different site to help prevent skin irritation, or possible skin breakdown.

Otherwise, medicines were stored appropriately and administered or disposed of safely. Staff had a clear understanding of people's medication. They commented they felt confident in administering medicines and demonstrated an awareness of any side effects. People told us they received their medicine on time and knew what it was for. Staff were considerate and patient when administering medicines, we saw that people did not feel rushed or pressured.

We recommend that the home review and amend their medication policy to ensure practices conform with and reflect best practice in published guidance such as the Royal Pharmaceutical Society for The Handling of Medicines in Social Care or The National Institute for Health and Care Excellence (NICE) Managing Medicines in Care Homes.

Our previous inspection identified concerns about the safety and suitability of the home. During this inspection, we found our previous concerns had been addressed. We walked around the home and looked at most areas of it. Many parts of the home were recently decorated and extensive new floor coverings fitted. People, visitors and staff commented positively about these improvements. A maintenance planner scheduled any remaining work for completion. People told us they felt safe and were happy with their living environment. Arrangements were in place to check the environment to ensure it was safe and including things like the correct functioning of hot water temperature safety valves and fire alarm testing.

Individual risk assessments were completed and reviewed when needed. Staff were knowledgeable about the people they supported and familiar with risk assessments. These included medication, eating, drinking and risks of choking as well as use of equipment such as pressure reducing mattresses, lifting aids and wheelchairs. Incidents and accidents were recorded and analysed. They were used to look for any patterns or trends and to inform learning and care plan reviews. This helped to minimise the risk of incidents happening again.

Any concerns about people's safety or wellbeing were taken seriously. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. Policies ensured staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed all care staff had received safeguarding training and any safeguarding referrals were made when needed.

Is the service effective?

Our findings

We spent time talking with people and their relatives about the quality of care provided. Responses were positive. People told us they had confidence in the staff who supported them, they felt staff understood their needs and knew how to meet them. Comments about staff were positive and included, “I couldn’t wish for better staff” and “Staff not only know how to support me, they do it in such a way that it shows they want the best for me. They always do their best, that’s what makes them good and I appreciate that”. A visitor told “I feel my mother is in good hands”.

Staff told us they felt valued, that the manager was supportive and always listened to them. However, other than responsive supervisions to address specific issues, we found regular supervision and appraisal processes had lapsed. Supervision is an important process where staff can talk through any issues about their role, any training needs, or about the people they provide care and support to. It is intended to provide a manager with a structure for the development of staff and a formal opportunity to address any concerns. Supervision had previously taken place as one to one meetings at about eight weekly intervals, however, these had ceased in April 2014. No schedule of planned supervisions was in place. A system for supervision of staff, monitoring of their competencies, training and development was not implemented.

This meant that the registered manager did not have oversight and understanding of the performance of all staff to ensure competence was maintained. This could therefore place the people they supported at risk. This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a health care plan. This set out their initial assessment when they arrived at the home and regular, subsequent reviews charted changes in their health needs and on going support needed. Care and nursing staff were very knowledgeable about the people they supported, their specific health needs and how the needs should be met. While reviews were up to date, we found that they did not always record the rationale of some decisions. For example the reasons for the lack of a turning regime for a person who was at risk of skin pressure damage. In

addition, a scoring system within care plans for reviews of oral care and infection prevention assessment did not always contain sufficient commentary to identify what had caused a score to change and whether action was required to address the cause. We discussed our concerns with the deputy manager. Whilst we established that information was correctly recorded, the deputy manager acknowledged that further recording around decisions and the reasons for changes in people’s care plans would present a more complete picture of why changes had occurred. We have identified this as an area that requires improvement.

People told us that they saw their GP when they needed to and felt their health care needs were being met. Relatives told us they were satisfied with the health care people received at the home. Chiropodists, dentists and opticians visited the home when people needed them. The deputy manager recognised the importance of seeking expertise from community health and social care professionals so people's health and wellbeing was promoted and protected. One person spoke with us about how life had been for them at Bryher Court after leaving their home and their subsequent move to the service. Staff, in conjunction with mental health professionals had supported and encouraged them to regain their confidence and physical health so that they could “enjoy life again”. Where people needed more specialised support, for example pressure relieving mattresses to help reduce the risk of skin damage, or oxygen to help people with their breathing, suitable equipment and checking processes were in place.

Staff were positive about the training received and were able to tell us how they used it in their day to day role. One staff member said, “This service has high expectations of the standards of care delivery, the training I have received has helped me to deliver that”. An experienced staff member was allocated supernumerary hours to mentor and develop new staff. New staff members told us and we saw they were required to complete an induction programme and were not permitted to work alone until they had been assessed as competent in practice. Staff said they were continually supported thorough their induction period.

There was a continuous programme of training for staff. Training records and certificates confirmed the training undertaken. The training plan identified when essential training, such as fire safety, health and safety, manual handling and safeguarding required updating. Staff training

Is the service effective?

included other courses relevant to the needs of people supported by the service such as dementia awareness, skin integrity and skin pressure management. Comments from staff about access to training and the quality of the courses included, “The training generally is first class not just basic awareness” and “There is lots of training here”.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had received training in the Mental Capacity Act (MCA) 2005 and they understood its principles and how to implement this within the service. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The home had discussed these requirements with the local authority and had submitted applications for people for whom this was required. The provider was aware of when an application should be made and how to submit one including considering the use of forms of restriction such as bedrails. Staff were aware of the need to ensure people were able to consent to their care. We heard staff encourage people to take their time to make decisions and staff supported people patiently whilst they decided.

People received a wide variety of homemade meals and fresh fruit and vegetables were available every day. The chef spoke with people about their preferences and asked for feedback about meals. People enjoyed the food and spoke highly of the choices offered to them. One person said,

“The meals are delicious, we get a good choice every day.” Another person told us if they did not like what was offered to them on the day, they could always have something else that wasn’t on the menu; we also saw this occurred during our inspection. The chef catered for people with a range of dietary needs including diabetic, softened and vegetarian food. The kitchen area was clean and well managed with food and utensils stored appropriately. Relatives were sometimes invited to stay for meals and said the food was always good and appetising.

We observed the service of lunch. People who were too frail to come to the dining area or preferred to eat in their rooms were supported by staff. Staff engaged positively and cheerfully with people and particularly with those who were not well enough or chose not to come to the dining area. Staff provided people with appropriate assistance in a sensitive manner and chatted with the people they supported. People were offered a choice of drinks, hot or cold. We saw and heard staff encourage people to drink to reduce the risk of dehydration. Where people required their fluid and nutrition intake to be monitored, staff recorded what was consumed. This helped to ensure that people’s nutrition and hydration needs were effectively managed and any identified needs were acted upon.

Is the service caring?

Our findings

During our inspection in June 2014 we found concerns about the delivery of care for people who lived at Bryher Court. The provider sent us an action plan telling us how they would meet this requirement by the beginning of December 2014. During this inspection, we found our previous concerns had been addressed.

People were cared for in a kind and compassionate way. They felt valued and respected as individuals and said they were happy and content in the home. One person said, "The staff are just so kind and caring." Another person told us "Staff are wonderful; it's surprising how kind the staff are. I didn't think people could be so caring." A relative commented about their mother, saying, "They take great care of her and it is so lovely to see her looking so well." People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection.

Staff were clear about how to treat people with dignity, kindness and respect. All of our observations were positive, staff used effective communication skills which demonstrated knowledge of people and showed them they were valued and thought of as individual. For example, staff spoke with people at the same level so people did not feel intimidated. They made eye contact and listened to what people were saying, and responded according to people's wishes and choices. Staff were courteous and polite when speaking to people behind closed doors. For example, we heard a staff member supporting a person in their room. They gave the person time to respond and spoke in a way that was friendly and encouraged conversation.

Where appropriate, care plans recorded details of end of life care arrangements. This was provided in conjunction with a local hospice service. The home had adopted a system of 'Just in Case' boxes to support anticipatory prescribing and access to palliative care medications for people who were approaching the end of their life. People often experience new or worsening symptoms outside of normal GP practice hours. The development of 'Just in Case' boxes seeks to avoid distress caused by poor access to medications in out of hours periods, by anticipating

symptom control needs and enabling availability of key medications in the home. We saw that staff continually checked a person receiving end of life care, ensuring they were comfortable and addressing any needs with dignity and compassion.

Staff knew people well and demonstrated a high regard for each person as an individual. Staff spoke with us about the people they cared for with genuine affection and were able to tell us about specific individual needs and provide us with a good background about people's lives prior to living at the home; including what was important to people. We saw people were addressed by their preferred name and staff took the time to recognise how people were feeling when they spoke with them. For example, one person became agitated. Staff spoke calmly and slowly with the person, encouraging them to speak and help them understand why they were unhappy. Staff knew how to encourage the person to remember a time when they were happier. They chatted with the person about this which helped to calm the person.

People's privacy and dignity was protected. Staff knocked on people's doors and tended to people who required support with personal care in a dignified manner. One person we spoke with said, "I need help to the toilet, it was something I was worried about, but staff help me in a respectful way." Care records were stored securely and information was kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to underpin this.

Throughout the day staff spent time with people, chatting and laughing. People shared experiences with each other as they chatted with staff, reflecting on past times and encouraging each other to reminisce. Staff encouraged conversations and activities which they knew people enjoyed. One person enjoyed jigsaw puzzles whilst another other people received their daily newspaper and spent time quietly reading or listening to music. Staff actively encouraged people to remain independent and participate in activities of their choice, for example, supporting people to use the garden and celebrating birthdays and national events such as St Patrick's day, which coincided with our visit.

Is the service responsive?

Our findings

People told us they felt staff were responsive and supportive to their needs and were offered choice in all parts of their care. One person told us, "I get offered choices and decide my own daily routine." Another person commented, "I like to stay in my room and keep my own company. The staff do respect that, but they do try to get me to join in." Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes.

A complaints procedure was available to people and visitors to the service. The process was displayed in the main entrance area so people knew how to report a complaint and what the process was. We looked at the complaint process and policy. The terminology used in the complaint process referred to complaints as 'trivial, non-trivial and written.' This may dissuade some people from raising concerns, inferring that the seriousness of some concerns is prejudged or regarded as petty or frivolous. The complaints policy set out how the home should log a complaint together with various acknowledgement and response timeframes. Reference to the complaints log found that an on going complaint against the home had not been treated in line with policy. Although responses had been made, the complaint had not been recorded as received and there was no evidence of an acknowledgement. The home had therefore not followed its own complaints policy.

Providers must operate effective systems for identifying, receiving, recording and handling complaints. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans did not reflect that people were able to express their views and be actively involved in making and reviewing decisions about their care. Although reviews were up to date and had been completed when required, most people had not signed their care records to show that staff had discussed the planned care with them. Some people told us they did not know what their care plan was and were not aware it had been discussed with them, but told us they were happy with the support they received. Each person we spoke with felt happy they could discuss their care and support with staff if they felt they needed to.

Some people told us they had done this, however, other people felt they had not had the opportunity or did not know that they could. We spoke with the deputy manager who acknowledged while staff often spoke with people and agreed any changes or new care plans with them, the practice or recording these discussions was not fully embedded into everyday working practices. This was evidenced by the care plans we viewed.

People must have the opportunity to be involved in the assessment of their needs and preferences as much or as little as they want to be. Providers should give people relevant information and support when they need it to make sure they understand the choices available to them. Care plans did not always reflect people's involvement, agreement or support provided in reaching the decisions recorded. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Admission assessments and resulting care plans captured a holistic approach to care and included the support people required for their physical, emotional and social well-being. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes. Staff felt the keyworker role helped them to get to know people and respond effectively to their individual needs.

Changes in health or social needs were responded to. Short term care plans were written for people with acute conditions for example chest and urinary infections. Other examples included a manual handling care plan which charted a gradual increase in the use of aids as person became less able to independently mobilise. Where weight loss was noted for another person, an action plan also ensured relevant external bodies had been consulted such as a GP or dietician. This showed evidence of staff being responsive to the changing needs of people who lived at the home.

People told us that they enjoyed the activities provided by the home, which employed two activity coordinators, one full time and one part time. The activity coordinators were enthusiastic and spoke positively of their role in providing for people's social needs. They said a wide variety of opportunities were available for people and it was their responsibility to ensure adequate stimulation and support

Is the service responsive?

was provided for people. Activities were varied and reflected people's requests and preferences. They included board games, reminiscing, crafts, quizzes, puzzles and physical exercise. One person said, "I particularly like the singing, it's always very cheery".

Is the service well-led?

Our findings

During our inspection in June 2014 we found concerns about some aspects of checks intended to ensure the safety of the home. The provider sent us an action plan telling us how they would meet these requirements by the beginning of December 2014. During this inspection, we found our previous concerns had been addressed; however, we identified other areas that required improvement.

A registered manager was in post. People and visitors were complementary about the manager and staff, commenting positively about how approachable they were. People told us they felt staff made time for them. Relatives and visitors to the home told us they were made to feel welcome.

However, the quality assurance framework in place was not fully effective and we identified some areas which were not always consistently well led. Systems had not ensured continuous oversight of key safety checks and required maintenance. For example, checks to ensure that gas appliances such as the heating boiler, tumble driers and kitchen cooker met with relevant safety regulations had lapsed. Neither of the passenger lifts were serviced when due. Forms introduced to prompt staff to record water temperatures when delivering personal care were not always used and regular staff supervision had not taken place. We found that many of the home's policies had not been recently reviewed and did not meet their requirement. For example, the medication policy did not conform with and reflect published best practice. The home's water management policy to safeguard against the risk of Legionella was contradictory of and did not reflect the guidance set out in the home's policy for infection control processes.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us the registered manager was a visible presence in the service, who instilled confidence. There was a clear staffing structure. Staff understood lines of accountability and their individual roles and responsibilities. People we spoke with knew the different roles and responsibilities of staff and who was responsible for decision making. Observations of staff interactions with each other showed that staff felt comfortable with other staff of all levels and there was a good supportive relationship between them, working together to achieve good outcomes for people. For example, discussing activities, or the health of a person who was unwell and suggested actions.

There was an open culture within the service that encouraged people and staff to express their views through service user or staff meetings. People were given opportunities to comment about the service and their personal experiences through their own service user meetings, and people confirmed they used these to raise issues or comment about aspects of the service such as food quality. We were told that plans were in process to develop feedback surveys for people living at and involved in the home.

Staff told us that they attended regular staff meetings and felt the culture within the service was supportive and enabled them to feel able to raise issues and comment about the service or work practices. They said they felt confident about raising any issues of concern around other staff members practice and using the whistleblowing process to do so; they felt their confidentiality would be maintained and protected by the manager.

The home's care philosophy set out the principles of providing individual and quality care. The deputy manager told us that the values and commitment of the home were embedded in the expected behaviours of staff. Staff recognised and understood the values of the home and could see how their behaviour and engagement with people affected their experiences living at the home. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful way in which it was delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and operated effectively to ensure that information was available in relation to each such employed person specified in Schedule 3. Regulation 19 (3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure sufficient staff were deployed to cover the routine work of the service; and staff did not receive appropriate on going or periodic supervision to make sure competence was maintained. Regulation 18 (1)(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

All premises and equipment used by the provider must be properly maintained. Regulation 15(1)(e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The Provider must operate effective systems for identifying, receiving, recording and handling complaints and maintain a record of all complaints, outcomes and actions taken in response to complaints. Regulation 16 (2)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Providers must ensure people have the opportunity to be involved in the assessment of their needs and preferences as much or as little as they want to be and give people relevant information and support when they need it to make sure they understand the choices available to them. Regulation 9(1)(c)(3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Providers must operate effective systems or processes to assess, monitor and improve the quality and safety of services. Regulation 17(1)(2)(a)(b)(f)