

Sevaline Care Homes Limited

Hurstead House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This unannounced inspection took place on 30 October and 1 and 2 November 2017.

Hurstead House Nursing Home is situated in a suburban area of Rochdale close to local amenities and transport links. Nursing and personal care can be provided for up to 30 people in accommodation on the ground and first floor.

We last inspected Hurstead House Nursing Home in November 2014 and rated the service as Good. This inspection was carried out to ensure these standards were still being maintained, however we found standards had declined in several areas.

During the inspection we identified breaches of regulations with regards to safe care and treatment, safeguarding people from abuse, premises and equipment and good governance. You can see what action we have asked the service to take at the back of this report.

We found the home did not always assess and mitigate risks well. Flammable objects such as lighters were allowed to be held in bedrooms where oxygen was in use. Comprehensive risk assessments had not been carried out to mitigate these risks.

An electrical installation check was carried out at the home in May 2017 and several recommendations had been made which required both urgent and immediate action to ensure the electrics were safe. However at the time of the inspection this work had not yet been completed. These issues presented the risk of a fire at the home.

There were other environmental risks seen around the home such as a steep stair case leading to the attic which was left unlocked which presented a risk of people accessing it and falling. An upstairs sluice room was seen unlocked during each day of our inspection where cleaning products were stored, despite it being fitted with a key coded lock. A store room used to store the supplement, 'Thick and easy' was also left unlocked during the day. This presented the risk of people consuming these products in an unsafe manner, particularly people living with dementia who may not understand the presented risks.

We reviewed how medication was handled and overall, found this was given to people safely. However, we found there were no records kept for the application of topical creams, such as barrier creams to maintain good skin health. We also did not see any instructions for care staff about where the topical creams were to be applied. This meant we couldn't be certain that the people using the service were receiving prescribed creams as required. We have made a recommendation about this within the detailed findings of the report.

We looked at systems in place with regards to infection control. The home was observed to be clean and tidy, with no malodours present. We did however observe some poor practice where a member of staff wiped a person's nose with a tissue and then assisted a person to eat their lunch whilst holding the tissue in

their hand. One bathroom/toilet was not fitted with a soap dispenser so that people could wash their hands if they had been to the toilet. This presented the risk of the spread of infections within the home.

We checked to see if the home were working within the requirement of the MCA (Mental Capacity Act) and were making appropriate DOLS (Deprivation of Liberty Safeguards) referrals to the local authority. We found DoLS applications were not always made in a timely manner where people lacked the capacity to make their own choices and decisions. The registered manager said if these people were to ask to leave the home then they would have to stop them due to it being unsafe for them. This presented the risk of people being detained without lawful authority.

Staff were not always discreet when taking people to the toilet and overheard staff saying this loudly in front of others living at the home. People also told us they often had to wait for assistance to be taken to the toilet. This could impact on people's dignity.

The feedback we received from people living at the home and relatives was that there were not enough activities taking place. Our observations were reflective of this and we did not see any taking part during the inspection. People also said they would like to go out more, although weren't given the opportunity to do this.

We had concerns about the governance systems at the home to monitor the quality of service being provided to people. This was because the homes own internal quality assurance systems had failed to identify the concerns we had raised during the inspection.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special Measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, we will be inspecting again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate in any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

There were ineffective systems in place to assess and monitor potential risks within the home.

The premises were not being well maintained, with immediate remedial work to the electrical installation not completed in a timely manner.

We observed poor practice with regards to infection control.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

DoLS applications were not made to the local authority in a timely manner where people were deemed to lack the capacity to make their own choices and decisions.

We found staff received training, supervision and appraisal to support them in their role. A staff induction was also in place.

People received enough to eat and drink and we observed staff assisting people well during the inspection.

Is the service caring?

Requires Improvement ●

Not all aspects of the service were caring.

Due to some of the wider failings within the service people did not always benefit from a caring culture.

Staff were not always discreet when announcing they were going to support people to the toilet. People also reported they often had to wait long periods of time for assistance in this area.

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive

We observed limited activities taking place during the inspection

and feedback from people living at the home and relatives was that not enough took place.

Each person living at the home had a care plan in place which provided an overview of their care needs.

There were systems in place to investigate and respond to complaints.

Is the service well-led?

Inadequate 

The service was not well-led.

There had been a lack of oversight from the provider and registered manager to ensure our concerns from the inspection were identified. This meant quality assurance systems were not effective.

Team meetings took place so that staff could discuss their work and raise concerns.

Staff said they felt well supported in their roles and that management were approachable.

Hurstead House Nursing Home

Detailed findings

Background to this inspection

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

We carried out this inspection on 30 October and 1 and 2 November 2017. The first two days of the inspection were unannounced, however we informed the manager/provider we would be returning for a third day to complete the inspection and announced this in advance. The inspection team consisted of two adult social care inspectors from the CQC (Care Quality Commission) and an expert by experience. An expert by experience is someone who has personal experience of caring for people, similar to those in this type of service.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents or serious injuries. This helped us determine if there were any particular areas to pursue during the inspection.

Prior to the inspection we reviewed the 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. We took this information into account during the inspection.

At the time of inspection there were 26 people living at the home. During the day we spoke with the provider, the registered manager, the administrator, the cook, 10 people who lived at the home, four relatives and six members of staff. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included seven care plans, five staff personnel files and 10 MARs (Medication Administration Records).

We spoke with people in communal areas of the home and in their bedrooms if this was where people chose to spend their time. Throughout the day we observed how staff cared for and supported people living at the home and observed lunch being served see if people's nutritional needs were being met.

Is the service safe?

Our findings

We asked people living at the home and visiting relatives if they felt Hurstead House was a safe place to live. One person said, "Oh yes I do feel safe. The doors are always locked". Another person said, "I am alright here, it's safe for me." A relative told us, "All I can say is mum appears to be happy here. If she is happy I am. Mum can speak up for herself. Mum always looks well looked after. When I come there appears to be enough staff on." Another relative added, "As far as I know mum is safe."

We looked at how the home assessed and managed risk to ensure people living at the home were safe. Each person's care plan contained individual risk assessments, which covered areas such as mobility/falls, skin care and nutrition. The assessments identified people's level of risk and any control measures that were required to keep people safe.

We reviewed the care plan of one person who lived at the home who was a smoker. Their care plan indicated due to their assessed care needs this posed a fire risk. This person shared a room with another resident who required oxygen as part of their care and treatment. There was a sign on the bedroom door stating there should be no smoking or naked flames because oxygen was in use.

We asked the registered manager and provider if a risk assessment was in place regarding this potential risk. There was a risk assessment but this did not contain any information about what staff needed to do to mitigate the risk, only that the person was to smoke outside and wasn't to keep cigarettes and lighters in their bedroom. An incident had also occurred earlier in the year where this person had set their bedding on fire with a lighter, causing the smoke alarms to go off. There had been a failure to learn from this incident and the risk assessment was not being followed, as we observed this person to be in possession of their lighter during the first day of the inspection. The combination of a lighter and oxygen presented the risk of a fire within the home.

We walked around the home to check the environment was safe and that there were no risks being presented to people living at the home. On the second floor of the home, there was a steep stair case leading to the attic with a sign displayed informing this door must be kept locked at all times. However, we found it to be unlocked with the key left in the door lock. This presented the risk of people potentially accessing the stair case and falling.

Also on the second floor, there was a sluice room with a coded lock system on the door, however we found this unlocked each time we checked it during the inspection. In the sluice room, cleaning products and bleach were being stored. Downstairs, towards the rear of the building, there was a gas meter room being used to store the supplement 'Thick and easy' and this room was also left unlocked each time we checked it during the inspection. We raised this as a concern because this presented the risk of people consuming these products in an unsafe manner which could cause them harm, particularly people living with dementia who may not understand what they are used for.

We looked at the systems in place with regards to infection control. We checked bathrooms, toilets and

communal areas and observed them to be clean and tidy, with no malodours present. The majority of toilets/bathrooms were fitted with equipment so that people could wash their hands after using the toilet. However, one downstairs bathroom had an empty paper towel dispenser during the first day of the inspection and in one upstairs bathroom the soap dispenser had been removed from the wall and had not been put back in place. We also observed a member of staff wipe a person's nose with a tissue and then assist a second person to eat their lunch whilst holding the used tissue in their hand at the same time. We raised this issue with the registered manager who watched the incident on CCTV and said an additional supervision was to be held with this member of staff. This presented the risk of the spread of infections within the home.

The concerns we had identified with regards to the safety of the environment, assessing/mitigating risk and infection control practices meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment.

We checked the premises and equipment to ensure they were being maintained in a safe way to be used by people living at the home. An electrical installation check was carried out at the home in May 2017. The outcome was that the state of the electrics was deemed to be 'Unsatisfactory'. This was because several faults had been identified, which required both immediate and urgent follow up work to ensure people were not being placed at unnecessary risk. However at the time of the inspection this work had not yet been completed. The provider told us this was because they had misunderstood what the information meant and had also spent some time out of the country earlier in the year. The remedial work was carried out shortly after the inspection and we were sent a confirmation certificate showing the work had been completed.

Due to the concerns we had identified with regards to the maintenance of the premises meant there had been a breach of regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to premises and equipment.

We checked to see if there were appropriate systems in place to safeguard people from abuse. The home had a safeguarding policy and procedure in place, detailing the steps that should be taken where there were any allegations of abuse. The policy also stated that allegations of abuse would be dealt with promptly and that if it was suspected that abuse had occurred, then the home owner and manager should be informed immediately and they would be responsible for further action. We found however, that the policy was lacking certain important information such as how safeguarding concerns would be escalated to other agencies such as the local authority, the police and CQC (Care Quality Commission). This presented the risk of staff not being aware of how to report safeguarding concerns effectively. The staff we spoke with however had an understanding of safeguarding and whistleblowing and how they would report any concerns about people's safety.

We reviewed how medication was handled and overall, found this was given to people safely. The home used a pre dispensed system, which was delivered by the local pharmacist in blister packs that were colour coded for the times of day. We saw medication was stored safely in locked trolleys which were secured in an office when not in use. A fridge was also used to store medicines that needed to be kept at certain temperatures. We saw that medicines were administered to people as prescribed and signed for on MAR (Medication Administration Record) as appropriate. We saw controlled drugs were stored and checked as required, with necessary records maintained by staff.

We saw that there were occasional gaps in the signing of some people's MAR and it was not clear whether this was due to medication being declined due to staff not using the appropriate omission codes. There were also no records kept for the application of topical creams, such as barrier creams to maintain good

skin health. In addition to this we did not see any instructions for care staff about where people's topical creams were to be applied. This meant we could not be certain that the people were receiving their creams as required. We raised this with the registered manager who told us these would be implemented following the inspection.

We recommend that the home consults NICE guidelines regarding the recording of topical creams.

We checked to see if there were sufficient staff working at the home to safely meet people's care needs. The staffing numbers consisted of two care assistants and a nurse at night and a nurse and five carers in the morning and a nurse and four carers in the afternoon. In addition to this, the registered manager was available to deliver care and there was also a cook, administrator and a cleaner. We found there were sufficient numbers of staff available during the inspection and we saw people being supported throughout the day with tasks such as walking around the home, eating/drinking and receiving their medication. One member of staff said, "We can be busy but we do manage and get round everybody." Another member of staff said, "Sometimes it's hard but most of the time it is okay. I feel we are able to manage."

We looked at five staff personnel files and found robust recruitment checks were completed before new staff commenced working at the home. The files included; application forms, interview questions, proof of identity, references and a contract of employment. There were Disclosure and Barring Service (DBS) checks undertaken to determine that staff were of suitable character to work with vulnerable people.

Is the service effective?

Our findings

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

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

During the inspection we observed staff seeking consent from people living at the home such as when administering medication, assisting people at meal times and if they wanted to move from their chair. People living at the home said staff always sought their consent first before carrying out any care interventions. One person said, "Staff are very good, they don't do anything without asking." Another person said, "I make my own decisions on the whole. I can please myself." A third person said, "Staff always ask before supporting me."

Each person living at the home had a 'Mental capacity' care plan in place which provided an overview of people's decision making capabilities. However, some of them lacked detail, for example one person's simply stated they could be, 'Confused at times', whilst another person's stated, 'they were showing early signs of dementia'. Both of these care plans did not provide any additional information about how staff needed to support these people and they had been assessed as being 'low risk'. This meant there was a lack of information for staff to refer about supporting people living with dementia.

We had concerns that the home were not taking appropriate action such as applying for DoLS where people had been assessed as lacking the capacity to make their own choices and decisions. At the time of our inspection, the registered manager told us only five people were subject to DoLS. In one person's mental capacity care plan, staff had written that this person lacked capacity due to having dementia and had commented that they felt a DoLS was required although this was yet to be applied for. Another person had been assessed as not having capacity and was unable to make choices and decisions about day to day living and maintain their own safety. Despite this, applications to the local authority for DoLS had not been made. A third person's DoLS application had also expired in May 2017, however had not been re-applied for. The registered manager said if these people wanted to leave the home then they would have to stop them as it would be deemed unsafe and said these applications were to be made immediately following the inspection.

This meant there had been a breach regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Safeguarding service users from abuse and improper treatment.

There was an induction programme in place, which staff completed when they first started working at the home. This would provide staff with an overview of what was required whilst working at the home and what their job role would entail. The staff spoken with during the inspection confirmed the induction was provided when they first commenced employment. One member of staff said, "My induction covered moving and handling, fire, safeguarding and infection control. I would say it was thorough and gave me a good start into working at the home."

We looked at what training staff received to support them in their roles and reviewed the home's training matrix. This showed staff had undertaken training in areas such as health and safety, food hygiene, fire, mental capacity, safeguarding, infection control, moving and handling and medication. Staff we spoke with said they felt the home provided enough training to staff. One member of staff said, "Training is good and is very interesting. I would say enough is available and we can do refresher courses too." Another member of staff added, "We do both e-learning and face to face training. Personally, I feel enough is provided."

Staff received supervision as part of their on-going development and the registered manager told us appraisals had been scheduled for the coming weeks following our inspection. We looked at a sample of 10 staff supervision records and saw topics of discussion included current workloads, key working systems, training, time keeping and infection control. One member of staff said, "I have had supervision recently. We get to talk about how the job is going, how the residents are our career progression."

People told us they received enough to eat and drink and made positive comments about the food provided. One person said, "I'm vegetarian they accommodate that for me which is good. The food is nice. I get all sorts of meals." Another person said, "We can have what we want to eat. I'm not eating much at the moment. But I always eat half. Food is good." Another person said, "You get plenty to eat and drink". A fourth person added, "The food is great and I get a choice."

The visiting relatives we spoke with also told us they were happy with the food and felt people received good nutritional intake. One relative said, "Mum has put weight on. She loves the food. I would say the staff know what they are doing." Another relative added, "The food looks good from what I've seen. It all gets eaten when I'm here at that time."

During the inspection we spent time speaking with the cook and looked around the kitchen to gain an understanding about how people's nutritional needs were being met. The cook told us staff were good at communicating information to them about people's nutritional status such as advice from SALT (Speech and Language Therapy) and the dieticians service. The cook showed us a working document which they used that clearly identified if people required soft/pureed diets or had any certain allergies. The cook said staff always kept them informed about people who may be losing weight and therefore required additional ingredients adding to their meals to increase the calorie content and help people to either gain/maintain their weight.

The cook told us they prepared the food in the kitchen area which was then served to people by staff. We observed the cook asking people what they would like to eat in advance of the meal and we saw that people received specialised diets as required during the inspection.

People we spoke with told us they had access to healthcare professionals when they needed and appointments were arranged in a timely manner when they requested these. One person told us, "You can have a doctor whenever you want one."

Is the service caring?

Our findings

We observed that staff were kind and treated people well. However due to some of the wider failings people living at the home did not always benefit from a caring culture.

We looked at how staff aimed to treat people with dignity, respect and give people privacy at the times they needed it. One person living at the home and a relative told us that they felt staff did not always assist people to the toilet in a timely manner. One relative said, "They need more staff. My mum has to wait, especially when she needs changing." A person living at the home added, "I think we could do with more staff. It's not good when you need to be taken to the toilet." We also observed, on two occasions, staff announcing loudly in the lounge area that they were going to take people to the toilet in front of other people in the room which is not treating people in a dignified manner.

We asked people living at the home for their views and opinions of the care they received. Some of the comments included, "Yes the staff are kind and they look after me. Another person said, "Everyone is very kind. I get a shower when I need one and they are very good with things like that". A third person added, "Lovely, lovely girls. I really can't complain."

Similarly, we asked the visiting relatives for their views of the care being provided. One relative said, "Kind and caring yes and they are really good with mum." Another relative said, "Mum very happy here. She says the staff are lovely." A third relative commented, "Staff are nice and pleasant from what we have seen. They are always nice to Mum."

We saw that staff interacted in caring and friendly ways when supporting people getting up, having their meals, sitting in the lounge and moving around the building. We saw that there was a calm and unhurried approach towards the people living in the service.

We observed staff promoting people's independence during the inspection with tasks such as allowing people to walk with their zimmer frame and promoting people's independence at meal times.. One member of staff said, "I try to offer people the support they need and encourage them to do what they can for themselves". Another member of staff said "I offer people choice and pay attention to little things to encourage people to do things themselves." A person living at the home also said, "If I can do things for myself they let me."

All the nurses working at the home and some of the care staff had achieved the 'Palliative Passport'. This is a training course covering end of life care provided by Springhill Hospice. The registered manager who is also a registered nurse said that this had increased their understanding and skills in this area.

The care plans described people's End of Life wishes, including those who were still undecided. Where people were not able to make decisions about this the views of their family had been sought. This showed that the home cared about what was important to people and were committed to meeting their needs and wishes.

We saw that there were posters in the foyer and another in the dining room about advocacy services. We saw in the care plans there was reference to who might advocate for each person and which areas of their lives they might need support with. For example, understanding their care plan, making decisions about their finances and any assistance they required with regards to with emergency medical treatment.

Is the service responsive?

Our findings

The feedback we received from people living at the home and relatives was that there were not enough activities taking place. People also told us they would like more trips and outings to take place although weren't given the opportunity to do this. Some of the comments we received included, "Activities are not good. We have the odd game of cards but we don't go out at all." and "I don't go out and not much goes on in here either" and "There are no activities, other than our meal times. We sit here all day. We watch TV and not a lot goes on." A third person told us "I would like to go out for a walk but I am never given the opportunity."

We saw a list of people's preferred activities such as socialising, watching films, jigsaws, being alone, chatting, reminiscing and watching TV. There were suggested plans for how to support people to engage in these activities and what things might increase the likelihood of a person engaging.

We saw that there was a schedule of activities and individuals preferences and suggestions for how these may be achieved were identified. During our inspection however, we did not see any activities taking place but were informed by the management team that this was ongoing. This meant people could be placed at risk of social isolation.

During the inspection we looked at seven care plans which were stored electronically using a system called 'Care Docs'. We saw evidence that individual's needs and preferences had been considered which we clearly recorded. We saw people had care plans in place with regards to consent, nutrition/hydration, skin, mobility, personal care, continence, activities and religion/language. This provided an overview of people's care requirements and any interventions staff needed to provide.

Each member of staff had their own user name and password so that they could access people's records as required. At the time of the inspection the home only had access to the Care Docs' via one shared laptop meaning care plan documentation could only be accessed by one person at a time.

Care plans were person centred and we saw that they were evaluated regularly to ensure that they remained relevant. For example, one person whose needs had changed significantly around the time of the inspection had a new care plan that reflected this. Another person had expressed concerns about their wellbeing and the home had responded in a timely and appropriate manner. We saw that there were hospital transfer forms within the paper files to ensure the smooth transition between the home and the hospital when needed. These included the person's details, GP, next of kin contact, DNAR wishes, and there was space for medication to be recorded.

We saw that the home had the complaints, compliments and comments procedure for people using services and visitors. This was displayed on the notice board at the entrance and included contact information for Rochdale Social Care Service and CQC if complaints needed to be escalated. We saw the home had kept a record of complaints that had been submitted through the suggestions box and what the response had been.

We saw that the home also used feedback questionnaires to assess how people who used the service and the staff felt the home were performing. The provider said that they use this information to focus on areas of improvement. We saw that the home also completed courtesy telephone calls every six weeks to ensure that families were able to provide feedback and raise any concerns they might have. This shows that the home is proactive in seeking others views and acting on them to improve the service.

Is the service well-led?

Our findings

There were two registered managers in post, one of which was also the registered provider. The second manager had registered shortly before the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance within the service. We had concerns that there was a current lack of oversight at the home from management and that concerns identified during this inspection had not been identified in a timely manner which could have placed people living at the home at risk.

For example, the failure to adequately assess and mitigate the risks associated with people having access to lighters close to where oxygen was in use. There had also been a delay of approximately six months before immediate/urgent remedial work had been undertaken following the unsatisfactory electrical installation visit in May 2017. A number of environmental risks were also noted around the home such as a cupboard used to store large quantities of the supplement thick and easy being left unlocked, unlocked sluice rooms with access to cleaning products and an unsecure door leading to a steep staircase into the attic. We also raised concerns about both DoLS applications not being to the local authority in a timely manner. These concerns have been reported on detail within the safe/effective domains of this report. The expectation would be that the registered manager/provider would have oversight of these concerns and take the appropriate action to rectify these issues in a timely manner.

This meant there had been a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with to good governance. This was because there had been a failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Staff working at Hurstead House reported that they felt that the home was well managed and felt that this would improve further with the new registered manager who has been in post for only a couple of weeks. Staff felt that management were approachable and listened to what they had to say. One member of staff said, "The manager is nice and I like her. I get on well with her and feel supported in my job."

Staff meetings were held every three months. If staff couldn't attend, they were sent copies of the minutes so that they knew what had been discussed. Staff reported that they felt comfortable raising any issues in the staff meetings. The most recent meeting included topics of discussion such as confidentiality, infection control, training on dementia and the Mental Capacity Act, laundry and the importance of record keeping. This showed that the management team was monitoring and responding to the day to day delivery of the service, with input from staff.

We observed staff handover taking place during the inspection which provided staff with the opportunity to

discuss people's care needs from that day and if there were any concerns. A handover sheet was printed at each shift change which captured details in relation to people's diagnosis, number of staff required and equipment to be used. Any allergies and dietary needs relating to swallowing risks were also included. This would allow staff to quickly understand people's basic needs. A new member of staff was present during the handover and they were tasked with shadowing an experienced member of staff to gain more of an understanding about the role. This shows that the service is ensuring new staff can learn how to support people who use the service before providing support alone.

The home had policies and procedures in place. This would provide staff with relevant guidance to refer to if they needed to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication.

Confidential information was being stored securely. For instance, we saw that documentation such as care plans and staff personnel files were stored in secure cupboards within the main office. This meant that people's personal information and details would be kept secure as a result.

We saw evidence that accurate records were maintained with regards to people's care. This included staff keeping records with regards to food/fluid intake and when people were turned/re-positioned in bed. This helped us to evidence that people's personal care requirements were being met.

The home sent us notifications about incidents at the home such as expected/unexpected deaths, serious injuries, police incidents and safeguarding incidents. This displayed an open, transparent approach from the home and enabled us to seek further information if required and to inform our inspection judgements.

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. We saw this was displayed on a notice board on the ground floor and also in the manager's office. This meant people who used the service, their families and staff knew about the level of care being provided at the home and if there was any concerns.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Appropriate systems were not in place to safeguard people from abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Appropriate systems were not in place to ensure the premises were well maintained.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Appropriate systems were not in place to ensure people received safe care and treatment.

The enforcement action we took:

We issued a warning notice regarding this breach of regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Appropriate systems were not in place to ensure good governance.

The enforcement action we took:

We issued a warning notice regarding this breach of regulation.