Lister House Limited

# Sherrington House Nursing Home

**Inspection report**

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## Ratings

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| 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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Sherrington House Nursing Home provides accommodation and nursing care for up to 39 people accommodated over three floors. This includes care of people with learning disabilities or physical health needs. On the day of the inspection 34 people were living in the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.'

# Summary of findings

The experiences of people who lived at the home were positive overall. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. People remarked that the food was particularly good.

However, we found systems and processes to keep people safe required improvement. The home did not have suitable quantities of staff with the required skills and experience. Vacant posts needed to be recruited to, to ensure consistent staffing numbers were maintained. This meant people may experience inconsistent levels of care and support. We found that there was a high turnover of staff and people reported to us that new staff did not always have the skills and experiences to care for them safely. This is a breach of Regulation 22, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Recruitment processes required improvement to ensure all the required background checks on new staff members were consistently applied. For example, staff who had recently been employed at the home did always have references from their last employer. The lack of robust recruitment procedures risked that people were being cared for by unsuitable staff. This is a breach of Regulation 21, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were not managed safely, as we found examples where people had not received their medication which could have resulted in unnecessary discomfort. This is a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home met people's nutritional needs and people reported that they had a good choice of food. Links with healthcare professionals was good and they all stated that the home followed their advice and delivered appropriate care.

The management of care records required improvement. We found there were two formats of care records in use at the home and the information contained in them was not consistent. This meant people may be put at risk, as staff may not have the most up-to-date information on people's care. This is a breach of Regulation 9, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and staff spoke positively about the new manager at the home and told us they listened and acted on comments and concerns.

Quality assurance processes required improvement; the issues we found had not been identified by the provider's own monitoring and audit processes. This is a breach of Regulation 10, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found two notifications which should have been submitted to the Care Quality Commission (CQC) had not been. This is a breach of Regulation 18 Health and Social Care Act 2008 (Registration Regulations) 2010. We spoke with the manager about this and warned them we would take further action if future notifiable incidents were not reported to CQC.

# 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?**

Requires Improvement

Some aspects of the service were not safe. This meant people may experience inconsistent levels of care and support. Recruitment procedures designed to keep people safe had not always been correctly followed. The lack of robust recruitment procedures risked that people were being cared for by unsuitable staff.

Medicines were not managed safely and appropriately. People did not always receive their medication, for example we found on two occasions controlled drugs were not administered because staff thought they were not in stock. This could have resulted in unnecessary discomfort to the person.

People told us they felt safe in the home. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity to make decisions were respected.

**Is the service effective?**

Requires Improvement

Some aspects of the service were not effective. People told us that overall they received good care. However they raised concerns that new staff did not always have the skills and knowledge to know their needs and preferences. The provision of training required improvement to ensure staff were provided with up to date skills and knowledge. We found more than half of the staff who worked at the home were overdue training updates in some core training subjects the home said were mandatory.

People reported the food was good. They said they had a good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

People reported that care was effective and they received appropriate healthcare support. We saw evidence which demonstrated that people who lived at the home were referred to relevant healthcare professionals in a timely manner and their advice was carried out.

# Summary of findings

**Is the service caring?**

Good 

The service was caring. People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people and regularly checked them to ensure they were not in need of any assistance.

People reported that they were involved in any decisions which related to their care and they had access to their care plans. Arrangements were in place to provide advocacy services for people who needed someone to speak up on their behalf.

Systems were in place to ensure people received dignified end of life care.

**Is the service responsive?**

Requires Improvement 

Some aspects of the service were not responsive. Systems were in place to assess people's needs and we saw evidence people's needs were regularly assessed. However, we found inconsistencies with the way documentation was managed which meant staff did not always have access to the most up-to-date information on people's needs. This risked that staff would not always provide the most responsive care.

People told us a range of activities were available and they were able to access the community and see their families.

Most people said their complaints were effectively dealt with, although one person told us staff and management had not listened to them and we concluded that more could have been done to respond more quickly to their particular concerns.

**Is the service well-led?**

Requires Improvement 

Some aspects of the service were not well-led. People told us the manager listened and acted on any comments or concerns raised. Staff and management we spoke with were consistent when they told us about the key challenges which faced the home. We saw there was an improvement plan in place to ensure the service improved by the end of 2014.

The provider's quality assurance processes required improvement, particularly with regard to records and medication. If robust quality systems been in place the issues we identified during our inspection would have been identified and rectified sooner.

Documentation relating to the management of the service such as training and complaint records required improvement so the service could clearly track staff training and complaints to ensure the service monitored its performance in these areas

# Sherrington House Nursing Home

**Detailed findings**

## Background to this inspection

We visited the home on 9 July 2014. We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people who used the service, four relatives, six members of staff and the registered manager. We spent eight hours observing care and support being delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

The inspection team consisted of two inspectors 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.

Before our inspection, we reviewed the information we held about the service. This included notifications and the provider information return (PIR), a document sent to us by the provider with information about the performance of the service. We contacted the local authority safeguarding team to ask them for their views on the service and if they had any concerns. As part of the inspection we also spoke with three health professionals who regularly visit the service.

At the last inspection in October 2013 the home met all the national standards that we looked at.

Requires Improvement

# Is the service safe?

## Our findings

Most people we spoke with told us they thought there were enough staff at the home, for example one person said "They normally come straight away if I call them." However, some people thought the home could do with more staff at times. For example, a relative raised concerns that staffing levels were inconsistent and not always adequate. They gave us an example of how this had impacted on their relative; "One day, they had not had their breakfast by mid-morning. The carer apologised and said she was on her own and had six other patients to feed."

On the day of the inspection, staff were visible and people were attended to within appropriate timeframes, for example after pressing their call bell it was answered within four minutes. Also some people were receiving one to one care and we observed staff consistently stayed by their side to keep them safe.

We spoke with the registered manager about staffing levels. They told us they required to employ two further registered nurses and two care workers. They said they were in the process of recruiting to these posts to ensure a full staff team was maintained. We found these vacant posts meant staffing levels were not being consistently maintained. The manager told us there should be two nurses on duty during the day, however on some days the staff rota's showed only one nurse working. A staff member we spoke with told us normally there were two nurses on duty but that there had been occasions when only one nurse was on duty due to insufficient cover being available. They said sometimes the manager was available as the second nurse but this wasn't always the case. This showed there was inconsistency in nurse staffing levels within the home. This meant people could not be assured of a consistent level of care as at all times there were not sufficient numbers of nursing staff.

The registered manager told us they did not use an agency for care staff but "managed" with less staff if someone was unavailable and they were unable to get cover from their staff team. When asked, the registered manager could not tell us what system or tool they used to ensure there were enough staff to meet peoples' needs. Two staff told us there could be times when there were not enough care workers in the building. On the day of the inspection we found the home was one care worker down due to sickness. A member of staff also told us that the night before the inspection; they were two carers short of the homes target staffing levels. The rotas confirmed that the homes target staffing levels were not always being met. This showed us there was inconsistency in care worker staffing levels within the home. This meant people could not be assured of a consistent level of care as at all times there were not sufficient numbers of care staff.

Two staff members raised concerns with us that the provider had a lot of new staff. They said ensuring they acquired the required skills and experience was one of the key challenges that faced the organisation and that "inefficiencies" in care were a result of this. Nearly all of the people who lived at the home commented about the high turnover of staff. They felt the care was often being provided by people without experience that they didn't know. For example, one person said "It's a slight inconvenience but they've got to learn." One relative we spoke with was very concerned about the impact this had on their mother. They said "I'm fed up of the constant changes with staff who do not know my mother and her needs". This relative said they felt they had to start from scratch explaining their mother's needs and preferences every time there was a staff change. Information sent to us following the inspection, confirmed the turnover rate was high with 46% of staff leaving in the last year. This indicated the high turnover of staff was leading to frequent new staff who had not developed the correct skills and knowledge to ensure appropriate care.

We looked at the staff files for four staff members and the home's training matrix. We saw there were gaps in the matrix which showed staff had not received required training in areas which helped staff to keep people safe. These included safeguarding, infection control and food hygiene. We spoke with one new staff member who told us they had received training in manual handling during their induction but had not had any training in the other mandatory subjects. This showed us the manager was not always providing new staff with the skills and knowledge they needed to undertake their role.

This demonstrated to us that the provider did not always have sufficient quantities of appropriately skilled or experienced staff. This is a breach of Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at four staff files and found proper recruitment processes, which are designed to keep people safe, were not consistently followed. For example, two staff who had

recently been employed at the home did not have references from their last employer. In another file, there were no references attached nor any confirmation that a DBS (Disclosure and Baring Service) check had been completed. This person had been in post since March 2014. Prior to the inspection the local authority safeguarding team contacted us with concerns over the recruitment of one individual to the home. During the inspection, we looked at this persons file and found a written reference had not been obtained from their last employer prior to starting work at the home. After the employee started, an unsatisfactory reference had been obtained and although the manager had put in place measures to monitor the staff member's performance as a result of this, the fact it was not identified during recruitment showed the recruitment procedures in place were not sufficiently robust. The lack of robust recruitment procedures risked that people were being cared for by unsuitable staff.

This is a breach of Regulation 21, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they received their medication on time and staff told them about the medication they were taking. However, we found medicines were not always managed safely. We looked at one person's Medication Administration Records (MAR) and found there were gaps in the administration of one medicine on the 4th and 5th July. The nurse on duty could not explain these gaps; this meant we could not confirm whether this person had received their medication on those dates.

Another person's MAR showed the person had not received a prescribed controlled drug on the 4th or 5th July. The MAR stated the drug was not administered as it was out of stock. However, we checked the controlled drugs register and there had been stock in place. We raised this with the nurse on duty who could not explain why this medicine had not been administered. This meant this person did not receive their prescribed medication. This could have impacted on their health and welfare during or after this time period.

MAR charts did not record stock levels for each medicine. This meant staff did not always know when stocks were running low and increased the risk that any theft or unaccounted medication would not be detected. We spoke with the manager who agreed with our observation that stock levels should be recorded on the MAR. We also found examples of medicines being borrowed from other people's supplies because they had run out of medication. For example, we saw one person had been given medicines borrowed from others on the 8/6/14, 10/6/14 and 29/6/14 and another person had been given medicines borrowed from others on 17/6/14 and 18/6/14. Medicines should only be administered to the person they are prescribed for. This practice of borrowing medicines showed us that the home's stock ordering system required improvement, as people were regularly running out of their prescribed medicines.

We looked at the care plans and medicine records for two people who received "as required" medication for pain relief. Protocols were not in place to tell staff when they should administer these medicines. The lack of any protocol meant there was a risk of inconsistency in the administration of "as required" medicines. For example, we looked at one person's records who had received pain relief medication for the last six days. The nurse on duty said they would not routinely offer pain relief today but was unsure the criteria that other nursing staff had applied on the previous six days.

This is a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with said they felt safe in the home and felt comfortable in the company of staff who assisted them. For example one person told us "I feel safe here, I was really happy when I moved here from the previous place." People told us they had freedom to leave the home, for example to go to the pub or out for a cigarette. People said they felt able to raise any concerns with the manager who they said was often visible and conducted a daily walk round the home.

We saw evidence which confirmed the provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff we spoke with told us they would immediately raise any concerns with their manager and they were confident they would take action to address concerns raised. We found staff understood how to help people with limited capacity to make decisions.

The manager told us that there were no Deprivation of Liberty Safeguards (DoLS) orders in place but was able to show us a recent application they had made to the supervisory body which had been rejected. We looked at how the process had been managed and saw the home

Requires Improvement

# Is the service safe?

had followed the correct procedures. These included conducting a mental capacity assessment, and involving an Independent Mental Capacity Advocate (IMCA) to represent the person. The recommendations of the supervisory body were clearly documented and a plan had been created by the home to work to, to ensure the person was not deprived of their freedom. We found staff were aware of this plan and knew how to work to it.

Disciplinary procedures were in place and we discussed with the manager examples of how the disciplinary process had been followed where poor working practice was identified. This helped to ensure standards were maintained and people kept safe.

We looked at five peoples' care plans and found appropriate risk management processes were in place. We saw risk assessments were in place, for moving and handling, nutrition and pressure area care. Where risks were identified, care plans were put in place which provided information to staff on how to keep people safe. We found some inconsistencies with the way care documentation was managed; this is discussed within the "Is the service responsive?" section of the report.

Requires Improvement

# Is the service effective?

## Our findings

People told us that overall they received good, effective care. However, they raised concerns that new staff did not always have the skills and knowledge to know their needs and preferences. Some people told us this caused them frustration and were able to give us examples of how this had impacted on care. For example, one person told us that they had been left uncomfortable on two occasions as they had been given inappropriate personal care because night staff had not known the correct procedure to follow. The lack of skilled and experienced staff is discussed in more detail within the "Is this service safe?" section of this report.

A system was in place to provide staff with training however it required improvement to ensure staff had the required skills and knowledge to carry out their role. We looked at the training matrix, which showed the training staff had undertaken. Staff had not always been provided with training updates in line with the provider's annual training programme. This meant they may not have the latest knowledge and skills in key topics needed to deliver effective care. For example, although staff had received safeguarding and food hygiene training in 2012 and 2013 only 39 out of 98 staff were currently up-to-date with safeguarding training, and 48 out of 98 were currently up-to-date with food hygiene. Although some staff said they had received training in infection control and end of life care, it was not formalised on the training matrix. This meant people may be put at risk as the provider did not ensure a consistent and periodic approach to staff training. We spoke with the Human Resource manager who admitted that some training had lapsed and said they had recently been focusing on training all of the staff in dementia awareness.

The registered manager spoke positively about a newly introduced competency tool to manage the performance and development of staff. They told us this provided a more structured mechanism to meet the development needs of staff. The registered manager told us they planned to meet with all staff to roll out this tool. This indicated to us that the registered manager had a clear plan in place to support the development of staff skills.

A programme of annual appraisals was in place to provide staff with support. Supervisions were held when members of staff requested them and we saw evidence that a number of staff had received them in recent months. The provider was in the process of formalising supervisions to ensure all staff received supervision every three months. The staff we spoke with told us they were provided with good support from the registered manager.

People spoke very positively about the food which they said was varied and plentiful. For example one person said "Food excellent, cook very good, lots of choices." We found people were assessed to determine whether they were at risk of malnutrition and where risks were identified care plans were put in place to assist staff in meeting their needs. For example, in one person's care plan, we found a healthy living plan had been put in place and agreed with the person to help them maintain a healthy weight. People's weights were monitored monthly and we saw evidence of involvement of dieticians where weight loss was identified. Prior to the inspection we spoke with a dietician who told us they thought the care at the home was good and that staff followed their advice. They told us that when they had encountered problems management had responded well to their advice. This indicated the home was providing effective nutritional care.

Catering staff said they were provided with a "generous budget" which allowed lots of fresh food, flexibility and choices. For example three choices of meal were available at lunchtime. Information was present in the kitchen to ensure staff met peoples' individual needs, such as who required a diabetic diet or their food fortifying. Systems were also in place to meet peoples' religious and cultural needs, for example arrangements had been made to supply cultural food. This indicated the home made reasonable adjustments to meet people's individual needs.

Staff asked people what they wanted to eat shortly before lunchtime which showed a choice was offered. We observed the lunchtime meal and saw staff provided people with appropriate assistance. The atmosphere at lunchtime was pleasant, with staff engaging those they were assisting in conversation. Meals came straight from the kitchen and people said the food was hot. We found drinks were available to people throughout the day, and we observed staff encouraging people to drink to reduce the risk of dehydration

People reported they received appropriate healthcare support. For example people said, "The GP visits every week and anyone can see him." Care plans showed people were routinely referred to community health professionals

Requires Improvement

# Is the service effective?

such as dieticians, community nurses and doctors The outcome of these visits was documented to assist care staff in meeting peoples' needs. A communication book was also in place which allowed healthcare professionals to flag up any urgent information with management. We spoke with three community health professionals who spoke positively about the care in the home. For example one of them said "They do an extremely good job with my patient," They said staff listened to their advice and, when there had been issues in the past; these had been addressed, for example through training. This indicated to us that people received good healthcare and links were good between healthcare services and the home

Good

# Is the service caring?

## Our findings

People were very complimentary about the attitude of staff who they said were kind and caring. One person told us, "Everybody is really good, really professional, never any problems". Another person said, "Standard of care would score 9 out of 10." People said staff were friendly and "engage in conversation as well as carrying out care." People said that staff respected their choices, for example one person said, "I prefer to stay in my room and staff respect this choice. When I want to go downstairs, I only have to ask and they assist me downstairs."

Seven out of eight people we spoke with said their privacy and dignity was respected. People said when staff were providing personal care, doors were closed and curtains drawn. We observed that this was routine during our observations on the day of the inspection. One person said there had been a couple of instances where their dignity was not respected but that when the issue had been raised, management had taken swift action. This indicated to us that management valued the importance of ensuring people's dignity.

Our use of the Short Observational Framework for Inspection (SOFI) tool found most interactions between staff and people were positive with no negative interactions. We found people's choices were respected; staff were calm and patient and explained things well. We found staff asked people their choice around daily living, such as if they wanted to go outside. Our observations indicated that staff knew people's likes and dislikes for example one staff member said, "here is half a cup with a straw like you like it." We saw people were asked whether they wanted to wear an apron and their choices were respected. Staff were calm and patient with people and explained things well.

People said they were involved in making decisions about their care. They told us they were aware of their care plans and had input into their reviews.

We spoke with three staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, any recent incidents involving them and what they liked and disliked. However, some people reported that newer staff did not always know the people they were caring for. This is discussed further in the "Is the service safe" section of the report. We found the registered manager had a good knowledge of the people who lived at the home, for example their personalities and strategies for engaging with them to reduce conflict. People reported a good relationship with the registered manager. This showed us that the registered manager took the time to regularly engage and interact with people in the home.

We found the home clearly advertised visiting times with signage displayed; stating visits were permitted between 08.00 and 20.00. Visitors could visit anytime within those hours unannounced and could visit outside of these hours with prior notice. People reported they had no problems seeing their families.

The home made advocacy services available to people who used the service. We looked at one person's care records which showed the involvement of an Independent mental capacity advocate (IMCA). Their involvement had been clearly recorded to help protect the rights of the person who used the service.

The registered manager was able to clearly describe end of life care arrangements in place to ensure people had a comfortable and dignified death. This included consultation with a multi-professional team and relatives. We looked at care plan documentation and saw evidence that advanced care plans were in place where appropriate and care plans were amended regularly with input from multidisciplinary teams. Staff and management we spoke with had a good understanding of ensuring people receiving end of life care and their families were treated sensitively. For example the registered manager told us that if somebody at the end of their life had no family they would make arrangements to ensure a member of staff stayed with them during their final hours.

There were various lounges within the home which families could be taken to for a private or sensitive discussion. The registered manager told us they had recently been on external end of life training and we saw they had plans to further develop the end of life information provided to people. This would ensure people who lived at the home and their relatives were provided with clear information on their end of life care choices.

Requires Improvement

# Is the service responsive?

## Our findings

People's records provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. These assessments included diet and nutrition and aiding with mobility. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed their package of care changed. People confirmed to us that their care plans were reviewed and amended to incorporate changes in their needs.

Although we found people's needs were regularly assessed, the way documentation was arranged meant there was a risk that people may not always receive responsive care as consistent documentation was not in place. People's assessments and care plans were contained within both nursing files (for nursing staff) and care files (for care staff). We found updated copies of care plans were not always transferred from nursing files to care files meaning there was inconsistency in the information present in the two files. For example in one person's records, the nursing record had been updated to say they were no longer on a food and fluid chart but this had not been transferred to the care file. This meant care staff did not have the most up-to-date information to deliver responsive care. In this person's care file we also found copies of their key care plans such as communication, eating and drinking and behaviour were missing. The completion of other documents such as 'client belongings' was inconsistent, for example one person's belongings had not been reviewed since 2009.

In another person's records, a particular record had not been updated since May 2014; despite daily records showing recent incidents had occurred. This made it difficult to undertake a review of their recent activity. Care plan updates were also inconsistent. The manager told us they should be reviewed monthly, however some files had not been reviewed since February 2014. Other documents, such as personal histories, were not always completed. The lack of clear information meant care staff may not be aware of changes in people's care needs which could lead to inappropriate care or treatment.

This is a breach of Regulation 9, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People reported that the home was responsive in providing care to meet their changing needs. For example one resident said they had fallen backwards in their room and banged their head. They said they had now been provided with a wheelchair as their mobility needs had changed. We spoke with three healthcare professionals who told us the service was responsive in meeting people's care needs and made changes based on their advice for example to ensure good pressure area care.

People told us they had access to suitable activities. For example, one person said "There is always something going on in the home, I always go downstairs for the entertainment, like the music man." We saw evidence that a range of activities were on offer throughout the week, conducted both by staff and external entertainers.

People reported the home enabled them to access the community and maintain relationships with family and friends without restrictions. We saw arrangements were in place to assist people to access events outside of the home. For example, we observed one staff member took someone out for their birthday to meet their family.

Daily handovers took place so that staff could update the next staff on shift about people's needs and if any changes in their care had been identified. We saw evidence that changes to people's needs were recorded on handover forms to make staff aware, for example we saw it was noted that one resident had been awake all night, so staff could take this into account when caring for the person. Staff we spoke with told us the handover was a good source of information.

The registered manager told us they undertook a walk around of the home each morning and part of this was to listen to people's views and experiences within the home. We spoke with people who confirmed this was the case. We looked at documentation which showed people's informal comments during these walk arounds were logged by the manager and ticked off once any actions required were completed.

Periodic resident meetings were held and these provided another mechanism for people to feedback comments or concerns to management. People we spoke with told us problems raised at these meetings did seem to get dealt with.

All of the people and relatives we spoke with said they felt comfortable in raising any concerns. This was confirmed by

Requires Improvement

# Is the service responsive?

examples given of complaints made and the various routes by which this could be done. Feedback about whether complaints were dealt with was mostly positive. For example one person told us, "I tell them if they are doing things wrong and they change it. " People said if staff did things incorrectly, management would flag this up with staff to ensure the task was done correctly in the future. A community health professional also told us they thought the home was good at listening to people and accommodating their comments and concerns.

One person told us they felt staff did not listen to them. They said they had raised two issues with staff and that they felt they had been ignored. The person's relative also confirmed they had complained about these issues but nothing had been done. We spoke in detail and looked at this person's care and support and found these issues should have been addressed sooner. We spoke with the registered manager about this, who was not aware of how upset the person was. They said they would take steps to address this issue immediately. This showed that the management of some people's complaints required improvement.

Requires Improvement

# Is the service well-led?

## Our findings

The home had a registered manager in place. We found two notifications which should have been submitted to the Care Quality Commission (CQC) had not been. This is a breach of Regulation 18 Health and Socal Care Act 2008 (Registration Regulations) 2010. We spoke with the manager about this and warned them we would take further action if future notifiable incidents were not reported to CQC.

Documentation which related to the management of the service required improvement. For example the training matrix did not contain all of the names of staff currently working at the home and the complaints log had not been updated since February 2014 making tracking complaints difficult.

The manager told us they had plans in place to update peoples' care records by the end of 2014 and develop a more useable format of care plans to ensure staff and people had access to more concise and meaningful information.

An incident management system was in place. However, the outcomes from incidents were not always documented meaning there was a risk that lessons learnt could be missed. It was also not clear what the thresholds for reporting incidents were and we found some incidents recorded in people's daily records that were not recorded on the home's incident management form. For example when a person who lived at the home had "hit a member of staff." The lack of reporting incidents meant there was a risk that appropriate preventive action might not be taken. There was no analysis of incidents to look for trends and themes.

There was a lack of quality assurance and audit processes, as the problems we found during the inspection had not been identified prior to our visit. For example, there were no medication audits undertaken and we found significant problems with the way medicines were managed. In addition, there were no care plan audits to determine whether information in the nursing and care files were up to date and relevant. This showed us that quality assurance systems at the home were not robust and required improvement to ensure risks were identified and quickly rectified.

This breached Regulation 10, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All the people we spoke with said there was a good atmosphere in the home. For example one person told us, "It's more relaxed here than where I lived before, not so many do's and don'ts." Another person told us, "Good care team, don't fall out, get on well together, staff seem to work well together, are good to you." All those asked knew who the registered manager was and said they popped in to see them on a regular basis. From our observations people seemed relaxed and had a good rapport with staff. The registered manager was highly visible and available to people who lived at the home.

The registered manager was relatively new to the role and had only been registered since June 2014. Staff spoke positively about the registered manager and the changes they had implemented since they took up their post. They said the organisation was now more open and they felt able to raise any concerns and complaints and they were confident they would be actioned. One member of staff told us, "you can talk about your problems with the new manager; there is much better team work now." Both management and staff told us that the home had an open door policy for addressing concerns. The registered manager also worked regular shifts as a nurse and this enabled them to experience the problems faced by staff.

Staff and management of the organisation were consistent in what they thought were the key challenges faced by the organisation. For example, they both said that ensuring better team work especially between day and night staff was needed. Staff said this was a 'work in progress', and a recent meeting had addressed some of these concerns. Ensuring the home had a full complement of staff was also another key challenge recognised by staff and management. A service improvement plan was in place, we saw this provided structured timescales to address these challenges. Staff were all positive about the direction in which the home was going and told us recent improvements had been made.

We found the management operated an on call system to enable staff to seek advice in an emergency. We looked at care documentation which showed this system had been followed to ensure a behavioural problem was effectively managed. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

Requires Improvement

# Is the service well-led?

Resident and staff meetings were in place which were an opportunity for staff and people to feedback on the quality of the service. Staff and residents both spoke positively about these meetings and said management listened to and acted on their comments.

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<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br>**The registered person had not protected people against the risks associated with unsafe use and management of medicines because the provider did not have appropriate arrangements for storing, recording and administering medicines.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services<br>**9 (1) (a) The registered person was not always carrying out an assessment of needs of each service user** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing<br>**The registered person had not ensured there were always sufficient numbers of suitably qualified, skilled or experienced persons employed.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers<br>**21 (b) The registered person had not ensured that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on the regulated activity.** |

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Action we have told the provider to take

| | |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br><br>10 (1) (a) The registered person did not regularly assess and monitor the quality of the services provided. 10 (2) (c) (i) The registered person did not conduct analysis of incidents. |