

Wellburn Care Homes Limited

Riverhead Hall Nursing Home

Inspection report

Riverhead
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Riverhead Hall is registered to provide nursing and residential care for up to 45 people, although the provider had recently taken the decision to cease providing nursing care. They had commenced discussion with CQC about removing their registration for the provision of nursing. At the time of our inspection 44 people used the service, all of whom received a residential care service. The service provides support for adults over the age of 18 including older people, people living with dementia and people with a physical disability. The service has 45 single en-suite bedrooms provided over three floors. There are three communal lounges, a large dining area, a conservatory and large landscaped gardens and outdoor seating areas.

At our last inspection in April 2015, we asked the provider to take action to make improvements to capacity assessments because they were not fully completed and lacked information. At this inspection we found evidence of activity to improve the quality of mental capacity assessment paperwork. One file we viewed still lacked clarity in relation to the decisions that were being assessed, but this was addressed during our inspection and further training was planned for staff. Deprivation of Liberty Safeguards (DoLS) applications had been submitted, or were in the process of being completed, for people who required an authorisation to deprive them of their liberty, where this was in their best interests. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

The service had a manager, who had taken up a permanent position as the manager in April 2017, after having worked at the service in different roles for over 10 years. The manager had submitted their application to the Commission to become the registered manager of the service, this application was being processed at the time of our 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 found that recent changes at the service, in relation to the service provision, staffing and management had impacted on the quality of record keeping and care plans at the service. Quality assurance systems had not been effective in ensuring that standards in relation to record keeping had been consistently maintained over recent months. Risk assessments and care plans were not always accurately completed and cross referenced, or regularly reviewed. This was a breach of legal requirements.

Staff were knowledgeable about people's needs and we found that people were receiving the care they required. However, the lack of accurate, up to date information in some care files meant there was a risk that staff were relying on their own knowledge, as they did not have all the information they needed to ensure that people received consistent and responsive care in line with their preferences.

Staff were recruited safely and appropriate checks were completed prior to people commencing work, to ensure they were suitable to work with vulnerable people. There were sufficient staff to meet people's care

needs safely. However, we received some feedback that a recent reduction in the staffing levels at the service due to a change in the needs of people using the service, meant that staff felt more rushed with people and had less time available to ensure care plans were updated. Staff received an induction, appropriate training and supervision.

People who used the service told us that staff were caring and we found that staff supported people in a way that promoted their dignity and independence. We observed positive, friendly interactions between people and staff. We saw positive feedback from relatives about the end of life care people had received.

There was a variety of activities available at the service and visitors were welcome at any time. People were supported to practice their religious beliefs if they wished.

There was a system in place to respond to complaints. Staff knew how to identify and report any safeguarding concerns.

People received appropriate support with their nutritional needs and systems were in place to ensure that people received their medicines safely. People had access to a range of healthcare professionals, to support them in maintaining their health. Healthcare professionals we spoke with told us that staff sought their advice promptly whenever needed, and acted on any instructions and advice they gave.

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 safe, but some improvements were required.

Risk assessments were not always completed accurately and reviewed in a timely manner.

Safe recruitment practices had been followed, to check that staff were suitable to work with vulnerable people. Staff were trained in safeguarding adults and knew how report any concerns or abuse.

Systems were in place to ensure that people received their medicines safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received an induction and training in order to carry out their roles.

Improvements were being made to mental capacity assessment documentation and staff knowledge in relation to the MCA, and the service was meeting the requirements in relation to Deprivation of Liberty Safeguards.

People were supported with their nutritional needs and had access to health care services.

Good ●

Is the service caring?

The service was caring.

People told us that staff were kind and caring and we observed positive interactions between people and staff.

Staff respected people's privacy and dignity.

People were able to practice their religious beliefs if they wished, and could have visitors whenever they wanted.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were not always accurately completed or regularly reviewed to provide staff with all the information they needed to provide personalised care.

People had access to a range of activities.

The registered provider had a system in place to respond to complaints and concerns.

Is the service well-led?

The service was not always well-led.

There was a manager in place who had submitted their application to become the registered manager of the service. However, there had been no deputy manager for five months prior to our inspection, and there had been a number of other changes at the service in this time, which had impacted on record keeping.

The quality assurance system in place had not been effective in ensuring that standards had been consistently maintained and that issues had been addressed promptly.

Staff meetings had been infrequent since the start of 2017 but staff told us they felt supported by the manager.

The provider had submitted statutory notifications to the Care Quality Commission in a timely manner.

Requires Improvement 

Riverhead Hall 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 registered 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.

The inspection took place on 29 June and 5 July 2017, and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this inspection, the expert by experience had experience in relation to services for people living with dementia.

Prior to the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). This is a form which we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We also contacted the local authority's quality monitoring team in order to gain their views about the service. We used this information to help us plan the inspection.

During our inspection we spoke with 14 people who used the service, nine visitors and relatives and two visiting healthcare professionals. We spoke with the manager of the service, the compliance manager, the deputy operations manager, two senior care workers, a care worker, a kitchen technician (cook) and a member of domestic staff. We spent time observing the daily routines at the service, including the support people received with their medicines and the lunchtime experience. We looked around the care home including some people's bedrooms with their permission. We reviewed four people's care records, medication records, four staff recruitment files, induction and training records, and a selection of records used to monitor the quality and safety of the service. We used the Short Observational Framework for Inspection (SOFI) on the second day of our inspection. SOFI is a way of observing care to help us understand

the experience of people who could not talk with us.

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Riverhead Hall, and their responses included, "Yes definitely. There's always someone about" and "Yes, it's lovely." Other people told us, "Yes, I have 24 hour care. I have a big risk of falls but I have none now because of the equipment they have" and "I feel very safe. I leave my door open and I can see people passing. It's very reassuring."

Staff received training in safeguarding vulnerable adults from abuse or harm and there was a safeguarding policy and procedure in place. Staff were aware of what constituted abuse and told us they would report any concerns to the manager straightaway. They were confident any issues would be acted upon. We saw that one safeguarding referral had been made in the previous year, and appropriate action had been taken.

Staff completed a range of risk assessments to identify potential risks to people in areas such as including nutrition, skin integrity, falls and manual handling. Staff were knowledgeable about risks in relation to individuals, and we saw examples that showed staff took appropriate action to minimise risks. However, we found that in the files we viewed, not all of the risk assessments had been reviewed monthly recently, which was the provider's policy. One person's risk assessments had not all been completed and we also found a number of discrepancies in other people's risk assessments. For example, one person's falls risk assessment was incorrectly calculated because staff had not accounted for the fact that they took medication to aid their sleep. Another person's malnutrition risk was incorrectly scored because staff had failed to calculate their weight gain correctly. Neither of these issues had affected the requirements of people's care, but it showed that more attention was needed in order to ensure risk was accurately assessed. Further information about our response to these issues is included in the Well-led section of this report.

Records of accidents and incidents that occurred within the service were documented by staff, including detail of the action they had taken at the time of the incident. There was a section on this documentation for the manager to complete, to show they had reviewed the information and considered any further action required. This section was not always consistently completed on the records we looked at. However, we saw that the manager completed a monthly accidents and incident analysis, which considered any trends and whether any further responsive action was required to prevent recurrence.

There was a business continuity plan in place so that staff knew what to do and who to contact in the event of an emergency. Servicing records and maintenance certificates were in place in relation to the electrical installations, gas safety, emergency lighting, call bell and fire alarm systems. Maintenance checks were conducted on hoist and sling equipment. The provider completed checks on the environment, electrical equipment and fire safety equipment. There was a fire risk assessment in place and fire drills were regularly conducted. Records in relation to fire drills lacked detail. The deputy operations manager told us they had already identified this in their audits of the service. They had arranged to provide additional support and guidance to staff about the level of information required to ensure that learning from fire drills was maximised. Personal evacuation plans were in place to show the assistance people would need to leave the building safely in the event of an emergency.

We noted some minor infection control issues on the first day of the inspection. For instance, some toiletries and combs were left in communal bathrooms, which meant they could potentially be picked up and used by different people, increasing the risk of any infections spreading. There was also a bath chair with a tear in it, which meant that it could not be effectively cleaned. The provider took action to address these issues straightaway. Cleaning records were retained and there were schedules for ensuring rooms and equipment were cleaned.

We spoke with people, relatives and staff about whether there was sufficient staff available to meet people's needs safely. Most people we spoke with told us there was enough staff to support them. Their comments included, "Could do with more but they do very well," "I've never had a problem" and "I think so. They have a lot to look after. You have to wait but they do come." Relatives told us, "We have to wait sometimes but they always come and are very nice" and "There have been occasions when they have been short of staff. However, the staff that were on duty worked very hard."

Since ceasing providing nursing care in April 2017 the staffing levels had been reduced by one member of staff per shift, and staff told us this had had an impact on the amount of individual time they could spend with people and on the time they had available for reviewing and updating care files. They confirmed people's care needs were met, but said that they felt more rushed when delivering care, especially at busy times of the day, such as the mornings. One staff member told us that because staff were more tired it meant they were less willing to volunteer for additional shifts. We looked at rotas for the last four weeks and found that there were typically two senior carers and five carers on shift during the day. In addition, there was a member of laundry staff, a kitchen technician, a dining room assistant from 8:00am to 2:00pm and two domestic staff, which meant that care staff could concentrate on the delivery of care. Throughout the inspection we observed staff available around the service and people's needs being met in a timely manner. We discussed with the manager and deputy operations manager the feedback we had received about staffing levels. They agreed to ensure that staffing levels were regularly reviewed in line with people's needs and said they would consider the current shift patterns, to ensure sufficient staff were available at the busiest times.

Robust recruitment procedures were in place and followed, to make sure new staff were suitable to work in a care setting. This included application forms, interviews, proof of identification and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people, prior to people commencing employment. This service is in place to help employers make safer recruitment decisions, to protect people.

We looked at the systems in place to ensure people received their medicines safely. The provider had a medicines management policy in place and staff that had responsibility for supporting people with their medicines had received training and competency checks.

Staff completed medication administration records (MARs) when they gave people their medicines. We found the sample of MARs we viewed generally well completed, although there was some variation in how staff recorded when medicines that were prescribed for use 'when required' were not needed. The provider had already identified this issue in a recent medication audit and we saw they were in the process of implementing a new recording procedure in relation to these types of medicines at the time of our inspection. We checked the stock balance for a number of medicines held by the service and the stock held correlated with records. This helped to confirm that medicines administration was recorded accurately and that people had received their medicines as prescribed.

Medicines were appropriately stored. Some prescription drugs are controlled under the Misuse of Drugs

legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that there was clear recording in relation to these types of medicines and their storage arrangements were appropriate.

We found one bottle of eye drops which did not have a date of opening recorded on them, to ensure they were used within the 28 day shelf-life of the medicine. However, the other medicines and eye drops we checked with a limited shelf-life once opened were all appropriately dated. Medicines audits were conducted monthly to identify and address any issues. This showed that there were systems in place to ensure people received their medicines safely.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in April 2015 we found that capacity assessments were not fully completed and lacked information. We checked whether improvements had been made in order to ensure that the provider was working within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection there were four people living at the care home who had a DoLS authorisation in place and two people for whom a DoLS authorisation application had been submitted to the local authority. The manager showed us that they were also part way through completing a further two DoLS authorisation applications on the first day of our inspection. The provider kept a record of when authorisations were due to expire. This showed that the provider was taking appropriate action to ensure that legal authorisation was sought for people to be deprived of their liberty where this was in their best interests.

Care files contained assessments of people's capacity to make specific decisions. We found examples of recently completed capacity assessments that were clear and appropriately completed. However, we found in one file that the decisions the person was being assessed for had not been recorded. Their consent form in relation to the use of bed rails was also unclear. We discussed this with the manager and compliance manager and they addressed these issues straightaway.

There was evidence of recent activity to improve the quality of recording and knowledge in relation to the requirements of the MCA. The deputy operations manager told us that since our last inspection, they had been monitoring this area of practice. When it had become apparent earlier in the year that staff knowledge and practice was still not at the required level, additional resources had been made available to support the service with this. The compliance manager had been visiting the service to provide guidance and assist with improvements to the completion of documentation. We saw that additional training on the MCA had been booked for staff and was due to take place after our inspection. This showed us that action was being taken to ensure consent to care was being sought in line with legislation and guidance. The additional training planned would help to imbed the work already underway and to increase staff knowledge and confidence in this area. We observed throughout our inspection that staff spoke with people before supporting them and offered people choices. People also told us that their choices were respected.

We asked people if they thought staff had the right skills and knowledge to support them well. People

confirmed that they did and one told us, "They are very good." Relatives told us, "The staff definitely understand my [relative]'s needs. They are all very good" and "They all know what they are doing. They are well trained."

Staff had the knowledge and skills to meet people's needs. Staff received an induction when they started in post and those new to care completed the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected from staff. It is the minimum standards that should be covered as part of induction training of new care workers. Induction included an orientation to the home and working through a checklist of key information staff needed to know. The induction training was usually delivered over three days, and included topics such as first aid, food hygiene, health and safety, infection control, dementia awareness, nutrition and diet, communication and record keeping. Some of the training was delivered via DVDs but the provider had recruited a trainer since our last inspection and had developed a new programme of face to face training for staff. The manager had also completed training so that they could provide staff with moving and handling and basic life support training. We saw from the provider's training matrix that most training was up to date, and where there were gaps training was either planned or had recently taken place and the manager was awaiting certificates before updating the spreadsheet.

Staff received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. We noted six staff out of 52, were more than a month overdue their routine supervision according to the provider's policy. Supervision sessions for two of these staff were already booked in the diary and the manager advised the rest would be booked to take place as soon as possible. There were also additional bank staff that were overdue supervision, according to the provider's records, but some of these staff worked on occasional basis so did not require a formal supervision session with the same frequency as the regular staff.

We looked at the support people received with their nutrition and hydration needs. Staff used a recognised screening tool to assess risk in relation to malnutrition. An eating and drinking care plan detailed the support people needed and any particular requirements, such as thickened fluids, special diets or adapted crockery. The kitchen technician we spoke with was aware of people's individual dietary needs.

We received mixed feedback about the quality of food available at the home. One person told us, "It all tastes the same" and another said, "It's not as good as it used to be." Other people were more positive and everyone confirmed they had a choice. The provider had introduced a pre-prepared meal system. Meals were designed to ensure a balanced nutritional content. We saw that the provider encouraged feedback about the food and where they found certain meals, or aspects of the meal, were less popular they had been replaced by other items on the menu.

We observed two mealtimes during our inspection. Some people ate in the main dining room and other chose to eat in the bedrooms. Mealtimes were well organised and people were assisted to eat where necessary. Staff showed respect, understanding and maintained people's dignity when providing support. Meals looked and smelled appetising and people were offered a choice of drinks with their meal and at other times throughout the day. This showed us that people were supported to receive sufficient to eat and drink and maintain a balanced diet.

People were supported to access a range of healthcare services. This included GPs, district nurses and speech and language therapists. People had a physical health care plan and information was recorded about any health conditions they had. People's care files also contained a 'hospital passport' which was

designed to provide key information for hospital staff in the event that the person needed to go into hospital.

Visiting healthcare professionals we spoke with provided positive feedback about the service. One told us, "The staff are really helpful and people seem to be well looked after." Another said, "They (staff) seem to report any concerns about people promptly and they act on the advice I give them."

At our last inspection we recommended that the manager considered best practice guidance in relation to supporting people living with dementia. We found that the provider had made some progress in this area. There was 'dementia friendly' signage on the doors of some rooms in the service to aid people's navigation. Activities were provided with consideration of people's needs. There was however, still potential to develop this work further.

Is the service caring?

Our findings

People we spoke with told us that staff were caring. Their comments about staff included, "They are like my extended family," "They are very kind and they take time to listen to me" and "The staff are lovely. They hold my hand." Other people told us, "They talk to me like a member of a big family. It's lovely" and "Even when they are pushed they are always friendly and do their job."

During the inspection we observed friendly interactions between people who used the service and staff, and saw many examples of staff chatting to people and responding positively to people's requests. We observed people appeared relaxed with staff, and saw several occasions where people were enjoying a joke with staff. For example, we saw three people laughing with a staff member whilst heading to the dining room for lunch. Afterwards one of these people was overheard to say, "Oh we do get treat well here don't we?" to which the other two people agreed. We also observed that when one person became very anxious and distressed, staff tried different approaches to try and reassure and distract them.

Staff informed people about things going on at the service and offered people choices, such as whether they wanted to join in activities, where they wanted to sit and what they wanted to eat and drink. Their choices were respected. People who used the service were also involved in running activities and meetings at the home. For instance, one person organised the residents and relatives meetings. They also held a bible reading group in their room once on month, for whoever wished to join. There was information about local advocacy services on display in the home, for anyone who required independent support to ensure their views were heard.

Whilst people were kept informed about day to day issues and activities at the service, we noted from minutes of a residents and relatives meeting in April 2017 that some people did not feel they had been kept informed about significant changes. These included the previous manager leaving and the decision to cease providing nursing care at the home.

People's privacy and dignity were respected. Throughout our inspection we observed that staff knocked on people's bedroom doors and asked if it was okay for them to come in before they entered. Staff gave us other examples of how they promoted people's privacy and dignity, for instance, by ensuring doors were closed before providing care, drawing curtains and covering people when washing parts of the body. Staff also showed us new 'do not disturb' door hangers which had just been delivered, and told us they would be using them when supporting people with their personal care.

Staff received training in equality and diversity, and care files contained information about people's faith and cultural needs in their social care plan.

We observed that staff encouraged people to maintain their independence where possible, but offered assistance when needed. For instance, we observed a staff member encouraging someone to use their walking frame to mobilise as far as they could before taking a break and using their wheelchair. Care files indicated which elements of people's daily routines they were able to manage independently.

Visitors were welcomed at the service at any time and one relative told us about how staff had considered their needs too, when their relation had moved in to the care home. They commented, "They (staff) have been very supportive and helped me to adjust."

Records of people's wishes in relation to end of life care were recorded, where people wished to discuss this with staff. We saw thank you cards from relatives expressing their appreciation for the support their loved ones had received at the end of their lives, including one which read, 'The level of care [Name] received from you went beyond our expectations... We took great comfort that you gave [Name] dignity in both life and death.'

Is the service responsive?

Our findings

Before people moved to Riverhead Hall, the registered provider completed an initial assessment, to ensure the service could meet their needs. A care plan was then usually developed once people started to use the service. Care plans contained information about people's needs in a variety of areas, such as mobility, personal care needs, communication, skin integrity, eating and drinking, social needs and end of life care wishes.

We found that the quality and consistency of recording in care files was variable. Care plans had not all been reviewed monthly, in line with the provider's policy, in order to ensure that information was reflective of people's current needs. The care plans and risk assessments in one file we looked at had not been reviewed since March 2017. There were also inconsistencies between information in this person's risk assessments and the corresponding care plan for that need. For instance, the score in their falls risk assessment indicated they were at medium risk of falls, yet the care plan stated they were at high risk of falls. This person's eating and drinking care plan stated 'Eats independently, usually in dining room' yet further on in the same care plan said, '[Name] needs assistance of a carer to enable him to meet his nutritional needs. [Name] cannot coordinate his movements to enable him to eat himself.' This meant that instructions to staff were unclear and could have resulted in people not getting the assistance they needed. Another person's care file we viewed had been reviewed more recently, but there were gaps in the frequency with which information had been reviewed since the start of 2017.

A third person's care file we viewed did not contain all necessary risk assessment and care planning documentation required by the provider, despite the person having moved into the home four months earlier. The initial assessment was not signed or dated to show who had completed it and when. Their only fully completed care plan, which was in relation to personal care needs, had not been reviewed since being written at the end of February 2017. This meant there was a lack of comprehensive and up to date information available for care staff to refer to. The provider took immediate action to address this.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw no evidence that people were not receiving the care they required and staff were knowledgeable about people's needs, but we found this information was not well recorded. The compliance manager told us that work to improve care plans was already underway and that they were supporting staff at the service to make care files more person-centred and outcome focussed.

People we spoke with told us they had choice about their daily routines and that staff respected their preferences. During our inspection we saw that people had opportunities to participate in activities at the service. The provider employed an activities co-ordinator, and on the second day of our inspection we observed them doing a word association game and quiz with a group of people. Seven people joined in and appeared to enjoy it. The group then choose to do some bowling and additional people joined. The hairdresser also visited and a number of people had their hair done. In the afternoon, an entertainer came to

sing to people. People were encouraged to join in if they wished. We noted there was less activity taking place on the first day of our inspection, as the activities co-ordinator was not on duty; care staff did not run any activities as they were occupied supporting people with care tasks the majority of the time. Although we did observe that care staff spent time chatting to people on an individual basis, whenever the opportunity arose.

People told us about the activities they took part in, such as flower arranging, clothes parties, cooking and craft sessions. Outings and visiting entertainers were also popular and people could sit outside in the attractive, well-maintained gardens around the home.

All the visitors, staff and people we spoke with told us they were aware who to talk to should they have any concerns or wished to make a complaint. They felt confident they would be listened to and responded to appropriately. One person told us they often went into the office to have a chat with the manager and put forward suggestions. They said they felt listened to and that their suggestions were followed up.

The complaints policy and procedure was available to people in a service user guide and on display in the service. A record of complaints and compliments was held by the provider. No formal complaints had been received and only one concern had been received in 2017. This was in relation to recent changes to staffing levels and staff deployment since the service had ceased providing nursing care; an informal meeting had been held in relation to this in order to resolve the concern and provide reassurance about the longer term staffing arrangements. It was not entirely clear from records what the outcome of this meeting was and whether the issue had been fully resolved from the complainant's point of view. The manager agreed to make records in relation to the outcome of any complaints clearer. Four compliments and thank you cards had been received in 2017.

We found that people also had opportunity to raise concerns and give feedback in surveys and residents meetings. The findings of the most recent survey in January 2017 were generally positive. This showed that the provider had a system to listen and respond to people's experiences and concerns, in order to improve the quality of care.

Is the service well-led?

Our findings

The provider is required to have a registered manager as a condition of registration. There was a manager in post and their application to become the registered manager of the service was being processed at the time of our inspection. The manager had worked at the service previously as the deputy manager, so knew the people and staff there well. A new deputy manager had been appointed, but they had yet to commence in post, so the service had been without a deputy manager for five months.

Staff told us they felt well supported by the manager and could approach them with any issues or concerns. One staff member commented that the manager was always supportive but was "stretched" at the moment due to the recent changes at the service and not having a deputy manager to support them. A visitor told us, "Local management is very good. We do not have much contact with area management but we can approach staff or the manager, who are mostly very helpful."

It was apparent during our inspection that the recent changes at the service, including management, staffing and the temporary lack of a deputy manager, had had an impact on record keeping and quality assurance at the service. Since reducing the staffing level at the service, senior care staff no longer had dedicated time off the care rota, in order to review care plans. It was clear that not all care plans and risk assessments had been regularly reviewed every month over the last three or four months. There were also various recording errors and anomalies that had been written in care files prior to, and during, this timeframe that had not been addressed.

The provider had a quality assurance system which consisted of a comprehensive range of audits, conducted by the manager. These included monthly checks of health and safety records, fire safety records, medication systems, finances and an accidents analysis. The manager was also required to send a monthly report to the provider in relation to a variety of operational matters, including information on the number of falls, hospital admissions, safeguarding issues and pressure wounds, staffing figures and training. This enabled the registered provider to monitor activity at the service. However, it was also the provider's policy to conduct a monthly audit of a selection of care files, but we noted that no care file audits had been completed by the manager in 2017. This meant that opportunities to identify and address concerns about record keeping in care files had been missed. The quality assurance systems in place had failed to ensure that these issues had been promptly addressed.

The quality assurance system had also failed to identify that other records were not being fully completed, such as accident reports. We noted that there were no actions identified in any weekly manager audits (which mainly looked the environment) in April or May 2017, yet we found a number of issues during our inspection such as storage of wheelchairs and personal items in bathrooms and the inappropriate storage place of the sluice room key. The latter was clearly routine practice at the service because staff kept returning the key out of habit throughout our inspection, despite having been told to move it to an alternative place. This showed the weekly manager audits could have been more robust. Some audits had identified issues and there were action points listed, but it was not always apparent if these actions had been completed because they were not always signed to show when tasks had been done.

This showed that improvement was required to ensure that quality assurance processes were more consistently used, in order to ensure they were effective in driving improvement.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The area operations manager told us that they had already identified the issues about the quality of care plans from senior management audits conducted, and we saw a copy of an action plan for the service which confirmed that the provider had clear plans to improve the quality of care files. Additional resources had also been provided to the service, such as a compliance manager, who had recently started to assist the manager in improving the care files.

There had only been one staff meeting in 2017, which was held in April. Staff were updated on key changes at the service and were given feedback from the most recent residents meeting to ensure they listened and responded to people's feedback. Other areas for discussion included the introduction of 'champion' roles (to promote good practice in specific areas), a variety of practice issues and reminders, plus ideas and suggestions for activities. We were told that staff meetings would become more regular moving forward, and that outstanding staff supervisions would be completed to ensure these were all up to date.

The provider had displayed their current rating for the service on their website and in the home, which is required by law. They had also submitted relevant notifications to CQC about significant incidents at the service since our last inspection, as required. This meant we were able to check that appropriate action had been taken in response to these incidents.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, and had failed to effectively assess, monitor and improve the quality and safety of the services provided.
Treatment of disease, disorder or injury	