

Fairhaven Care

Fairhaven Residential Care 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 

Summary of findings

Overall summary

We inspected Fairhaven Residential Care Home on 17 and 18 February 2016. Fairhaven Residential Care Home provides residential care for older people over the age of 65. The home offers a service for up to 13 people and at the time of our visit 10 people were living in the home. This was an unannounced inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service is required by a condition of its registration to have a registered manager.

At the time of our visit effective governance systems to monitor the quality of the service and identify the risks to the health and safety of people were not in place. The registered manager told us that they checked the quality of the service regularly as they were in day to day control of the service. However, we could not see that these systems were effective in ensuring compliance with the regulatory requirements. Systems currently in place had not identified the areas of concern we found during the inspection so that action could be taken to improve the quality of care and ensure the safety of people.

The required pre-employment information relating to staff employed at the service had not always been obtained when staff were recruited. The provider did not ensure that safe recruitment practices had been followed to ensure staff were suitable for their roles.

Staff were able to demonstrate their understanding of the risks to people's health and welfare and people told us they received care that met their needs. Risks associated with people's care and support needs had been identified and guidance provided to help staff protect them from harm. However, people's care records were not always sufficiently comprehensive to ensure staff who were new to the service would have all the information they required to enable them to meet people's needs, wishes and preferences.

Staff had received training to support them to effectively meet the individual needs of people. Even though staff felt supported they did not always receive supervision (one to one meetings with their line manager) to ensure they maintained the skills and knowledge needed to meet people's needs effectively. We have made a recommendation to support the provider to improve staff support and supervision.

We were concerned that opportunities and appropriate support had not been provided for people to be involved in decisions about their care and that their rights under the Mental Capacity Act 2005 had not been upheld. Where the provider placed restrictions on people to keep them safe, they were waiting for legal authorisation instructing them to do so. The registered manager could not show restrictions were only placed on people as a last resort after less restrictive approaches had been exhausted. There was a risk that people's rights might not be upheld and restrictions might be placed on people unlawfully, whilst the registered manager awaited the outcome of Deprivation of Liberty

Safeguarding (DoLS) applications.

People told us they felt involved in their care. They enjoyed time spent with staff and told us they had sufficient opportunities to stay active and pursue their interests. However, we could not see from people's care plans what opportunities had been created for people living with dementia to maintain their skills, remain involved and have a stimulating day. We have a recommendation to support the provider to develop opportunities for people living with dementia to engage in meaningful activities.

People and staff views about the management of the service were positive. People and staff spoke positively about the registered manager. They felt she was approachable, listened to them and asked for their views. The registered manager and staff had promoted a culture that put people at the centre of the work they did. Opportunities were available for people, their relatives and professionals to provide feedback about the service. However, the registered manager had not always used this information to improve the service.

People were treated with kindness, compassion and respect. Staff promoted people's independence and right to privacy. We observed staff putting the provider's values of respect, caring and dignity in practice, and people told us the care they received reflected these values.

People knew how to make a complaint. People told us the manager and staff would do their best to put things right if they ever needed to complain.

People received their prescribed medicines when required and had access to healthcare services when they needed them. People liked the food and told us their preferences were catered for. People received the support they needed to eat and drink enough.

There were enough staff to meet people's needs. People were positive about the staffing levels and said they received support quickly when they needed it. Staff had a good knowledge of their responsibilities for keeping people safe from abuse.

We found three breaches of the Health and Social Care Act 2008 (Regulations) 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Staff recruitment processes were not robust. All the information required to inform safe recruitment decisions was not available prior to applicants starting in their role.

People were protected from abuse and avoidable harm. Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe. However, people's care records did not include all the information staff unfamiliar with people's needs, would required to know how to keep people safe.

Staff followed safe medicines administration procedures and people had received their medicine as prescribed.

Contingency evacuation arrangements were not recorded and fire drills did not take place to ensure staff would now how to appropriately respond to a service emergency.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's needs were met by staff who had access to training and had developed the required skills and knowledge. However, improvements were needed so staff would receive regular supervision to ensure they continued to be able to meet people's needs effectively.

Decisions about people's care were not always made in accordance with the legal requirements of the Mental Capacity Act. Opportunities and appropriate support had not been provided to people, who lacked capacity, to be involved in decisions about their care and their rights under the MCA may not have been upheld.

People were supported with their nutritional and healthcare

needs. Where people were at risk of malnutrition, staff took appropriate action to ensure they remained nourished.

People were supported to stay healthy and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good 

The service was caring.

People spoke positively about the care they received from staff. Staff knew the people they cared for and what was important to them.

Staff took the time to build relationships with people and supported people to make day to day choices. Relatives were made to feel welcome in the service.

Staff respected people and ensured that their dignity was upheld during personal care.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People's individual needs had been assessed and care was provided accordingly.

People who could occupy themselves told us they were supported to pursue their interests. We have made a recommendation about involving people living with dementia in meaningful activities that would meet their individual needs and wishes.

People knew how to raise any concerns or complaints and were confident they would be appropriately responded to by the provider.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The provider had some quality assurance and risk management systems in place. However, these were not effective in identifying the shortfalls we found and did not consistently drive and sustain

improvements across the service.

There was an open and caring culture throughout the service. Staff understood the provider's values and practised them in the delivery of people's care.

People and staff were positive about the manager's leadership and she motivated them to improve the quality of the service.

Fairhaven Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 17 and 18 February 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. We previously inspected the service on 5 November 2013 and found no concerns.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We requested a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The provider had experienced technical difficulties submitting this return and we obtained this information during the inspection.

We observed care to help us understand the experiences of people. We spoke with five people using the service, the registered manager and four care staff. We also spoke with the district nurse who was visiting the service. We reviewed care records and risk assessments for eight people using the service. We also reviewed training records for all staff and personnel files for three staff, medicine administration (MAR) records and other records relevant to the management of the service such as health and safety checks and quality audits. After our visit we spoke with the Specialist Community Nurse for Care Homes who worked with the service.

Is the service safe?

Our findings

Staff recruitment records did not contain all the necessary information to help ensure the provider employed staff who were suitable to work at the service. The provider had completed and documented some recruitment checks, such as proof of each applicant's identity, investigation of any criminal record, and declaration of fitness to work. However, none of the recruitment files we reviewed showed evidence of the applicants' full employment history which meant periods of possible employment may be unaccounted for. Unexplained employment history gaps could identify that further information may be available which might make applicants unsuitable to work with people who use care and support services. The provider had not gathered this information to support them to make safe recruitment decisions.

We found that the provider had not protected people by ensuring that the pre-employment information required in relation to each person employed was available. This is in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with understood people's risks and the care they required to stay safe. For example, where people were at risk of falls staff knew they needed to reduce trip hazards, ensure people wore appropriate footwear and offer additional support at times when people seemed unsteady, so that they could safely walk around the home. Staff had received first aid training and knew how to raise the alarm and reduce the risk of further injury when people fell. People told us they were supported to keep safe. One person said "They are always telling me to look where I am going and walk slowly so I do not trip".

Staff understood the risks to people associated with the use of specific medicines. For example, two people were prescribed medicine which stops blood from clotting and can have significant side effects including, prolonged and intense bleeding and bruising. Staff understood the support people needed to prevent the risk of blood clotting or bleeding. They told us they had contacted the GP when one person fell to check that they had not missed any signs of internal bleeding because of the increased risk posed by their medicine. One staff member told us "We know these two people are prone to bruising so we need to be extra careful when supporting them". The district nurse told us, staff informed them in a timely manner when people's routine blood tests were due so that people would always receive an appropriate medicine dosage. Staff were aware of the people at risk of developing recurring urinary tract infections (UTI) and we saw they were encouraged to drink throughout the day and to use the toilet regularly to minimise the risk of developing an infection.

Risks to three people from financial abuse had been identified and arrangements put in place to support people to safely manage their money. However, this decision and support had not been recorded in their care plans. Staff who did not know people well would therefore not always be aware of anyone who was particularly vulnerable to this type of abuse.

Although the registered manager had identified risks to people they had not always recorded these for staff so they would have clear guidance to follow to minimise the risks. For example, the care plans of people using medicine that stops blood from clotting did not inform staff of the risks associated with this medicine

and how to manage these for people. Two people were at risk of developing recurring UTIs and their care plans did not inform staff how to support them to reduce this risk. One person had fallen but their falls risk assessment and care plan had not been completed to inform staff of the person's level of risk. Staff had relied on information received from the registered manager and visiting professionals about how to keep people safe and provide appropriate care. Although there was no evidence people had experienced any harm as a result of their incomplete records, new staff and agency staff might be unfamiliar with people's needs. There was a risk that in the absence of detailed care records staff, who did not know people well, might not have all the information they needed to keep people safe.

The provider had not always maintained an accurate and complete record in respect of the care provided to each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Fairhaven Residential Care Home. Their comments included; "I feel safe here. When I had a fall they came to help me get up" and "I am safe here, I get help when I need it". Staff had an understanding of the types of abuse which they may observe and how to report this, although records showed not all of them were up to date with their safeguarding training. They knew about the role of the local authority in relation to safeguarding and knew where to find the policy which contained guidance and contact details of relevant agencies. Staff felt confident any concerns they raised would be dealt with appropriately by the registered manager. Where safeguarding concerns had been raised, these had been handled appropriately and reported to the relevant agencies. One person had a safeguarding plan in place. Staff were familiar with their plan and supported them appropriately to stay safe.

People and staff told us there were enough staff on duty to meet their needs. People's comments included; "There is always someone around", "You don't wait for anything, when I ask for a cup of tea, they get it immediately" and "They always have time for a chat". From our observations we were satisfied that there were sufficient staff. For example, we did not notice any people being left waiting to be attended to by staff. Staff were present in the communal areas throughout the day and on the occasions when we saw people asking for assistance they appeared to be responded to promptly.

People were aware they needed to take medicines every day and they told us staff supported them with this. People received their medicines in a safe way because staff followed safe medicines administration practices. We saw each person's Medicines Administration Record (MAR) contained a photograph to identify the person. The MARs were completed in full with no gaps and information relating to the individual, such as allergies, was complete. Stock control of medicines was carried out routinely to ensure all medicines were accounted for and medicines stock was rotated to ensure medicines would not be administered past their expiry dates. Medicines, including controlled drugs were stored securely. Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain and they have additional safety precautions and requirements. Medicines were separated and colour coded in the medicine trolley; pink for morning, yellow for lunchtime, orange for teatime and blue for bedtime. Staff told us they felt this system reduced the risk of them making errors when administering people's medicines.

Staff asked people if they were in pain and needed their 'as required' pain medicine. When people were in pain, staff followed guidance in relation to medicines they could be given when needed.

In the event of an emergency the home's contingency procedures would be followed so people's care would continue with as little impact as possible for them. Each person had an individual personal evacuation plan in place. Staff had received training in fire safety, however, fire drills had not taken place to ensure staff would know how to evacuate people safely in the event of an emergency. The registered manager told us

she was still completing a written evacuation contingency plan so that all information related to an emergency evacuation would be easily accessible for staff. Although there were contingency evacuation plans in place, in the absence of clear written guidance and regular practice staff new to the service might not always know how to deal with possible emergencies.

The provider did not implement robust quality assurance systems to assess, monitor and improve the quality and safety of the home. The lack of a recorded emergency evacuation plan and evacuation practices were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

The service was not working within the principles of the Mental Capacity Act 2005 (MCA). Staff demonstrated an understanding of the MCA and how it applied to their practice. However, the registered manager, who held the responsibility for making decisions about people's care, was still developing an understanding of the provider's role in ensuring appropriate arrangements were in place to protect people's legal rights by proper implementation of the Mental Capacity Act 2005 (MCA). For example, the registered manager was not able to describe what the provider's mental capacity assessment would look like, when and how an assessment and decision would be made by the provider in someone's best interests.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made a number of decisions about people's care without recording people's involvement or those who knew them well in the decision making. This included decisions to closely supervise people for their safety, supporting one person to manage their money and applying to the local authority for authorisation to deprive three people of their liberty. The registered manager could not describe how these decisions had been made in line with the MCA Code of Practice. We saw mental capacity assessments had not been undertaken where the registered manager had reasonable belief that a person may not have the capacity to make a specific decision about their care and treatment. We could not be assured that opportunities and appropriate support had been provided to people, who lacked capacity, to be involved in decisions about their care and that their rights under the MCA had been upheld.

Three applications for DoLS authorisation had been correctly submitted to the relevant authority. However, improvements were needed to ensure people could not voluntarily agree to these restrictions and a best interest decision had been made in line with the MCA principles, prior to submitting the authorisation to the local authority. There was a risk that restrictions might be placed on people unlawfully while the registered manager awaited the assessment from the local authority to determine whether the restriction was needed and lawful.

Care and treatment of service users was not always provided with the consent of the relevant person. Where people were unable to give such consent because they lacked capacity to do so, the provider did not act in accordance with the MCA. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they had undertaken up to date training in subjects such

as safe moving and handling, fire safety, medication management and food hygiene and records confirmed this. The registered manager told us half of the staff team still needed to complete their safeguarding training workbook. About 50% of the staff team had been supported by the provider to complete a nationally recognised qualification in care to further develop their knowledge and skills. Staff told us they participated in a twice daily shift handover meeting. This gave them the opportunity to regularly discuss and reflect upon their approaches to care and support for the people who lived in the service. Staff said that the more experienced staff members helped them to develop their skills and knowledge.

Staff told us they could go to the registered manager with any concern or request for development. However, staff had not routinely received the opportunity to demonstrate they were able to put their training into practice and were competent to carry out their role. For example, staff had not completed medicine administration competency assessments to demonstrate they could safely manage people's medicines. The manager recognised that formal supervision and appraisal sessions had not taken place regularly in the past year. The registered manager had not routinely identified if staff might require additional support and training to enable them to care for people effectively. This is particularly relevant when supporting new staff and staff who might find aspects of their role challenging.

We recommend that the provider seeks guidance from a reputable source on current best practice concerning the supervision of staff, assessing their competence and encouraging professional development.

People were supported to have a varied diet. We looked at the menus and saw that people were provided with a good range of food which included healthy options. People were offered a choice of drinks throughout the day and when people indicated they wished a drink we saw staff made this for them immediately.

People were complementary about the food and told us they were offered choice by staff in what they wished to eat and were involved in planning the menus. People's comments included, "The food is very good here, most impressive", "It is very nice home cooked food" and "The food is exceptionally good". When people found it difficult to make meal choices staff showed them visual choices and followed people's known methods of communication to determine their food choices.

People's dietary requirements and dietary risks had been identified by staff. When needed guidance had been sought in order to keep people safe from the risk of choking. One person who was at risk of choking had been assessed by the community Speech and Language Therapist (SALT). We observed them being supported with pureed meals and thickened drinks in line with their SALT recommendations. Staff and the Specialist Community Nurse for Care Homes told us staff monitored people's weight for losses and increases and alerted her of any concerns. Staff could describe the Specialist Community Nurse for Care Homes' guidance when they had recently identified a person was losing weight and had little appetite. We saw during lunch time they supported this person to eat little and often in line with their care plan and kept on offering alternative snacks when they ate little of their main meal.

People were supported to maintain their health, including access to specialist health and social care practitioners when needed. People told us they could see a doctor or nurse any time they needed to. One person said "The manager takes me to the doctor and makes sure I go for tests when the doctor tells me to". The two health care professionals we spoke with told us they did not have concerns about people's wellbeing, the service worked closely with them and implemented their guidance appropriately. For example, the district nurse told us staff assisted people as needed during her visit, they identified promptly when people became unwell and contacted her when there was any redness to people's skin. We saw records to confirm that people had visited the GP, optician and dietician as required.

Is the service caring?

Our findings

People told us that they liked the staff at Fairhaven Residential Care Home. People's comments included; "I like this place. They are all friendly", "It is always such a relaxed atmosphere and staff are very approachable" and "We always have a laugh and a chat".

Interactions between people and staff were good humoured and caring. Staff spoke with kindness and affection when speaking about people. Staff were able to describe people to us in a very detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were living at Fairhaven Residential Care Home and specific details about their likes and dislikes. Staff told us they enjoyed their job and were enthusiastic about providing good quality care. Staff comments included "It is like providing care to my own mother", "Sometimes when I am off I will just pop in to come and say 'Hi' to people because I know they like the company" and "It is so important to make sure people are safe and happy".

We saw a staff member supporting one person to eat with sensitivity and tenderness, ensuring they supported the person to eat at their pace. People were kept company whilst having their lunch and staff encouraged people with consideration and patience to use their spoons and cups independently.

People's individuality was recognised by staff and people were supported to make day to day decisions that reflected their preferences. One person told us "I like to spend the afternoons uninterrupted in my room. Staff know that and leave me alone, they just pop in now and then to ask if I would like a drink". Another person had very specific breakfast requirements and staff confirmed that they received the breakfast of their choice.

Staff told us how they were given time to build relationships with people and get to know their preferences. One staff member told us "We always have time in the afternoon to catch up with people and have a chat". We observed staff sitting with people, making small talk and laughing with them on both of the days we visited the service. People told us they were never rushed and staff took time to understand what they can do and how they like things done. A new person had moved into the service and all the staff we spoke with could describe their preferences as noted in their care plan.

People told us they were treated with dignity and respect by staff. Comments included; "They are always discreet and private" and "I do not like people going into my room when I am not in it and they respect that". Staff also made us aware of this person's wish when we asked to look around the service. Staff explained to us that an important part of their job was to treat people with dignity and respect. One staff member told us "We know people well and try to support them to use the toilet sensitively before they have to ask as some people feel embarrassed". Our observations confirmed that staff respected people's privacy and dignity. Staff used people's preferred names and spoke with them in a kind and patient manner. If people required support with personal care tasks this was done discreetly and we saw people's eye drops were administered in private.

People were emotionally supported and staff ensured people remained in contact with people close to them. People's family and friends were encouraged to visit whenever they wanted. On person told us; "I have lost contact with some people but I know staff would help me find them if I wanted to".

Is the service responsive?

Our findings

People were positive about the care they received and told us it met their needs and preferences. They benefited from a stable staff team who had been working at the service for some years. People told us staff knew them well, understood their needs and they received care in line with their individual wishes. For example, two people told us that they liked to smoke. They had been supported to manage their money so that they could buy their cigarettes and a designated smoking area had been created for them. One person told us "Smoking is very important to me and I am really happy that I can still do it here".

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related, for example, to disability, gender, ethnicity, or faith. For example, people were supported with their spiritual beliefs with a monthly visit from a local chaplain. One person was blind and we saw they were supported to move around the home and staff spoke with them continuously so that they would know where staff were. Another person enjoyed dressing well but did not like shopping. The registered manager took photos of clothes they might like and would then purchase the ones they chose. A hairdresser visited every Friday to support people to maintain their appearance.

People's needs were assessed before they moved into the home. This assessment was used to form the basis of the person's care plan. People told us they had a written plan of their care which reflected their needs and choices, and that these needs were met. One person told us, "I know there is a plan written down and staff talk to me about it to check that it is correct." We saw that care plans recorded people's history and their diverse needs, for example personal care needs, eating and drinking and mobility. This information gave guidance to staff on how their needs could be best met. Some improvement was needed to ensure people's care plans would reflect all the care they required and received.

During our inspection there were no formal structured activities on offer. People were sat in the lounge and watching the television, knitting or reading newspapers and magazines where they were able to and appeared happy and relaxed. One person told us they attended a community day centre and a volunteer visited the service every Friday to chat with residents. People who could speak with us told us they had sufficient opportunities to stay active and pursue their interests. One person said "I get on with my word puzzles or reading so I am never bored". The registered manager told us they were developing sensory activities that people living with dementia could take part in. We could not see from people's care plans what opportunities had been created for people living with dementia to maintain their skills, remain involved and have a stimulating day. When staff told us that people living with dementia were happy sitting in the lounge watching TV we could not be assured from people's care plans that this was what people enjoyed.

We recommend that the service seek advice and guidance from a reputable source, about supporting people living with dementia to engage in meaningful activities, maintain their social skills and pursue their interests.

People told us they knew how to raise a complaint and that they felt their concerns would be addressed. A complaint policy was available in the service so people would know how to make a complaint and what to expect from the provider. People told us they had not felt the need to complain. The registered manager told us they had had no complaints since the last inspection. They had however, received one concern from a visiting professional regarding a staff member's conduct and we saw this concern had been responded to promptly and the issues addressed in accordance with the provider's staff performance procedures.

Is the service well-led?

Our findings

People's views about the registered manager of the service were positive. Comments included "The manager is nice", "The manager often takes me into town" and "I can always talk to the manager if I have a problem".

The registered manager and staff had promoted a culture that put people at the centre of the work they did. We observed staff putting the provider's values of respect, caring and dignity in practice, and people told us the care they received reflected these values. Staff were committed to the service and were positive about the registered manager and their involvement in the service. Comments included; "She is always available" and "She is very supportive".

The registered manager told us that they checked the quality of the service regularly as they were in day to day control of the service. However, robust systems were not in place or effectively operated to support the manager and staff to continuously evaluate the quality and risks in the service. They had not identified the concerns we found and the risks these could pose to people's health and safety prior to our visit.

Effective governance systems, such as regular audits, should enable continuous improvement of the service. These had not been undertaken. An external medicine audit had taken place in January 2015 to assess the service's compliance with national medicine guidelines. The community pharmacist's recommendations had been used to drive improvements. For example, photos were added to people's MAR and medicine policies were updated. However, regular internal audits had not been undertaken to check that improvements had been sustained and action taken to ensure the service's medicine practices continued to meet the recommended guidelines. We had identified that handwritten changes to people's medicine records were not always double signed and dated so staff would know from the MAR who had made this change if they had any queries. Records of medicine storage temperatures were not available to show medicines had been stored at the appropriate temperature. The registered manager could not be assured from the record that people's medicine had been stored in accordance with the manufacture's instructions and that their medicines had not less effective. The registered manager had not identified these issues and had therefore not taken action to ensure these were addressed. People might be at risk of unsafe medicine practices without action being taken to protect them from harm.

Routine checks did not take place to ensure health and safety requirements had been met in relation to infection control and fire evacuation practices to ensure the service environment was safe for people. Infection control audits had not been undertaken to assess whether clinical waste management, hand hygiene and infection prevention practices were adequate. People could therefore be at risk of infection without the registered manager being aware so that action could be taken to keep people safe. The provider had instructed an external consultancy in March 2014 to complete a fire risk assessment of the service. The provider had completed most of the actions resulting from the fire risk assessment, however, regular checks had not been undertaken to ensure all the suggested safety improvements were completed and maintained. For example, regular fire drills had not taken place as required and the registered manager did not have plans in place to address this. In the absence of regular fire drills the registered manager would not

be able to assess whether the risks to people were appropriately managed during an emergency evacuation.

Systems were not in place to review staff support practices against national care sector standards to ensure the provider would remain up to date and arrangements would reflect new guidance. For example, the staff induction process had not been reviewed to take account of the new national Care Certificate and staff had not completed medicine management competency assessments.

Recording systems had not been operated effectively to support quality and risk monitoring. For example, care plans did not always support the manager to monitor care practices as they did not contain all the information staff needed to support people safely. Although the registered manager told us they checked the quality of people's care plans their checks had not been effective in identifying the omissions we found. Records relating to the management of the service were not always available to evidence how the service met the regulatory requirements. For example, staff interview records were not on file to show how the registered manager had determined applicants met the requirement of the job and checked all the required recruitment information was available and a written fire evacuation contingency plan was not in place for staff to refer to.

Staff were aware of their role in reporting and recording accidents and incidents to support the registered manager to monitor risks in the service. This included for example, the reporting of people's falls, weight loss and infections. Each month the registered manager reviewed the accidents and incidents and reported on these to the Specialist Community Nurse for Care Homes to ensure action was taken in line with national best practice guidance. This demonstrated that the registered manager had a good overview of any accidents and incidents that happened in the home. However, repeated reports of skin bruising had not always been investigated so that the registered manager could understand the root cause of these bruising incidents in order to take action to try and prevent them from re-occurring. For example, staff had recorded and reported multiple bruises for one person over a period of time. Although the registered manager knew that this person had bruised repeatedly, this had not been investigated to determine the cause and the person therefore remained at risk of possible bruising. All information that might indicate safety incidents in the service were not consistently monitored to understand and reduce risks to people that might only become evident over a period of time.

People, relatives and visiting professionals were given the opportunity to give their feedback about the service. A satisfaction survey was completed in April 2015 and the responses reflected the positive feedback people gave about the service during our visit. One person had indicated in their survey feedback they did not always get their drinks when asked the registered manager had recorded the action they had taken to address this issue and the person told us this had improved. Two visiting professionals identified some issues relating to the daily engagement of people. We asked the registered manager what action was taken to learn from this feedback and improve the service. They told us they had not acted on this feedback. Although the provider sought stakeholders' views of the service their feedback had not always been used effectively to improve the service.

This inspection highlighted shortfalls in the service that had not been identified by the monitoring systems in place. There was a lack of appropriate checks and audits in place to assess, monitor and improve the quality and safety of the service provided. There was a lack of systems and processes in place to assess, monitor and mitigate the risks associated with service user's health and welfare. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had a good understanding of their role and responsibilities were kept

up to date in all aspect of the service. We found in the absence of the registered manager staff were knowledgeable and able to answer our questions and assist us in the inspection. Staff told us they worked well together and staff meetings took place every two months. We read the minutes of the last meeting which had good attendance by staff. We saw these meetings gave staff the opportunity to discuss how work practice can be improved and highlight any concerns they might have about the quality of the service provided.

The registered manager regularly attended the local provider forum to keep up to date with national good practice care guidance. For example, learning from this forum had been implemented to improve how the service prevented and responded to falls. A post falls monitoring protocol was adopted to check that people did not sustain any injuries following a fall and people were supported to drink more often to remain hydrated. Records showed falls in the home had decreased and staff were enthusiastic and confident that their actions would have a positive impact on reducing the incidences of people falling.

The registered manager followed the requirements of registration. We had reviewed documentation prior to this inspection. Services are required to notify us of specific incidents relating to the home. We found that when relevant notifications had been sent to us appropriately. For example, in the event of accidents or incidents resulting in an injury.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where there were concerns about people's capacity to consent to decisions about their care, the provider did not follow appropriate legal guidance to protect people's rights. Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not protected people by ensuring that the information required in relation to each person employed was available. Regulation 19 (3) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established and operated effective systems or processes to ensure compliance with the requirements of the regulations. The provider had not always maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to each person and of decisions taken in relation to the care and treatment provided. Regulation 17 (1) (2)(a)(b)(c)(e)</p>

The enforcement action we took:

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