

Morleigh Limited

# St. Theresa's Nursing Home

## Inspection report

St Therese Close  
Callington  
Cornwall  
PL17 7QF

Tel: 01579383488

Date of inspection visit:  
25 January 2016

Date of publication:  
23 February 2016

### 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

St Theresa's Nursing Home is a care home that provides nursing care for up to 45 older people, some of whom had a diagnosis of dementia. On the day of the inspection there were 20 people living in the service.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. The manager in charge of the day to day running of the service had submitted an application to CQC for the registered manager position. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection of St Theresa's Nursing Home on 25 January 2016. At this comprehensive inspection we checked to see if the service had made the required improvements identified at inspections on 15 September and 3 August 2015. In September 2015 we had serious concerns about the lack of consistent management of the service, which had resulted in poor outcomes for people. The management and monitoring of the nurses and the nursing care provided to people was inadequate. There were serious risks to people's safety because insufficient and inconsistent action was taken to provide safe and appropriate treatment in relation to pressure area care, wound care, weight loss and falls. There was not a safe or proper system in place to manage medicines.

At our inspection in August 2015 we found recruitment systems were not robust. This was because a new member of staff was working in the service before the relevant checks had been completed to confirm that they were suitable to work in a care environment. The service was not acting in accordance with the Mental Capacity Act because there were no assessments of whether people had capacity to consent to their care and treatment.

At this inspection we found improvements had been made in all the areas where we had concerns except for recruitment. Recruitment systems were still not robust. Pre-employment checks were not consistently obtained to ensure new staff were suitable to work with the people who lived in the service.

A new manager had been managing the day to day running of the service since the middle of November 2015. The manager had built a solid team of nurses and care staff since being in post. They were clearly committed and dedicated to the role and had inspired staff to work together to substantially improve the outcomes for people living at St Theresa's.

The nursing care provided to people was now safe and planned in a way that consistently met each person's individual needs. Where people were assessed as being at risk of skin damage due to pressure, weight loss and falls or in need of wound care appropriate treatment plans and monitoring systems were in place. We found equipment, such as hospital beds, pressure relieving mattresses and cushions were in working order and appropriate to meet each individual person's needs.

People's individual health needs were well managed and staff had the skills to recognise when people may be at risk of their health deteriorating. The service worked closely with GPs and specialised nurses such as tissue viability nurses. Tissue viability nurses regularly visited the service to advise staff how to manage people who were at risk of skin damage. Since our last inspection the manager had arranged for a GP from the local practice to visit the service every two weeks. This meant people had regular access to a GP to help them maintain good health and manage on-going conditions.

Assessments of people's capacity to consent to care and treatment had been completed. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The service had made two applications to the DoLS team because it was necessary to put restrictions in place so people could be cared for safely. However, the provider had not notified the commission of these applications, as is required by law.

Care plans were personalised to the individual and gave clear details about each person's assessed care needs and how to meet those needs. These were reviewed monthly or as people's needs changed. The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored.

Safe arrangements were in place for the storing and administration of medicines. People received their medicines at the prescribed time.

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us, "I am very happy here, staff are very good to me", "The girls [staff] do a good job" and "I feel safe here." Relatives commented, "We visit once a month and [the person] is always well looked after" and "Staff are kind, sympathetic and attentive."

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period and staff supported people appropriately and sensitively.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. The service was responsive to people's needs because staff had good knowledge of each person, including their needs and preferences. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were good opportunities for on-going training and support and development.

Documents containing personal information about people's care were left out in open view which meant people could not be confident their personal information was kept securely. We advised the manager of this and they told us the day after the inspection that these documents had been removed and were now kept in the one of the offices.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The manager sought and welcomed people's views about the running of the service and used any feedback received to continuously improve the quality of the service provided.

We identified two breaches of the regulations. You can see what action we have told the provider to take at the back of the full version of the 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?

The service was not entirely safe. Recruitment procedures were not robust enough to ensure new staff were suitable to work in the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was effective. The environment had been adapted to assist people with dementia to orientate around the premises.

Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

**Good** ●

### Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the manager and were confident they would be listened to.

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

The service was mostly well-led. There had been a manager in post for the last two months and they had provided stable management and leadership for the service.

Work to improve the day-to-day running of the service provided was still in progress but greatly improved.

The registered person had not submitted notifications to as is required by law. Some elements of people's care could be better recorded and organised. Records of staff induction did not accurately reflect the training staff had completed.

There were effective systems operating to assess and monitor the quality of the service provided to people. Where areas that required improvement had been identified actions were completed in a timely manner.

**Requires Improvement** 

# St. Theresa's 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 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 unannounced inspection took place on 25 January 2016. The inspection team consisted of two inspectors and a nurse specialist advisor. The specialist advisor had a background in providing nursing care for older people and in the management of nursing care services.

We reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people who were able to express their views of living at St Theresa's Nursing Home and three visitors. We looked around the premises and observed care practices on the day of our visit.

We also spoke with four care staff, the nurse in charge, the cook, the manager, the head of operations and the provider. We looked at six records relating to the care of individuals, staff duty rosters, staff training records, two staff recruitment files and records relating to the running of the service. We looked at the reports from recent visits by health and social care commissioners. After the visit we spoke with two care staff and two relatives on the telephone.

# Is the service safe?

## Our findings

At our inspection in August 2015 we found recruitment systems were not robust. This was because a new member of staff was working in the service before the relevant checks had been completed to confirm that they were suitable to work in a care environment.

At this inspection we found recruitment systems were still not robust. We looked at staff files for workers who had recently started to work in the service and were included on the rotas. These files did not contain the relevant recruitment checks to show applicants were suitable to work in a care environment. There were no references from previous employers to provide satisfactory evidence of their conduct in a previous employment. The provider told us these missing references had been obtained and were held at their head office because recruitment checks were completed centrally. Copies of the references had not been passed to the service. There was no confirmation that Disclosure and Barring Service (DBS) checks had been completed for these two new staff. After our inspection we asked the provider to send us evidence that these checks had been completed. We did not receive any evidence that the DBS checks had been completed. This meant these workers were supporting people without the appropriate pre-employment checks in place.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in September 2015 we found there were serious risks to people's safety because insufficient and inconsistent action was taken to provide safe and appropriate treatment in relation to pressure area care, wound care, weight loss and falls. There was not a safe or proper system in place to manage medicines.

At this inspection we found the nursing care provided to people was safe and planned in a way that consistently met each person's individual needs. Nurses regularly monitored people's needs to check if they were at risk of pressure damage to their skin, in need of wound care or at risk of weight loss or falls. Risk assessments were completed to identify the level of individual risk for each person. The assessments were specific to the needs of the person and were reviewed monthly or as required, should there be a change of risk level.

Where people were assessed as being at risk of skin damage due to pressure, weight loss and falls or in need of wound care appropriate treatment plans and monitoring systems were in place. Equipment, such as hospital beds, pressure relieving mattresses and cushions were in working order and appropriate to meet each individual person's needs. At the time of this inspection three people living in the service had been assessed as needing pressure relieving mattresses. These mattresses had been hired and were checked regularly by the external supplier. Care records detailed the level of inflation required for each person's mattress and nurses carried out daily checks to ensure the levels were correct. Monthly audits were completed by the manager to check the pressure level for each mattress. This ensured that equipment was in working order and being used correctly to protect people from the risk of pressure damage to their skin.

Medicines were managed safely at the service. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed cold storage. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

One person needed to have their medicines given to them covertly (disguised in their food). At the inspection in September 2015 the type of medicine prescribed was not suitable to be crushed as there was a risk that the contents could be an irritant to the individual's stomach. At this inspection we found that the manager had sought advice from the GP and an alternative medicine had been prescribed that was safe to crush.

Monthly medicines audits were completed by the manager and where actions had been set to make improvements these had been completed. For example, the audit in December 2015 had identified that when pain relieving patches were applied these were not being recorded correctly on the MAR charts. We saw this had been addressed as these were being recorded correctly on the MAR charts.

People told us they felt safe living at St Theresa's and with the staff who supported them. One person said, "I feel safe here" and a relative commented, "I have never seen anything that concerns me."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were five care staff and one nurse on duty from 8.00am until 8.00pm for 20 people. In addition there was the manager, the cook, kitchen assistant, cleaner and a laundry assistant. People had a call bell in their rooms to call staff if they required any assistance. People said staff responded whenever they used their call bell and we saw staff responded in a timely manner throughout our inspection. One person said, "Staff always come when I use my call bell."

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

The service held individual information for each person which identified the action to be taken for in the event of an emergency evacuation of the service. It included details of their mobility and any equipment required to evacuate them if needed. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

The environment was clean and mostly well maintained. The provider employed a team of maintenance people and this service was allocated someone one day a week for on-going maintenance and repairs. There were some areas of the service in need of repair because of water damage due to previous leaks to the roof. On the day of the inspection these were being repaired. The manager carried out weekly checks of the premises and passed details of any work required to the provider. This meant plans could be made for any



work to be completed on the allocated day or additional maintenance hours were provided if needed.

The provider told us there was a system in place for an external company to carry out checks of equipment such as hoists and bath seats. There was a bath with a sticker stating that it needed to be re-tested in May 2015 and a hoist that needed to be re-tested in November 2015. After the inspection the provider sent us confirmation that a check of this equipment had taken place in August 2015 and it was thought that the external company had omitted to change the dates on some equipment.

## Is the service effective?

### Our findings

At our inspection in August 2015 we found the service was not acting in accordance with the Mental Capacity Act. There were no assessments of whether people had capacity to consent to their care and treatment.

At this inspection we found assessments of people's capacity to consent to care and treatment had been completed. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We observed staff asked people for their consent before providing care or treatment. People were involved in making choices about how they wanted to live their life and spend their time.

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 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). 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.

The manager was aware of changes to the legislation and had a good understanding of the MCA and DoLS. Two people had some restrictions in place so they could be cared for safely. An authorisation had been granted by the local DoLS team for one person and the application for the other person was being processed.

People's individual health needs were well managed and staff had the skills to recognise when people may be a risk of their health deteriorating. The service worked closely with GPs and specialised nurses such as tissue viability nurses. Tissue viability nurses (TVNs) regularly visited the service to advise staff how to manage people who were at risk of skin damage. Since our last inspection a TVN had carried out assessments of everyone's tissue viability and this resulted in only one person remaining under a treatment plan put in place by them. The treatment plan in place for the individual was being followed by the service as directed by the TVN.

Since our last inspection the manager had arranged for a GP from the local practice to visit the service every two weeks. This meant people had regular access to a GP to help them maintain good health and manage on-going conditions.

The service monitored people's weight in line with their nutritional assessment. The manager had recognised that people were sometimes not being weighed at the frequency assessed for each individual. A care worker had been allocated to check that people were being weighed as agreed. We saw details of this in people's records. Some records of when people were weighed were difficult to follow. For example, for

one person, whose weight was being checked weekly, records stopped on 7 January 2016. However, in another section of their records there were more recent dates where they had been weighed. As a result of weight loss being identified the GP had been contacted and food supplements had been prescribed.

Where people were assessed as being at risk of losing weight their food and fluid intake was monitored. Staff were recording people's intake at the time of this inspection and we saw this was done regularly and in detail.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period and staff supported people appropriately and sensitively. People had a choice of eating their meals in the dining room, their bedroom or one of the lounges. People told us they enjoyed their meals and they were able to choose what they wanted each day. The cook was aware of people's choices and preferences and adapted some people's meals in line with their wishes. Kitchen staff prepared sandwiches for people to have as snacks during the evening and night. Staff were able to access all areas of the kitchen when the kitchen staff finished their shifts, so were able to provide people with food of their choice at any time.

We saw evidence people were asked if they wanted to make any advance decisions about their care. Where people decided they did not want to be resuscitated this was discussed with their GP and their family. The circumstances in which this directive would be implemented were agreed and appropriate documentation was signed by the GP and held on the person's file. A recent audit, by the service, had identified that some advance directives had either been agreed when the person was in hospital or were out of date. The manager told us it been agreed with the local GP that each person's case would be reviewed during the regular GP visits to the service.

Staff received training relevant for their role and there were good opportunities for on-going training and support and development. All staff had either obtained, or were working towards, a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was mostly up to date.

New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own. However, staff files did not have complete records of the induction process that had taken place.

Staff told us they felt supported by the new manager and they had received some one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. There had been two staff meetings since November 2015 which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

The environment had been adapted to assist people with dementia to orientate around the premises. In line with recognised research the service had painted doors in different colours to denote bathroom and toilet doors and different corridors in the service. Some bedroom doors were waiting for names to be fitted as they had just been painted. Corridors and doors were wide enough to allow for wheelchair access.

Since the last inspection an area at one end of the dining room had been changed into another lounge. Three people living in the service liked to sit together in a quiet area and they were asked if they wanted a new lounge set up for them. They had been involved in deciding how they wanted the area to be arranged and all told us they were very happy with it. At previous inspections this area had been used to store equipment. Equipment such as hoists and wheelchairs were now stored in a spare bedroom. This change had greatly improved the overall look of this area of the premises.

# Is the service caring?

## Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us, "I am very happy here, staff are very good to me" and "The girls [staff] do a good job." Relatives commented, "We visit once a month and [the person] is always well looked after", "Care staff have been great. Care is OK" and "Staff are kind, sympathetic and attentive."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

Staff were clear about the backgrounds of people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example what time they liked to get up in the morning and go to bed at night. One person required support from staff for all aspects of their care and daily living. They told us they liked to follow a specific routine each day. The person told us staff always provided care and support in line with their wishes and the agreed routine. Details of these routines were clearly described in their care plan.

People were able to choose where to spend their time, either in one of the lounges or in their own rooms. People, who chose to spend their time in their room, told us staff regularly came in to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at St Theresa's had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, one person's care plan said, "Give small amounts of information at a time."

Care plans contained information regarding what people might become distressed about and how best to reassure them. For example one person's care plan state, "Can be resistant to help...leave for a period of time and then try again."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on

bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room.

## Is the service responsive?

### Our findings

At our inspection in September 2015 we found records about people's care and treatment were inconsistent. Where the need for treatment had been identified, care plans for that treatment had not been written to give staff clear instructions to follow. There was a lack of specific care plans when it had been identified that people should re-positioned at regular intervals, had been assessed as being at risk of losing weight and in need of wound care.

At this inspection we found care plans were personalised to the individual and gave clear details about each person's assessed care needs and how to meet those needs. Each nurse, including the manager, had been allocated specific people's care plans to keep under review. The manager meet with the nurses each month to discuss individual's care, so all nurses understood about each person's care needs. We saw care plans were reviewed monthly or as people's needs changed. Care files were very full of information, both historic and current, and as a result were quite difficult to find specific information. However, the service was in the process of updating and reducing the size of people's care files.

People received care and support that was responsive to their needs because staff had a good understanding of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, how staff should support people who needed to be regularly re-positioned to help prevent any pressure damage to their skin. People were re-positioned appropriately. However, records of when these checks took place were difficult to follow. Staff were writing the times when they re-positioned people on skin bundle charts. There was little room on these forms to write free text so times were written all across the form and were hard to follow.

Staff completed daily records detailing the care provided for people and how they had spent their time. The nurse on duty also completed daily notes for each person about their nursing and medical needs. All the daily records we looked at were informative and personalised to the individual. Staff were encouraged to give feedback about people's changing needs to help make sure information was available to update care plans and communicate at handovers.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. The manager advised us that a meeting had been arranged with the family of one person, who was being discharged from hospital, to update their care plan on their return to the service.

The service employed an activities co-ordinator who worked two hours each day Monday to Friday. They arranged a programme of internal and externally sourced group activities covering the morning and afternoon for seven days a week. These activities included; films, visit from a local church, craft work, quizzes, exercises and music. We saw people watching films and taking part in games and completing jigsaw puzzles on the day of the inspection.

People and their families were given information about how to complain. Details of the complaints procedure were displayed in the main entrance to the home. The service had not had any formal complaints since our last inspection. The manager told us they talked with people and their families regularly to build good relationships so people would feel comfortable raising any concerns. We saw that the manager had met with a relative who had raised concerns in the past. This had resulted in a better understanding between the relative and the service and had helped to address some previously unsolved concerns.



## Is the service well-led?

### Our findings

In September 2015 we had serious concerns about the lack of consistent management of the service, which had resulted in poor outcomes for people. The management and monitoring of the nurses and the nursing care provided to people was inadequate.

The service is required to have a registered manager and there had not been a registered manager in post since March 2014. There had been a history of several managers starting to work in the service and leaving. A new manager had been managing the day to day running of the service since the middle of November 2015. They had submitted an application to CQC for the registered manager position.

The service had made two applications to the DoLS team because it was necessary to put restrictions in place so people could be cared for safely. The provider had not notified the commission of these requests to the supervisory body for a standard authorisation, as is required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Recruitment processes were completed at the organisation's head office and these were still not robust. We had previously found recruitment systems were not robust at our inspection in August 2015. Pre-employment checks were not consistently obtained to ensure new staff were suitable to work with the people who lived in the service. When checks were completed copies of these documents were not always passed to the service for their records. Staff had been working in the service before the relevant checks had been completed both at this inspection and in August 2015.

Some records were not stored securely. Documents containing personal information about people's care were left out in open view. This meant people could not be confident their personal information was kept securely. This is a breach of the Data Protection Act 1998. We advised the manager of this and they told us the day after the inspection that these documents had been removed and were now kept in the one of the offices.

In the short time the new manager had been in post they had built a solid team of nurses and care staff. They were clearly committed and dedicated to the role and had inspired staff to work together to substantially improve the outcomes for people living at St Theresa's.

Due to the limited time the manager had worked in the service we recognised that work to improve the day-to-day running of the service provided was still in progress. There were some improvements still to be made to record keeping such as records of staff induction, care files and re-positioning charts. While improvement to some records was needed there was no evidence that this had any impact on people living in the service. The manager had prioritised their time to ensure people received safe care, to build a positive culture in the team and restore confidence in the service with the people living there and their families.

Relatives said, "We are aware of the poor press they have had recently but we have had no concerns at all"

and "There have been too many changes, but things are improving. [Manager's name] is helpful." Staff said, "We are on an up at the moment" and "[Manager's name] is very approachable." External healthcare professionals told us they felt the service had improved and people were receiving safe and appropriate nursing care.

There was a management structure and staff were aware of their roles and responsibilities and who to report to. The manager told us they were discussing with the provider about re-introducing senior care staff and defining their role to assist nurses with the running of the service. The service previously had an administrator and they left in October 2015. There were no plans in place to replace them at the moment and we were told that the situation would be reviewed when the number of people living in the service increased. The administrator used to answer the phone and some relatives told us it could take time for the phone to be answered since they had left. One relative said, "Sometimes they take ages to answer the phone and sometimes they don't answer at all."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The manager covered a nursing shift each week and this gave them the opportunity to work alongside staff to monitor the quality of the care provided. Regular audits were completed for individual room checks, maintenance, care plans, pressure mattresses, bed rails, bath hoists, medicines, pressure sore management, falls, laundry and catering. We saw that where areas requiring improvement had been identified actions were completed effectively. For example, the manager had also identified most of areas in need of improvement in relation to record keeping that we highlighted above. Monthly visits to the service by the head of operations meant there were checks in place to ensure any actions from the auditing processes were completed.

We were advised that there were plans to have regular meetings for people and their families. While these meeting had not yet taken place it was clear the manager had worked hard to build good relationships with people and their families and encouraged feedback. Relative told us, "Whenever we have raised issues they have been addressed."

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 18 Registration Regulations 2009 Notifications of other incidents  The registered person had not notified the commission of requests made to the supervisory body for a standard authorisation. Regulation 18 (1) (4A) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not established and operated effectively. Regulation 19(1)(2)(3) Schedule 3 (3) & (4)