

Priyas Limited

# Chardwood Rest 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Chardwood Rest Home is a detached property close to the seafront in Pevensy Bay. It provides care and support for up to 15 older people with care needs associated with age. This includes people with low physical and health needs and people with mild dementia and memory loss. Chardwood Rest Home provides respite care that includes supporting people while family members are on a break, or to provide additional support to cover an illness. At the time of this inspection four people were living at the home and one person was on respite care.

There is a registered manager at the home who is also one of the owners and the provider. 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.

Chardwood Rest Home was inspected in March 2015. A number of breaches of the regulations were identified. Improvements were required in relation to the safe management of medicines, recruitment practices, staff training and supervision, the assessment and planning of care to meet people's individual needs and the quality monitoring systems. The provider sent us an action plan and told us they would address these issues by July 2015.

We completed a further comprehensive inspection in January 2016 to check that the provider had made improvements and to confirm that legal requirements had been met. We found improvements had not been made. A number of continuing breaches were identified and the service was rated as inadequate. The CQC took enforcement action and the service was placed into special measures. Warning notices were served along with a condition being placed on the registration of the service which required the provider to give us regular updates against their action plan.

After our inspection in January, the provider wrote to us to say what they would do to ensure all regulations would be met. This inspection took place on 11 November 2016 and was a fully comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements. At this inspection four people were living at the service one person was on respite and a further person was being admitted. We found the Warning Notices had been met and significant improvements had been made. However, these will need to be embedded into everyday practice to ensure they are consistently met and maintained when the occupancy of the home increases. We found one breach of a regulation at this inspection.

The staffing arrangements did not ensure two staff were working in the service at all times as recorded on the duty rota during the day and it was unclear who was providing staff cover at night when the registered manager was not available. This meant a suitable number of staff were not available at all times to respond to emergency situations including fire. People were not always safe because moving and handling practices

at the service were not always appropriate. When people fell and were unable to get up from the floor staff lifted them manually as suitable equipment was not available. This was a safety risk to people and staff. Medicines that required specific storage arrangements had not been stored appropriately in accordance with required legislation. Staffing arrangements the way staff were moving people and the storage of medicines impacted on how the service was maintaining a safe service and represented a breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider had established some quality monitoring systems. They provided reports to CQC as required, in accordance with a condition of registration. However, these systems needed further improvement to ensure robust and effective arrangements were in place to ensure legal requirements were met and ensure safe and effective care in all areas. For example, we found records that were not accurate or complete. This could impact on the care and support provided to people as staff were not provided with the most up to date information on people's needs.

People did not have a full range of activity and entertainment to meet all their individual needs. However people who were able to follow their individual hobbies independently were supported by staff to do this. Some visiting entertainment and activities were provided in the service.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and were polite at all times. People's dignity was protected and staff were respectful. People gave us positive feedback and their relative's also positive feedback about the care, the atmosphere in the service and the approach of the staff and registered manager. One relative said; "We like the home as it is small and friendly." Feedback from visiting professionals was also positive. They told us staff worked with them to meet people's health care needs.

People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what they should do if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

New staff undertook an induction and an established training programme supported all staff to meet the needs of people. Recruitment records showed there were systems in place to ensure as far as possible staff were suitable to work at the service.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure and comment cards were readily available for people to use.

Staff monitored people's nutritional needs and responded to them ensuring they had enough to eat and drink. People's preferences and specific dietary needs were met. People were supported to maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed.

We found a breach of 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 this report. At the last

inspection the service was place in Special Measures. The provider has made enough improvement for us to take the service out of special measures and we will inspect again within a year to ensure their progress in maintained.

## 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** ●

Some aspects of the service were not safe.

People's medicines were not always safely stored, but medicines were administered safely by staff suitably trained to do so.

The staffing arrangements and the provision of equipment did not ensure emergency situations could always be responded to quickly and safely.

Recruitment procedures ensured as far as possible appropriate staff were recruited to work in the service.

People told us they were happy living in the home and relatives felt people were safe. Staff had received training on how to safeguard people from abuse and were clear how to respond to any allegation of abuse.

### Is the service effective?

**Good** ●

The service was effective.

Staff were being suitably trained and supported to deliver care in a way that responded to people's changing needs

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to involve appropriate people, such as relatives and professionals, in the decision making process if required.

People had access to external healthcare professionals, such as the GP and community nurses as necessary because staff ensured appropriate referrals were made.

People's nutritional needs were well monitored and they had food and drink that met their needs and preferences.

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### Is the service caring?

**Good** ●

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them. Relatives were made to feel welcome in the service.

Everyone was positive about the care and support provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

### **Is the service responsive?**

Some aspects of the service were not responsive.

People did not have a range of activities and entertainment to meet their individual needs. Some visiting entertainment and activities were provided in the service.

People were able to make individual and everyday choices and staff responded to these choices.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Quality monitoring systems were not fully established to identify all areas for improvement and monitoring.

The registered manager was seen as approachable and supportive and was available to staff and people.

Staff and people spoke positively of the manager's leadership and approach.

**Requires Improvement** ●

# Chardwood Rest 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 inspection took place on 11 and 18 November 2016 and was unannounced. This was undertaken by an inspector and an inspection manager.

Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we were able to talk with five people who use the service and two relatives. We spoke with two staff members and the registered manager. Following the inspection we spoke with a specialist nurse and a local GP.

We spent time observing staff providing care for people in areas throughout the home and observed lunch in the dining room. We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living 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 at three staff recruitment files, and records of staff training and supervision. We viewed medicine records and looked at policies and procedures, and systems for recording complaints, accidents and incidents and quality assurance records.

# Is the service safe?

## Our findings

At the last inspection in January 2016 the provider was in breach of Regulation 12 and 19 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely. Records were not accurate and systems did not ensure that variable dosage medicines and other prescribed medicines were given as required. Recruitment records did not confirm the provider had assured themselves that staff working had relevant checks undertaken to ensure they were suitable to work with people at risk. Suitable environmental risk assessments to ensure people's safety within the home had not been established.

At the last inspection we found people were at significant risk of receiving care that was not safe. An action plan was sent to us by the provider that told us how they would meet the legal requirements.

At this inspection we found significant improvements had been made and the provider was now meeting the requirements of Regulation 19 but was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were confident they were safe in Chardwood Rest Home. They felt secure and staff were available to respond to their needs when they needed them. One person said, "I feel very safe here. Everything is locked up at night." Another said "There are enough staff. When I call my bell they come." Relatives were positive about the standard of care and safety in the home. One relative explained they used Chardwood Rest Home as a 'safe place' for their family member to stay, when they went away.

Despite this positive feedback we found some areas that could impact on people's safety.

Since the last inspection staffing numbers had been reduced in response to a reduced occupancy at the service. The staffing levels included two staff during the day which normally included the registered manager working as a staff member. These staff currently completed all care, laundry and catering duties. The registered manager had recruited a replacement chef but they had not started work in the service. One staff member worked at night. Most nights the registered manager slept in the adjoining building and was available if required. The registered manager told us when she was not available another staff member provided the sleep in cover. However, these arrangements were not recorded on the duty rota and staff were not clear on the staffing arrangements at night when the registered manager was not covering.

On the second day of our inspection the registered manager was rostered in to provide care for people. However, when we arrived she was out shopping leaving one staff member to support people and respond to any emergency. We found the staffing arrangements had not been properly assessed to ensure the right number of staff were working in the service at all times. They did not reflect the dependency of people and the assistance people would require if the manager was out shopping, engaged with management duties or in the event of an emergency situation including a fire. For example, the personal emergency evacuation plans (PEEPs) completed confirmed that two people would require the assistance of three to four staff



members to move them safely from their bedrooms in the event of an emergency. These needs and risks had not been taken into account as part of the staffing provision to ensure people's safety.

Records confirmed nine falls had occurred in the service since January 2016. These records did not note how people were supported up from the floor and the service did not have the right equipment to assist people. When people were unable to get up from the floor there was no way of ensuring they were lifted safely. One person told us they had been lifted by a staff member and another staff member confirmed people were lifted manually if they were unable to get up from the floor as there was no equipment to assist staff. This meant people and staff were put at risk from unsafe moving and handling practice. This was discussed with the registered manager who confirmed following the inspection they were sourcing a suitable mobile hoist.

The provider had not ensured all medicines were stored safely. We found controlled medicines had not been recorded within the register and had not been stored in the controlled drug cupboard. The service's controlled drugs procedure had not been followed. This meant the provider was not ensuring required safety legislation was being followed to ensure medicines were stored correctly.

These issues relating to safe staffing the moving of people and the safe storage of medicines were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other medicines including stock items were stored appropriately in locked cupboards with the keys held securely. No medicines required refrigeration and the registered manager confirmed a suitable lockable facility would be provided when this was required. Areas where medicines were stored had the temperature monitored to ensure medicines were not harmed before use.

People said they got their medicines when they need them. Records showed people received their medicines as prescribed. One person confirmed staff made sure they had the correct medicines and said "I take paracetamol three times a day because I have terrible pain in my knees." Medicines were administered safely by staff who had completed additional training and competency checks. When administering medicines, staff followed best practice guidelines. For example medicines were administered individually with the Medication Administration Record (MAR) chart only being signed once the medicine had been administered. Staff ensured people had a drink and asked people what medicines they needed.

A number of people were prescribed medicines 'as required' (PRN). People took these medicines only if they needed them, for example, if they were experiencing pain. The Medicine Administration Records (MAR) had a separate sheet to record these medicines. Individual guidelines for the administration of PRN medicines were in place for each person. These guidelines record why, when and how the medicine should be administered, and gave guidelines for staff to follow.

There were safe recruitment procedures in place. The registered manager was responsible for staff recruitment and ensuring appropriate checks were completed on staff before they started working in the service. We found staff records included application forms and confirmation of identity. The recruitment process included the sourcing of references that informed the provider of staff suitability. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. A system was also in place to re-check staff DBS every three years. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

All staff received training on safeguarding adults and understood their individual responsibilities to

safeguard people. Staff were able to talk about the steps they would take to respond to allegations or suspicions of abuse. Staff said they would report any concerns or any allegation to the registered manager in the first instance. They also knew the correct reporting procedures and said they would not hesitate to report if they needed to. The registered manager had a good working knowledge of the local safeguarding procedures.

Risks to people's health and care were identified and responded to. Records confirmed people were routinely assessed. These included risk of falls, skin damage, nutritional risks and moving and handling. People had equipment to reduce the risk of skin damage. For example, cushions to redistribute weight and reduce the risk of pressure damage were used.

# Is the service effective?

## Our findings

At the last inspection in January 2016 the provider was in breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because staff had not received appropriate training and support to carry out their designated roles within the service. An action plan was submitted by the provider that detailed how they would meet the legal requirements.

At this inspection we found significant improvements were made and the provider was now meeting the requirements of Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the staff were trained and they had confidence that staff had the skills and abilities to care for them well. One person said; "The staff definitely know what they are doing." Another told us the registered manager did not tolerate staff who did not have the skills and said; "She gets rid of the ones that do not do the job properly." A relative told us; "They are very good with my relative they understand what she needs and look after her very well." Feedback from visiting health care professionals about the skills and competence of the staff was positive. They told us staff worked hard to provide a good standard of care.

The registered manager had ensured staff had completed a training programme to provide them with the necessary skills and competence to undertake their designated roles since the last inspection. The programme was varied and included e-learning and training provided by the local authority. Staff understood their roles and responsibilities and had various skills and experience to care and support people. Staff were provided with terms and conditions of employment and policies and procedures that underpinned their roles within the service. New staff undertook an induction programme that included working alongside senior staff in a shadowing role.

Staff told us the training had greatly improved and provided them with the skills they needed and included practical training as well as theory. One staff member said "You always learn something new when you do further training." Staff and training records confirmed that a programme of training had been established and staff were completing essential training throughout the year. This included health and safety, infection control, food hygiene, safe moving and handling, and safeguarding. Staff training was closely monitored by the registered manager that ensured staff had completed required training and were reminded if they had not. The training programme included training on dementia and behaviour that challenged. This training had yet to be scheduled but confirmed the registered manager had recognised the need for this training. Staff were supported with training and further development within a structured supervision and appraisal programme. Staff had the opportunity to complete additional training and one told us how the registered manager had supported them to complete a recognised training programme in health and social care.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and DoLS. The 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. There were relevant guidelines available for staff to follow and all staff understood the principle of gaining consent before any care or support was provided.

Each person had their capacity assessed on admission, as a baseline assessment. People living in the home had capacity to make decisions about their care and daily life. The registered manager understood that a capacity assessment would need to be completed if there was any concern around a person's capacity to make a decision. She was aware any decisions made for people who lacked capacity had to be in their best interests and the need to include appropriate representation for the person concerned. The registered manager demonstrated a working knowledge of the MCA. They had applied for a DoLs authorisation in the past and worked with the local assessment team to minimise restrictions to liberty.

People were complimentary about the food and how they were provided with choice and variety. People were supported to have enough to eat and drink and had a pleasant dining experience. People had access to drinks throughout the day. Jugs of water were available in people's bedrooms and in the dining room. People could choose where they had their meals and the dining room was attractively presented. People were served their meals by staff who were polite. Care workers made sure they engaged people in meaningful conversation during the meal. People ate independently but staff were available to assist if required and to respond to any requests. For example, one person wanted a tomato sauce and this was provided. People and relatives were positive about the food and choices provided. Comments from people included "The food is wonderful I get a choice and it is always what I like" "The food is great and very well presented" and "If you do not like the food you can have something else."

People's nutritional needs had been assessed and were regularly reviewed. Risk assessments and staff observations were used to identify people who needed monitoring or additional support to maintain nutritional intake or to respond to a health need. For example, one person was eating a high fibre diet which staff monitored closely to ensure the person's diet was appropriate for their identified health need. Staff monitored people's weights and how this related to any health risk. If people lost weight which impacted on their health staff referred on to the GP for further advice and guidance. Staff had a good knowledge of people's dietary choices and needs. These were recorded as part of the assessment process and used during menu planning. The occupancy of the home currently enabled staff to have a good knowledge and understanding of each person's individual diet.

People were supported to maintain good health and received on-going healthcare support. People could see their GP when they wanted to and were supported to attend hospital appointments. Visiting health care professionals confirmed staff contacted them appropriately and shared information about people's needs and health to ensure care was tailored to meet their needs. For example, any skin injuries including cuts were reported to the district nursing team early to ensure appropriate treatment.

## Is the service caring?

### Our findings

People were treated with kindness and compassion by staff. People and their relatives were very positive about the caring nature of the staff at Chardwood Rest Home. People said staff were kind, friendly and always willing to help. Comments from people included; "The staff are lovely", "I am really happy here and the staff are so kind" and; "The staff are very good. They are kind and look after me really well." A relative said; "Staff are so very caring and take the time to know people." Visiting professionals told us staff were; "really friendly and helpful"

Staff spoke with people warmly and with a friendly and polite manner. One staff member apologised when she took a little while to get another dessert. "I am sorry to keep you waiting." Staff were attentive and used positive encouragement to motivate people to eat communally and talk to each other. Conversations were meaningful and staff took a genuine interest in what people were saying. They close to people and demonstrated that they were really listening to what people had to say. For example they maintaining eye contact and lowered themselves to a height that enabled a conversation when people were seated.

People were given space and time to do things for themselves with staff ready to assist if required. Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them. Staff were very patient when one person repeated what they were saying a number of times and repeated a question. Staff listened and responded to each question. Staff had a good natural understanding of the sensitive approach required for people who had some memory loss.

Staff had a good knowledge and understanding of the people they cared for. Staff knew about people's individual needs and choices. For example, when people liked to get up in morning and what they liked for breakfast. People were not rushed and staff supported them in a way that promoted their independence and individual choices. People were able to make their own choices and decisions about their care and how they spent their time. People moved around the home freely, spending time in different areas of the service as they wanted. People were dressed in clean clothes according to their own personal taste and told us the laundry service was good. Staff cared about people's choices and appearance and supported them as individuals.

Staff helped people to maintain their privacy and dignity. People had their own rooms and some had personalised their rooms. One person had a number of items that was part of their hobby. This resulted in rooms that looked and felt personal to the individual. People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. A visiting professional told us staff supported people to see them in private for any treatment or private conversation.

People were supported to maintain relationships with friends and family. Visitors were always welcome and were encouraged to spend time in the service. Relatives could visit at any time and staff were welcoming. One relative said; "I pop in when I can and am always welcomed and staff find time to get me a drink and tell me about my relative." One person told us friends came to the home to provide Holy Communion as she no longer wanted to go out to a church. Staff encouraged people to record 'life stories'. This helped staff to

understand people's backgrounds and what was important to them. This included people's beliefs and religions if they wanted to share this information.

## Is the service responsive?

### Our findings

At the last inspection in January 2016 the provider was in breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because people's care plans did not fully reflect people's care and support needs. Staff did not have clear guidance on how to meet people's needs in a person centred way.

At the last inspection, the service did not consistently respond to people's needs by drawing up appropriate care plans when delivering care. This included people's needs for personal care and support as well as specific care needs including pressure area care. An action plan was submitted by the provider that detailed how they would meet the legal requirements.

At this inspection we found significant improvements were made and the provider was now meeting the requirements of Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a mixed response to the provision of activity and entertainment in the service. People told us there was little to do in the service and would like further time to socialise with staff and to go on outings and attend entertainment. However some people were satisfied with the activity and entertainment provided. People's comments included "I don't do much. I read the paper. I never go out", "I would like staff to come and sit and chat but they do not have time. They are far too busy for that." Other people said "I like crosswords and other word puzzles and sometimes we do a quiz which I like, I like the peace and quiet," and "I do the garden and staff take me to the garden centre." There was a programme for structured entertainment and activity displayed in the home which included games and quizzes. One person was a keen garden and this interest was supported by staff which was very important to them. Stimulation for people is vital to maintain an interest and to maintain levels of wellbeing and purpose for people. For some people the level of activity was good and individually tailored to meet their needs for other people the activity was limited and this was identified to the registered manager as an area for improvement.

People were confident that the care they received was focussed on them and reflected their individual needs, choices and preferences. Everyone told us they were happy with the care and support they received, and it was what they needed and wanted. One person said "I am really very well looked after." Another said "Since I have been it has been the best years of my life." Feedback from visiting professionals confirmed people were happy living in the service. One professional said they had noticed that one person who had moved into the service had improved in their mood and level of well-being. They now looked much more relaxed and was no longer worried about their home and looking after themselves.

As staff knew people very well, a personalised approach to care was maintained. Everyone was treated in a person centred way that promoted their individuality. Staff responded to people's choice and accepted them. For example, people chose how long they spent in their own company. This was important to people who enjoyed time on their own and could choose when they wanted to be in company. People felt their care and health needs were well attended to. For example, one person told us they had fallen and staff had

attended to them quickly. They were closely monitored following the fall and measures were put in place to minimise the risk of further falls. Another person told us how their personal care needs were responded to in accordance to their wishes. "I get a shower one day, then a wash then a bath and so on. They really help me do that so well."

People had their needs assessed before they moved to the service. This was completed by the registered manager with the person wanting to move in and their representative. The assessment process was used to ensure the person's needs could be met by staff working at Chardwood Rest Home (The assessment included information about people's likes and dislikes, beliefs important to them and how they would like their care provided. Following the person's move into the service further assessments were undertaken. This included an assessment of any risks in order to manage these whilst protecting people's choices and independence. For example, risks associated with pressure to skin were identified and responded to with the use of pressure redistribution cushions and mattresses. Assessment information was used to write individual care plans to guide staff to provide individual care. These were reviewed on a monthly basis and reflected a person centred approach to care.

The registered manager kept people's needs under review and recognised when these needs were exceeding what could be provided by Chardwood Rest Home. Visiting professionals told us they had been involved in assessing people's needs in the past and supporting staff in decisions when to move people to other care homes when required.

People and their relatives said that they would raise concerns or complaints if they needed to. People said they did not have any complaints at the moment, but if they did they knew who to report them to, and they were always happy to speak to the registered manager. There was a complaints policy and this was available to people and their representatives to use if required. There were forms to use to record complaints and suggestions and a box to post them in located in the communal area asking for feedback on the service provided. This encouraged people to pass on their views in an anonymous way if they wanted to. Where the home had received letters of thanks and compliments we saw these were available for staff to view, which meant they were aware of feedback about the care and support provided. The registered manager demonstrated that a formal complaints received were investigated and reported on.



## Is the service well-led?

### Our findings

At the last inspection in January 2016 the provider was in breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because systems to monitor the quality of the service and address identified breaches to the regulations had not been established.

At the last inspection, the provider had not established effective systems in order to review the quality of the service, its facilities or the standard of the care provided. The registered manager had no effective system to understand the potential risks to quality or what areas needed improvement. Regulation breaches identified had not been addressed.

Following the inspection we imposed two conditions on the registration of the service to ensure the provider was meeting the requirements of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These conditions required the provider to establish full quality monitoring systems that took into account regular audits, reviews of practice and feedback from people who used the service. This was to include the use of action plans and on-going monitoring to resolve any issues identified. The provider was required to provide to the CQC a quality report each month, based on the quality monitoring system established.

We found the provider had established quality monitoring systems and reported on these to us. However, the system needed further improvement and evidence of sustainability to ensure robust and effective practices were in place. This would improve the quality of the service provided and make sure people experienced safe and effective care at all times. The conditions imposed at the last inspection remain and the provider must continue to provide the CQC with a monthly report. This should reflect how quality monitoring systems are used to improve the quality of the service and ensure ongoing compliance with all associated regulations.

People and relatives were consistent in their positive feedback about the management of the service. They were confident the registered manager had a good overview of the service and managed it well. She had a high profile in the home and made herself available to anyone who wanted to speak to her. People and relatives said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere. One person said "The manager is very good but they do too much." Visiting professionals were also positive about the management of the service which they felt was well organised and put people first.

Although feedback about the management was positive, we found the leadership of the service was not effective in all areas. Management systems that included quality monitoring although improved did not always ensure safe and best practice was followed in all areas. For example we found staffing arrangements the way staff were moving people and the storage of medicines impacted on how the service was maintaining a safe service and represented a breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager completed a PIR but it was not detailed enough. It did not demonstrate an understanding of the five key questions we ask, and was not used to reflect on what the service did well for people.

We found records were not always accurate or correct. For example one person who was admitted to the service for respite care did not have an assessment completed on their care needs, risks associated with their care or had a care plan in place. The registered manager told us this person had been admitted to the service before and staff knew their care needs well. However there was no evidence that these needs had been assessed. Records relating to variable dose medicines were not clear as the amounts given were not recorded. The registered manager told us staff knew what amount to give but this was not recorded. The central record of PEEPs used to inform the emergency services was not accurate and did not record everyone living in the service. The lack of clear records could lead to incorrect or out of date information being used when planning and caring for people. These areas were identified to the registered manager as requiring further improvement.

The provider had not ensured suitable policies and procedures were followed to ensure best practice in all areas. For example, environmental risk assessments were not recorded in systematic way to demonstrate a review that covered the whole service and garden areas. For example, there was no procedure to ensure the safety of hot water supplied to hot water taps and system to check that window restrictors were safely secured had not been recorded. The registered manager said she assessed all areas of the home for safety and had addressed all environmental risks. For example unprotected radiators had been covered since the last inspection visit.

There was no procedure in place to guide staff. Information available to the provider was not always used to effectively to monitor the quality of the service. For example, the registered manager had recorded one formal complaint within a complaints log however she had not recorded another formal written complaint received. She advised that the complaint had been investigated and was now archived but this along with any lessons learnt had not been recorded. Accidents and incidents were recorded and demonstrated that accidents were responded to on an individual level but not fully analysed to ensure information used effectively for an overview to reduce risks in the future. These areas were identified to the registered manager for improvement.

Staff were positive about working at the service and told us how much they enjoyed their work and felt supported and encouraged in their roles. Staff talked about how approachable the registered manager was and how they could speak to them at any time. Staff received regular meaningful supervision, and appraisals had been introduced. Staff told us the supervision process was useful for individual development and was used to reinforce the values of the service and to support staff in completing all essential training. One staff member said "The manager is driven and had a clear direction about roles and responsibilities." Staff felt they were listened to and that their views were taken into account. They told us if they asked for anything from the registered manager this was provided without question. For example, one staff member told us they had asked for an improved bin in the laundry and this was provided. The team spirit and willingness to work together for the benefit of people was strong within the team.

Information on the aims and objectives of the service along with its philosophy of care were recorded within the 'statement of purpose' which was available to people, staff and visitors. It recorded a main aim "To provide residents with a secure, relaxed and homely environment in which their care, well-being and comfort is of prime importance."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that appropriate staffing had been maintained in order to ensure people's safety at all times. The provider had not ensured people were handled and moved in a safe way at all times. The provider had not ensured all medicines were stored safely.</p> <p>Regulation 12(1)(2)(a)(b)(e)(g)</p>