

Methodist Homes

Hampton Lodge (St Basils)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 23, 26 and 27 February 2015 and was unannounced. The service provides accommodation and care for up to 44 older people, including people living with dementia and mental health illness. There were 41 people living at the service when we visited. Accommodation is provided in two units with people requiring nursing care living on the ground floor. People living with dementia are accommodated on the first floor.

There was a registered manager who was responsible for the care of people. 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.

Prescribed creams and ointments were not managed safely putting people at risk of receiving creams which may have expired. There was a robust process which staff followed for disposal of medicines. Other medicines were managed and stored appropriately.

People were not protected against the risks associated with malnutrition due to a lack of assessments and action plan to manage such risks.

Summary of findings

Care plans and assessments were not regularly reviewed including where people's needs had changed. People were at risk of receiving inappropriate care as care plans did not contain up to date information to reflect people's needs.

People were put at risk to their health through poor infection control processes. Staff did not follow the guidance on the prevention and control of infections and the associated risk of cross infection.

Staff did not receive support in the form of an organised programme of supervision and appraisal which conformed to the provider's own procedures. Staff's practices were not monitored in order to identify training and development needs.

There were not always adequate numbers of staff to meet the assessed needs of people safely and consistently.

The system for monitoring the quality of service provision and regular audits was not robust. This did not identify the issues we found with care planning, risk assessments, infection control and records.

There was a process that the staff followed if people needed to be deprived of their liberty. However the care

plans did not all contain information about people's ability to make decisions and whether assessments were done for particular decisions as needed as part of mental capacity act 2005.

People were satisfied with the food choices offered and the quality of the meals served. Where people had specific needs or preferences these were taken into account and staff were aware of them.

Recruitment procedures were followed and all necessary checks were completed prior to staff commencing work to minimise risk to people.

There were procedures for responding to complaints which were followed. A complaint log was maintained for recording complaints which included details of investigations and feedback to complainants.

We have made a recommendation about medicines management for the provider to consider when providing care to people.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to breaches of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Infection control practices did not protect people from the risk of infection.

The process for managing some prescribed medicines was not appropriate.

There were not always enough staff to ensure care was delivered safely or in a timely way which may put people at risk to their health and welfare.

Safeguarding procedures were in place and staff were trained and understood their role in protecting people from harm and abuse.

The provider followed their recruitment process including all appropriate staff checks were completed.

Accidents and incidents were recorded and those relating to falls were looked into and action taken. Incidents and accidents were not always analysed to minimise risks and for learning to take place.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff did not receive regular supervision and appraisal to monitor their practice and identify any shortcomings or learning needs.

Nutritional assessments were not effectively managed when people had lost weight and may put people at risk of malnutrition. People were satisfied with the meals provided and received support from the staff as needed.

Staff did not consistently follow the principles of Mental capacity act. Information about people's ability to make decisions and whether assessments were done for particular decisions as needed was lacking.

People were supported and had access to health professionals, advice and treatment to maintain people's health.

Requires Improvement



Is the service caring?

The service was caring.

People received care in a caring and compassionate way.

Staff were kind and respectful in their dealings with people using the service.

People were supported to express their views and take part in decision making about their care.

People's privacy, dignity and independence were respected and promoted.

Good



Summary of findings

Is the service responsive?

The service was not always responsive to people's needs.

Assessments were undertaken; however care plans were not reviewed and updated in a timely way when people's needs had changed.

People were at risk of receiving care which was not up to date and according to their current needs.

People had access to and were referred to healthcare professionals for additional support and treatment.

The complaints process was followed and people were confident to raise their concerns which were responded to.

Requires Improvement



Is the service well-led?

The service was not always well led.

Audits were not effective in leading to improvements in the quality of the service. Their audits did not pick up the issues we identified with care plans, infection control and assessments of risks.

Although incidents were recorded, these were not robustly analysed and action plan developed to effect changes and learning.

There was an open, friendly culture at the home.

People living there, their relations and staff responded positively to care and management support.

Requires Improvement



Hampton Lodge (St Basils)

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 23, 26 and 27 February 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. The PIR was not returned as required as the registered manager told us they had not received it. We reviewed other information we already held about the service including notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with 13 people using the service and eight family members. We also spoke with the registered manager, four professionals and 13 staff members including volunteers. We reviewed nine care plans and associated records; staff duty records; four staff recruitment files; records of complaints, audits and other records pertaining to the management of the service. We observed care and support being delivered in the communal areas in both units during the inspection.

We last inspected the home in June 2013 and found no concerns.

Is the service safe?

Our findings

The infection control process was not robust on the first floor, where people living with dementia were accommodated and put them at risk of cross infection. On the first floor there was a pervading odour of urine in several bedrooms and in communal corridors. Bedding on some beds were stained which a staff member said was old urine stains. There were brown and blood stains on the “bumpers” used as protection for bedrails. Two bathrooms floors were dirty and sticky underfoot, this was an area where people would be receiving personal care. When we checked later in the day the flooring in these bathrooms was clean.

A visitor commented “The cleanliness is not always good so I change my relative’s bed sometimes as I feel the beds are not changed often enough.” There was no cleaning programme which would help identify high risk areas for regular cleaning due to incontinence. Staff did not always follow appropriate guidance in their infection control practices. Chairs in the communal lounge were stained and staff told us they were “difficult to clean”. The registered manager told us the chairs were on order. On the second day of the inspection, the chairs in all the communal areas were replaced as planned.

Clothing and equipment were not used appropriately such as gloves and aprons which were disposed in paper bins. Hoists slings were not managed appropriately. Staff said people were allocated individual slings to reduce the spread of infection; however we found a number of slings were piled on top of each other and not kept separately. There was no infection control lead with responsibility for infection control management at the home.

As part of infection control processes, the registered persons are required to take account of the Department of Health’s publication, ‘Code of Practice on the prevention and control of infections’. This provides guidance about control measures in order to reduce the spread of infection. We found these measures had not been followed regarding the provision of a clean and safe environment for those living at the home and others who have access to the service.

The failure to follow infection control procedures meant people were put at risk of cross infection. This was a breach of Regulation 12 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The ground floor area of the home was clean and well maintained. People were satisfied with the cleanliness of their bedrooms. A person told us the staff were very good and “always make sure my bed is nice and clean.” Other people commented “the home is lovely and clean”. Protective equipment was available and staff used these as appropriate, staff followed their procedure for the management of soiled linen.

People, relatives and staff told us there were not adequate number of staff to meet people’s needs. A person said they had to wait for up to an hour when they called for help to use the toilet, this was because staff would say “I am going to get someone” to assist them. Some people had to wait until lunchtime to have support with personal care. People felt anxious about having to wait for staff to assist them with their care. Relatives said staff “did their very best but there are not enough of them”. They were particularly concerned about staffing on night duty where there were only two staff to look after 24 people living with varying degrees of dementia on the first floor. Relatives said they had stayed behind until late as they were worried about people’s safety in the lounge when the staff were “busy helping other residents to bed”. Comments included “I think there are not enough staff and only one laundry person. More staff would make the care more effective”.

A healthcare professional also raised concerns about staffing and a comment included “I cannot fault the care, only that the care cannot be delivered to the standard in which it should be due to the workload being demanded by the carers.”

People waited for support with meals as there were a number of people who needed either prompting or assistance to eat. Three people did not receive their lunch until one thirty in the afternoon as staff were busy assisting people who were sat at the table and those who kept leaving the table without eating due to their dementia. Staff said mealtimes were “hectic” due to the varying levels of support people needed at mealtimes. Staff said usually the activity coordinator always assisted people with their meals however they were away at the time of the inspection. There were also a number of volunteers who

Is the service safe?

attended the home on a daily basis and provided support to people. A person commented “it is very good to have the helpers to chat with.” We observed good interactions between the volunteers and people using the service.

A visiting professional told us they arrived at the home and no one was there to assist them. Although a staff member eventually took them to see the service user, they were left to examine the person with a relative due to staff being busy. There was no staff member there to provide support or to ask for information. “I then had to find someone to give feedback to. I think that there is better communication and continuity needed”. We monitored the call response times and these averaged between 10-12 minutes on a number of occasions before the call bells were answered.

On the first floor there were one senior carer and 4 care staff, the senior care staff member was responsible for the management of care on this floor which was the “dementia unit”. Staff told us “we do all we can but there aren’t enough of us and the residents need a lot of attention.” There was a dependency assessment of people’s needs completed. Although staff said this was not used to calculate the staffing. A person’s dependency score was rated as medium dependency and staff told us this was not accurate as the person was bed bound and fully dependent on care staff for all their care needs and this was reviewed.

The staffing rota showed that there was one registered nurse and three care staff, on the ground floor which accommodated people with nursing needs. People and relatives were satisfied with the care and support they were receiving on the ground floor. A staff member attended the home from an agency to provide 1:1 support to a person at mealtimes and this worked well. There was an activity coordinator who provided a variety of activities for people.

Following the inspection the registered manager had sent us a plan of action to review night staffing levels which they said was a ratio 1:9 and the layout of building needed to be considered. Other action taken included a review of domestic staff hours to offer support to care staff at mealtimes. They were planning to introduce protected mealtimes. A review of the staffing hours had been undertaken and the registered manager had increased staffing with an extra twilight shift to support people on the first floor. The registered manager was also assessing how

staff were deployed within the home to include changes to practice and effective use of staff such as the staff who was “floating” on the ground floor to assist on the first floor on night duty.

There were not always adequate staff deployed which may put people at risk of not having their needs met effectively. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management of prescribed creams and ointments was not robust. Some prescribed creams and ointments in people’s bedrooms did not contain the date of opening in order to ensure they were used within the recommended timescales once opened. Some creams did not always contain the name of the person for whom these were prescribed. Topical cream charts were not always fully completed to reflect treatment given. Staff were not following their own guidance to inform practices. Staff did not follow their procedures to inform and seek guidance from the person’s GP when a person had refused their medicines.

Guidance was followed for the management of other medicines. Medicines were ordered on a monthly basis and at other times when people were prescribed medicines such as antibiotics and these were available for people. Medicines were stored safely and staff ensured the medicines trolley was secure when administering medicines.

Staff monitored the fridge’s temperature to ensure medicines were maintained at the correct temperature and according to manufacturer’s guidance. Staff were aware and followed the principles of mental capacity when administering medicines. A staff member commented “if they refuse their medicines which they did very often due to their dementia, we go away and come back later. This usually works and the residents take their medicines.” People were supported to take their medicines and explanation was given about medicines such as pain control tablets.

Staff had completed training in medicines management and this was followed by a competency assessment. This was then signed off before they were allowed to administer medicines unsupervised. A random sample of medicines

Is the service safe?

administration record (MAR) charts showed these were fully completed. Staff signed the MAR charts following administration and any refusals were clearly recorded. There was a process for returned or refused medicines which staff followed.

We recommend the provider considers current guidance on the management of topical creams.

People told us they had “nothing to worry” about and they felt safe living at the home. A visitor told us her relative “was most definitely safe and the staff were very patient”. Another person commented “Dad is absolutely safe both in the environment and with the staff.” Relatives were aware of what action to take if they suspected or witnessed any practice which may put people at risk of harm or abuse. Three relatives were complimentary about the way staff treated people. Comments included “the staff are very patient and are fantastic with the residents”.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify and prevent possible abuse from happening. Staff had completed training in safeguarding adults when they started working at the service. They were able to tell us what constituted abuse and action they would take to safeguard people. The home’s whistle blowing policy and procedures were understood by staff who knew how to report any concerns. They were confident to report to senior management if needed.

Safeguarding policy and procedures including the local authority safeguarding policy were available and staff was aware of this. The registered manager was aware of their responsibilities to report and followed their procedures for the management of alleged abuse in order to safeguard people. Staff were clear about reporting any poor practice or concerns. Comments included, “I would report any concerns I had to the registered manager or the senior on duty and I would make sure that the time and place was documented”.

People’s care records contained an assessment of risks and action plans were developed to manage these risks without restricting people’s choices. These included risk assessments such as falls, pressure ulcer, nutrition and choking risks were completed and care plans developed to inform the staff’s practices. Staff had received training in the use of equipment and felt confident in using them. Pressure mats were provided to monitor people’s movement if they were at risk of falling. However, people did not always have their glasses and on one occasion a person was given the wrong walking frame which may put them at risk of trips and falls. We raised this with the staff and registered manager during the inspection.

There was a robust process which was followed for the recruitment of staff. All necessary checks including disclosure and barring service (DBS) checks were completed prior to employment. The DBS assists employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records of the checks were available in a random sample of staff’s records we viewed.

Accidents and incidents were recorded and those relating to falls were looked into and action taken. A person had a referral made for a physio assessment and was provided with an appropriate chair. However the incidents of falls for example were not analysed in a consistent way in order to identify trends and reduce the likelihood of it recurring and lessons learnt.

An emergency plan had been developed and the registered manager confirmed there was a contingency plan to deal with emergencies. Arrangements included moving people out to other premises which had been identified as part of their emergency evacuation plan. The service was homely and there was an on-going programme of renovation and servicing of essential equipment such as hoists, passenger lifts, bath hoists and fire equipment. These were completed on a regular basis and according to manufacturer’s recommendations and records were maintained.

Is the service effective?

Our findings

A supervision programme was not in place and staff did not receive any supervision of their practice. Supervision is a process which offers staff support, assess to learning needs and development for staff. Staff told us they had not received any supervision of their work and they did not know the frequency this should occur. Staff supervision and appraisal records were not available. The registered manager told us supervision and appraisal for all staff was out of date. The lack of staff supervision and engagement meant opportunities for identifying learning and staff's development were missed. Staff told us that it would be good to have "some sort of supervision" as they felt this would help in discussing "problems with care" and support from the nurses which was lacking on the first floor as care was managed by senior care staff. Comments were the nurses were "very busy downstairs and they don't have time to supervise us".

There was an induction programme which staff completed when they started working at the home this was in line with Skills for Care guidelines. All new staff received an induction work book to complete. We saw that a large number of these had not been returned. The registered manager said they were aware of this and 'chasing' them. The provider could not be assured staff had completed their induction as part of their role and to deliver care effectively.

Although the service provided care for people living with dementia, staff had not completed training in dementia care. This had also been highlighted following a recent review by the local council quality team. People may be at risk of receiving inappropriate care due to outdated care practices and not according to current good practice guidance.

The registered manager is not a nurse. The nurses told us they did not have a senior nurse or clinical lead to offer professional and clinical supervision and advice and this did impact on them as the post had been vacant for a number of months. The registered manager said they were in the process of recruiting for that post.

There was no supervision process to monitor staff's practices and provide support to staff to carry the duties they are employed for. This was a breach of

Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Seven staff including the registered manager had attended supervision training in February 2015; the registered manager told us a supervision programme was being developed. The training matrix showed that staff received training relevant to their roles and responsibilities including the provider's mandatory training in health and safety, safeguarding adults and moving and handling.

There was a process to monitor the food and fluids intake for people who had been identified as at high risk of malnutrition. People's weight was monitored at least monthly, however this was not consistent. A person had been seen by the dietician who requested weekly weight monitoring and this was not done for three weeks and they had continued to lose weight. Another person had lost weight, although staff had recorded this on the weight chart, no action was taken for some weeks before supplement was prescribed. People were at risk of malnutrition as appropriate actions were not taken when their nutritional status deteriorated.

Records of food and fluids were in place for people to monitor their dietary intakes; however these were not always complete or updated. There were gaps where there were no recording of any food and fluids from tea time until the following day. Staff could not be confident that people had received adequate food and fluids and were not at risk of malnutrition.

The arrangements for the monitoring and meeting the hydration and nutritional needs of people were not robust. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were satisfied with the food provided. People said the food was "very good and always plenty to eat". They were aware of choices which were available to them and people said they could always get "something else if you don't like what's on the menu". A visitor said "my dad is fussy eater" but he liked the food provided.

Is the service effective?

There were people who were living with dementia and were not able to choose from the menu. Staff were aware of people's dietary preferences and a variety of meals were available such as soft, pureed and diabetic meals. For people living with dementia, they were shown 'sample plates' to assist them in their choice of meals which was good practice and enabled people to make choices.

Staff were patient and gave people time to choose whilst assisting them. There was no one living at the service with food preferences arising from their religious or cultural background. The chef said they met up with people when they were admitted and this was discussed as well as people's likes and dislikes. However, a person who had recently been admitted had not been seen by the chef and was provided with a meal which contained cheese which they did not eat. The chef said they had been off duty and this person had not been seen by anyone in the interim to find out their likes and dislikes. Where people needed pureed food because of swallowing difficulties, or required thickening agents added to fluids due to risk of choking, these were provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards, which apply to care homes. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. These require providers to submit applications to a 'Supervisory body' for authority to deprive someone of their liberty. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and (DoLS).

Staff had undertaken training in MCA and DoLS. Where people were unable to be fully participate in their care planning due to their mental frailty, their family had been consulted. Where people lacked the mental capacity to make specific decisions, staff were not consistently following the principles of the MCA. This would ensure any decisions were made in the person's best with involvement of service users or appropriate others. People using the service had varying degrees of dementia and mental health illness. The care plans did not all contain information about people's ability to make decisions and whether assessments were done for particular decisions as needed.

There was one person who was under a DoLS safeguard. The registered manager had followed the process and involved the multi-disciplinary team in the assessment and also included an independent mental capacity assessor (IMCA) as the person lacked capacity. DoLS applications had been submitted for people who were living on the first floor who were under constant supervision and key pads locks were in use. There were policies and procedures to promote people's rights. Staff involved people and sought their permission prior to supporting them. The staff were aware of people's rights to refuse care and said these were always respected.

People had access to healthcare professionals. People and their relatives told us staff supported them to access healthcare as needed. Where necessary other professionals were involved in people's care, such as speech and language therapists (SALT). District nurses also visited the home regularly to provide help and advice such as pressure ulcer management.

Is the service caring?

Our findings

People, visitors and relatives were complimentary about the staff. They said the staff were “very kind”. People told us the staff were very helpful and a person said “they do their very best to help”. Comments from people using the service included, “The staff are very good”. A family member told us, “the care staff are very caring – the care is very personalised, they show interest, they are involved in his care and meet his needs “. Another relative who visited regularly said they had “nothing but praise for the staff” and the support they provided to people.

Staff were kind and caring in their dealings with people using the service and interacted with them positively. A visitor said “I come here twice a week and the staff are very caring and gentle with people, also the residents are obviously very fond of the staff”. Staff attended to people in a compassionate way and did not rush people when supporting them with any activities. They had good knowledge and understanding of people needs and the support they needed. Another relative told us the staff were attentive and “They know which buttons to press to get him in a better frame of mind”.

Staff spent time with people chatting and offering social interaction. A visiting professional told us, “They are always respectful to people, for example if they need to give someone medication, they take them out and then bring

them back afterwards”. Interactions observed during the inspection demonstrated staff were caring and treated people with kindness and respect. A relative said “my husband’s privacy and dignity were maintained, there is a notice on the door when he was having personal care.”

There were no restrictions on visiting and visitors and relatives were made welcome. The majority of people using the service were not able to participate in decisions about their care due to their mental frailty. Some people and or their relatives were involved in the care planning as appropriate. People’s families were kept informed of changes or new treatment. A relative told us “they (the staff) are very good, they will telephone me if he has had a fall or needs a doctor”.

Staff used people’s preferred form of address names and were respectful when providing support to them. The staff told us induction training included dignity and respect and care practices observed reflected these. Staff were caring and had a good understanding of people’s needs. The staff were engaged in meaningful conversation, checking people’s welfare and re-assuring them of their concern. Staff interacted positively with people in the dementia unit, allowing them time to express themselves and using distraction when people became agitated or distressed. Staff told us they encouraged people to be as independent as possible. They were aware of the need to respect people’s equality and diversity.

Is the service responsive?

Our findings

Following assessments, people had care plans developed to inform staff practices. However, on the first floor, care plans had not been reviewed and updated as required. The provider's process was for care plans to be updated at least monthly. All the care plans we viewed on the first floor had not been reviewed for up to six months and some longer. These included people who had recurrent falls and had lost weight and where people's needs had changed. Care plans contained conflicting information about people's skin and pressure management. A person's care plan showed they had a skin tear to both sides which was last updated in October 2014.

Some people were assessed at high risk of skin breakdown and had Waterlow (a recognised tool used to assess pressure risk damage) scores of 20 which is assessed as "very high risk". However their skin integrity assessments and care plans had not been updated since August 2014. In other care plans the nutritional risk assessments had not been updated to ensure people were appropriately supported and receive an adequate food and fluids intake. It is clearly documented that eating a healthy, balanced diet that contains an adequate amount of protein and a good variety of vitamins and minerals can help prevent skin damage and speed up the healing process. People were at risk of receiving inappropriate care as information about their current needs was not up to date and person centred.

There was inadequate arrangements in place to ensure people's assessments and care plans were up to date. This put people at risk of receiving outdated care and not according to their current needs. Staff told us there had not been enough senior care staff to undertake the reviews of care.

The care plans and assessments were not always appropriate to reflect the current needs of people using the service. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the ground floor, people's care plans and risk assessments had been reviewed and updated to reflect

their needs and the support they needed. People who had diabetes had their blood sugar monitored at regular intervals particularly those who were on insulin. This included blood sugar monitoring and appropriate diets to meet their diabetic needs.

A person with complex needs had been transferred to the home during the week of our inspection. Staff did not receive information about their feeds regime which were administered via a tube. Staff took appropriate actions and referred this person to the nutrition team for a review of their care and guidance about meeting their nutritional needs. Healthcare professionals told us staff were receptive and responsive to advice and had provided training to staff on tube feeding.

There were arrangements for responding to complaints and a provider's policy and procedures. People said they were satisfied with the care and a person told us they had "nothing to grumble about". Relatives said they could raise their concerns with management if needed. A visitor said that she attended service users' meetings and knew how to raise complaints although she had never had a reason to do so. Information about how to raise any concerns was available at the home. A complaint log was maintained for recording complaints which included details of investigations and feedback provided. There was evidence of learning from complaints which included staff training in undertaking a certain procedure.

There was a planned activity programme which people could take part in. They were consulted about external entertainers, games and activities. During the afternoon although the activity coordinator was away, staff were playing skittles and dominoes. The interaction with staff was really very good, it wasn't contrived and our expert by experience commented "I felt it was a natural progression from a lot of hard work from staff who understood the people they were looking after." There was a display of musical entertainment and activities undertaken by people around the home. A volunteer told us efforts were made in engaging people in activities according to their abilities and preferences. The home maintained close links with the local church, volunteers and the chaplain who were a big part of the daily lives of people living at the home.

Is the service well-led?

Our findings

There was not an effective audit system in place to continually assess and monitor the service provision. A health and safety audit had identified action was needed regarding control of substance hazardous to health (COSHH); however an action plan had not been developed and was outstanding at the time of our inspection. The provider's audit system did not identify the shortfalls we found at inspection in care planning risk assessments, infection control. The records of food and fluids were inadequate which contained gaps of a number of hours from teatime until breakfast the following day. This had not been picked up by the provider's audit as these records were not audited in order for appropriate action to be taken. There was a lack of process to consistently monitor progress against action plan to improve the quality of care provision. This meant missed opportunity for action to be taken where progress had not been achieved.

The last medicines audit was carried out in August 2014. An action plan was developed which included accessing medicines administration pump training for the nurses. However, the provider had failed to pick up the issues we identified at inspection. The medicines audit had not picked up the concerns about topical creams management and the times medicines were given. There remains a breach of regulations which had not been identified through their own internal auditing systems.

The audit process was not effective in order to improve the quality of the service provision, which may impact on people's health and welfare. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a process to seek the views of people using the service. The last survey was carried out in September 2014. The result of which was made available to the registered manager in February 2015. These identified some issues with staffing and meals, and the registered manager told us an action plan would be developed to address the concerns identified in the survey.

The registered manager promoted an open door policy and staff said they were able to raise any issue with management. The day-to-day culture in the service was reviewed and discussed at their daily handover and staff meetings. The registered manager was aware and notified the Care Quality Commission (CQC) of significant events regarding people using the service, as per the registration requirements. They discussed their approach to joint working with the local council and safeguarding team, carrying out investigations as requested and attendance at safeguarding meetings. Where concerns were identified these were responded to and remedial action taken to improve practice and CQC was notified as appropriate.

Staff meetings took place on a three monthly basis, and staff said they welcomed the opportunity to discuss matters about the home and the service users. The last meeting took place a week prior to our inspection; staff said they had raised issues about staffing. We were not able to confirm this, as the minutes were not available as they were being typed up. Two relatives were aware of service users' and relatives meetings although they said this had not happened recently and may be due for one. Staff were unable to tell us when the last service users' meeting occurred and minutes were not available. The registered manager said relatives of people were consulted for those people who were unable to participate.

People described the service as a "happy home" and were complimentary about the staff and the care their relatives were receiving. They found the staff were very welcoming and engaged with them and open to suggestions and easy to talk to. A relative said "“They (the care assistants) do it because they want to, not because they have to.”"

Policies and procedures such as medicines management, recruitment and infection control were appropriate for the type of service. These were reviewed regularly taking into account current legislation and were accessible to staff. There was a whistle blowing policy in place. Whistle blowing is where staff can report their concerns about things that are not right, are illegal or if anyone at work is neglecting their duties, including someone's health and safety is in danger. The staff had a clear understanding of their responsibility around reporting poor practice, including where abuse was suspected.

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010. Care and welfare of people who use services. This corresponds to Regulation 9(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.</p> <p>People who use services and others were not protected against the risks of unsafe care. Care and support plans were not reviewed and updated and relevant to people's current needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010. Safe care and treatment. This corresponds to Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>People were not protected from the risk of infection because the premises were not always clean. Staff's practices did not follow infection control guidance to protect people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs</p> <p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010. Meeting nutritional needs. This corresponds to Regulation 14 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional needs and Hydration.</p>

This section is primarily information for the provider

Action we have told the provider to take

People were put at risk of malnutrition due to the lack of monitoring and effective nutritional support.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010- Staffing. This corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected from the risk of receiving inappropriate care due to the lack of sufficient numbers of qualified, skilled staff to meet the needs of people safely.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010- Supporting staff. This corresponds to Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People were not protected from the risk of receiving inappropriate care. Staff were not supervised and did not receive on-going periodic supervision as is necessary to carry out their role.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision This corresponds to Regulation 17(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 -Good governance.

This section is primarily information for the provider

Action we have told the provider to take

People were not protected for the risk of inappropriate care as the audits did not effectively identify risks to health, safety and welfare.

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.