

United Care (North) Limited

Clumber House Nursing Home

Inspection report

81 Dickens Lane
Poynton
Cheshire
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Tel: 01625879946

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14 September 2017

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on 11 and 14 September 2017.

The last inspection took place on 7 April 2016. At that inspection we identified one breach of the relevant regulations in respect of fit and proper persons employed. At this inspection, we found that improvements had been made in this area, however we found the provider was in breach of a different regulation.

Clumber House is registered to provide accommodation with nursing and personal care for up to 36 people. It is located in a residential area of Poynton in Cheshire East. There are currently 32 single bedrooms at the location. There are two floors connected via passenger lift and two lounges on the ground floor. On the day of our inspection there were 30 people living in the home.

The home has a registered manager who had been registered since November 2012. 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 the arrangements for the administration, storage and disposal of medication were not always safe. Topical creams were not dated when opened and there were no clear guidelines and policies in place in relation to PRN (medication given as required) medication. Medicine competencies were checked periodically but there was no system in place to ensure that this was done on a regular basis.

We asked staff members about training and supervision. They all confirmed that they received regular training and supervision throughout the year, however when we checked the records, we found that there was no process for checking when training needed updating and no clear plan in place as to when this would be carried out.

The home was staffed by a consistent team of suitably qualified and experienced staff who met the needs of the people living there.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke with confirmed that they were aware of the need to report any safeguarding concerns. However we did note that training in this area had not been updated.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

There was a flexible menu in place which provided a good variety of food to the people using the service. People were positive about the food that was provided.

We observed caring, positive relationships between staff members and the people living in the home.

We found that that care plans provided clear guidance to staff on how to support the people living at Clumber House. The plans were updated regularly and were clear. Where additional monitoring of people's needs was required, records were consistently kept.

The provider had a quality assurance system in place and regular audits were being completed, however we found that some processes were not in place in relation to training to ensure that people remained up to date. We saw that many of the policies held by the home did not include up to date guidance and legislation or were missing information to guide staff on the correct procedures. The registered manager continually sought feedback from people living in the service, relatives and staff in order to improve the service. Staff members and relatives we spoke with were positive about how the home was being managed.

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.

The home was staffed by a consistent team of suitably qualified and experienced staff to meet the needs of the people living in the home.

We found that the arrangements for the administration of medication were not always safe. We saw that there was no guidance for staff on PRN medication, creams were not dated when opened and there were no clear systems in place for checking staff competencies in relation to medication.

Recruitment records demonstrated that there were systems in place to help ensure staff employed at the home were suitable to work with vulnerable people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found that staff had received training and supervision to support them in their roles, however there was no clear system in place to ensure that this was updated regularly. Staff were enrolled on the Care Certificate, but there was no system in place to ensure people completed this in a timely manner.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

Requires Improvement ●

Is the service caring?

The service was caring.

We asked the people living at Clumber House and their relatives about the home and the staff members working there and received a number of positive comments about their caring attitudes.

The staff members we spoke with showed us that they had a good understanding of the people they supported and they were

Good ●

able to meet their various needs. We saw that they interacted well with people.

Is the service responsive?

Good ●

The service was responsive.

We found that care records were clear and gave staff a clear view of what support people needed. Preferences were respected and staff knew the people they were caring for well.

There was a varied activities programme in place which was reflective of the needs and preferences of the people living in the home.

The provider had a complaints policy and processes in place to record any complaints received and we saw concerns raised were addressed within the timescales given in the policy.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

We found that effective systems were not in place to identify when staff needed to update their training. We also found that policies and procedures did not always contain the most recent guidance or relevant information to assist staff to carry out their roles effectively.

The registered provider had a quality assurance system in place to ensure that areas identified as requiring action to improve the quality of the service were addressed promptly. However it was not always clear from the audits when these actions had been completed.

Clumber House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 11 and 14 September 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience on the first day of inspection and one adult social care inspector on the second day of inspection. 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 the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Clumber House. They advised us that they had no current concerns about the service. We spoke to a GP that regularly visits the service.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of six people living there, six visiting relatives and ten members of staff including the registered manager, the deputy manager, the activities co-ordinator, the maintenance person, a member of domestic staff, two nurses, the trainer and two members of care staff. We spoke to a visiting GP and visiting professional who offers exercise activities. We spoke to more people living in the home, but they found it difficult to tell us what they thought of the care in the home due to their health conditions; however family members were able to tell us what they thought about the home and the staff members working there.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service as well as checking records. We looked at a total of four care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We asked the people living in the home and those visiting whether they felt safe. People we spoke with told us they felt they were safe. One person told us, "I feel safe as nothing seems to go wrong, no arguments or anything like that". Relatives visiting the home also told us that they were confident that their relative was safe. Comments included, "The place doesn't smell, it is clean and we come away and feel like she's safe and she always looks clean, brilliant place, can't fault it", "I'm not worried that they are not taking care of her when I'm not here. There are generally enough staff and always their staff, not agency" and "If I'm in the room and I press the buzzer they come quickly and always do what I ask".

At our last inspection in April 2016, we found the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that sufficient recruitment checks were in place. We found that there had been improvements since our last inspection and the provider was no longer in breach of this regulation.

We looked at the files for three members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history, a medical check and references.

We spoke to people living in the home and their relatives about staffing in the home. We received mixed comments. Comments included, "There are generally enough staff and not a huge staff turnover so it's steady", "The staff are brilliant but there is an issue with the night staff as sometimes there are only two staff", "Staff are very good, very attentive, possibly could be more staff if someone is off sick or on holiday but they all 'muck in' and "Sometimes short of staff particularly at night". We spoke to staff including a member of night staff. They told us that in general there were enough staff, but occasionally when there was sickness shortages could not be covered at short notice. We checked the rotas and we saw that in the last month, there was one night when there was one less member of staff than the registered manager had calculated were needed. There were also three days when there was one staff member less during the day, however there were also three new staff members shadowing on these days. We spoke to the registered manager about staffing and she advised that she did not use agency staff, but existing staff members would fill in for holidays and sickness, however there were odd occasions when this was not possible. She advised that she had recently recruited more staff and we saw that there were two staff members on their induction on the two days of our inspection.

Our observations were that staff were going about their duties in an efficient and purposeful manner. Call bells were being answered promptly and when people requested assistance, they were helped in a timely manner. At the time of our inspection there were 30 people living in the home. During the two days of our visit there were two nurses on duty between the hours of 8am and 2pm and one nurse from 2pm-8pm. There were six carers between the hours of 8am and 2pm and four carers between 2pm and 8pm. At night there

was one nurse and three care assistants between the hours of 8pm and 8am. The registered manager was in addition to these numbers and the deputy manager had six supernumerary hours in order to complete managerial tasks. We looked at the rota and could see that this was the consistent pattern across the week. The registered manager advised that she constantly reviewed the staffing within the home by considering people's needs and discussing with staff.

In addition to the above there were also separate ancillary staff including one administrator/trainer, a maintenance person, a chef and kitchen assistant, one activity co-ordinator and two domestic assistants.

We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked medicine administration records, which showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home and if necessary disposal of any medication. Controlled drugs were stored securely and in the records that we looked at, these were being administered and accounted for correctly. We saw that the registered manager undertook regular medication audits and any issues were followed up in a timely manner. We did note that none of the nurses had received medicine training since 2015. The registered manager told us that this took place every two years. We also checked whether staff had their competencies checked in relation to medication administration. The registered manager told us that this was checked as part of their supervision. When we checked these files, we saw that someone had not been observed for over 12 months. There was no clear process in place to ensure that this was done on a regular basis. Staff were unsure how often this happened, one staff member told us every six months, whereas another said every two years.

We noted that the provider did not have protocols in place for PRN medication (this is medication that it is administered as needed) and there was no guidance for staff as to when this medication should be given. We saw an external audit carried out in November 2016 recommended that this was put in place. All the nurses had worked in the home over a long period and knew people very well. When we spoke to them, they were clear on when people needed this medication and what signs to look for if people were not able to tell them they needed it.

We checked the administration of creams and saw that creams had not been dated upon opening. Topical creams that have been opened for too long may lose their effectiveness.

We checked the provider's policy in relation to the above and noted that it did not have guidance in relation to creams, frequency of training or staff competencies as well as PRN medication.

We recommend that the provider has a clearer medication policy which incorporates the issues highlighted above.

Some people in the home required nutritional supplements provided in the form of thickened drinks. These are usually prescribed by a person's general practitioner and so form part of the treatment required for them and should be accounted for in the same way as other medicines. We saw that whilst staff were correctly administering these thickened drinks and had guidance on this so they were aware of the consistency each individual required, we saw that people's individual supplies were being shared on a communal basis where they had been prescribed individually. We raised this with the registered manager to address.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm.

However we did note that the general policy referred to out of date guidance, although they did have the current local authority's procedures for staff to refer to. The registered manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. However when we checked this we saw that it had been over twelve months since they had received training. This is discussed further in the effective domain. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff.

Risk assessments were carried out and kept under regular review so that people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments regarding, for example, falls and nutrition were kept in the care file folder.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. In addition to this, there was a diary that noted any appointments, referrals that needed completing as well as any visits into the home each day.

We saw that the manager kept a record of all accidents and incidents and these were monitored each month to look for any trends. We were able to view the records for the last year and could see that trends were being identified and appropriate action taken to reduce the risks of accidents reoccurring.

We checked some of the equipment in the home including bath hoists, bed rails and other safety equipment and saw that they had been subject to recent safety checks.

The provider had received a five star rating in food hygiene from Environmental Health on 15 March 2017. Five stars is the highest rating for food hygiene, therefore they were observing the correct procedures and practices in this area.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. We did note that a number of external doors were open during the course of inspection and other doors within the home such as the linen cupboard were not locked. We also noted a few maintenance issues such as a broken window sash. We spoke with the registered manager in relation to this and she was aware of the maintenance issues and was awaiting these to be completed. She advised that the issues raised did not pose a risk to anyone living in the home at the current time as no-one attempts to wander or to leave the building.

We recommend that a generic environmental risk assessment is put in place to capture potential risks to people living in the home and this is kept under regular review.

The home conducted regular fire drills and staff had regular training on fire safety. We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good

practice and would be used if the home had to be evacuated in an emergency such as a fire.

Is the service effective?

Our findings

All the people we spoke with felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "Some staff are not yet sure what to do [new staff], before they start being on the floor they are trained; takes a while for them to start through police checks" and "I love it here and would recommend anyone to come here. Staff are nice, food's fantastic, always clean, it's lovely, I like it, very nice, if you want anything they try and get it for you".

We also spoke to relatives who were confident that their relatives were well looked after. Comments included, "Staff are lovely, they don't do their job in a mechanical way; really nice" and "The food is very good, excellent, you can't go by today".

At our last inspection we recommended that all new staff were enrolled on the Care Certificate, which is a nationally recognised and accredited system for inducting new staff. We saw that the provider had now enrolled staff onto the Care Certificate, however we noted that no-one had completed this and some staff members had commenced this in 2016. This is a system designed to induct staff with the minimum standards needed to carry out care duties. We checked the provider's policy in relation to induction. This referred to the common induction standards which has been replaced by the Care Certificate, however it stated that this should be completed within 12 weeks from the commencement of employment. We saw that the provider also ensured that staff completed mandatory training in areas such as moving and handling, safeguarding and the Mental Capacity Act 2005. New staff were expected to complete this as soon as possible from starting in post, they also spent time shadowing staff prior to starting work on shift. We saw two members of staff who were shadowing on the two days of our inspection. One staff member told us, "I can continue to shadow until I feel confident. If I'm not sure, I can ask. They are a really nice, good team".

We asked staff members about training and they all confirmed that they had received regular training throughout the year. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role including health and safety, safeguarding and dementia training. We spoke to the trainer who told us that the mandatory courses were completed annually. However when we checked the training records, we saw that some people's training was a few months out of date. The trainer told us this would be done by the end of the year, however there was no clear system in place to identify when people's training was due and there were no clear plans as to when this would be carried out. As mentioned in the safe domain, this was also the case with medication competency checks as there was no clear system for identifying which staff had been checked and which were outstanding. This is discussed further in the well-led domain.

Nurses were able to attend additional training for their continuing professional development in topics such as catheterisation.

We saw staff members received regular support and supervision. We checked records which confirmed that supervision sessions for each member of staff had been held regularly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. We checked and could see that mental capacity assessments and best interests' decisions had been recorded on each file. There was a clear tracker of all the applications which had been granted and when these expired.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS. They were clear on the circumstances where people would be subject to a mental capacity assessment and when best interests meetings were needed.

During our visit we saw that staff took time to ensure that they were fully engaged with each person. Staff explained what they needed or intended to do and asked if that was acceptable rather than assuming consent.

We saw that people were weighed regularly and if someone had gained or lost significant amounts of weight, appropriate advice was sought. We saw that the provider completed a Malnutrition Universal Screening Tool [MUST] to monitor if people were at risk of malnutrition and this was being regularly updated. Visits and advice from other health professionals in relation to weight were recorded on the care files so it was clear to see what action had been taken.

We saw staff offer people drinks throughout the day and they were alert to individual people's preferences in this respect.

From our observations and discussions we found that staff knew the people they were supporting well. They were able to tell us about their likes and dislikes as well as some of their history. Most of the staff had worked in the service for a long time, therefore had built up a good picture of people's history as well as their needs.

The provider employed a chef who prepared the food. There was a four weekly menu, with one option at lunchtime, various choices for breakfast and soup and sandwiches in the evening. Special diets such as soft diets were provided. Staff members we spoke with confirmed that people could request an alternative option if they did not like the meal of the day. People were generally positive about the food that was served in the home, however there was an agency chef working on the days of our inspection and people told us the food was not as good as the normal standards. The registered manager has already been in contact with the agency in relation to this. Family members could also eat in the home and one person told us, "I have eaten here a number of times and the pies are better than I have had in a restaurant, the roast beef is excellent."

We observed lunch being served and saw that the food was well-prepared. People ate in the lounge area and everyone had been provided with a lap table with appropriate cutlery and napkins. We were told that people preferred to eat in here rather than the dining room. We saw that when people needed support, they were assisted by staff members in a patient and unhurried manner. Staff were attentive to people's needs and we saw them encouraging people throughout the mealtime.

The information we looked at in the care plans was detailed, which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. Staff members told us that they were given sufficient time to read care plans when anyone new entered the home. We asked relatives if they felt involved in their relative's care. The relatives we spoke to felt that they were involved and could have a say in their family member's care. Comments included, "Matron has supported me in the past with [name's] treatment" and "I know about the care plan in respect of turning times and dressings".

Visits from other health care professionals such as GPs, chiropodists and dieticians were recorded clearly so staff members knew when these visits had taken place and why. We spoke to a GP prior to our visit as well as on our inspection and we also spoke to a visiting professional who provided exercise activities. Comments included, "I have no concerns. The strength is the continuity of staff and how well they know the people living in the home" and "Staff know the people well. They are always clean and tidy".

A tour of the premises was undertaken, which included all communal areas including the lounges and dining room and with people's consent a number of bedrooms as well. The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence.

The laundry within the service was well equipped. It was clean and well organised.

Is the service caring?

Our findings

We asked the people living in and visiting Clumber House about the home and the staff who worked there. People told us, "Staff are very good, the food is great, always know exactly what I want; [name] is very good I have some banter with her", "The staff are great, I get on with all of them" and "Most of the carers are really quite good I must say". Visiting relatives told us, "Amazing staff, attentive and staff treat them like human beings and show absolute respect", "Couldn't wish for anything better, absolutely fantastic not a bad one amongst them (staff)" and "They're fantastic, the nicest, kindest staff you could wish for. They are exceptional".

It was evident that family members were encouraged to visit the home when they wished. People told us, "They try and build a partnership between the staff, relatives and residents" and "I can visit whenever and they always involve me in what's in his best interests".

We viewed cards and compliments that had been sent into the service. One person's relative wrote, "Thank you for making [name's] birthday so special for her. She looked really lovely. We don't know how you all find the time to make us tea, not just on [name's] birthday but at other times as well". Another relative wrote, "Thank you all for everything you did for my mum whilst she was a resident with you. May I also thank you for your kindness, thoughtfulness and support given to me during this time".

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. Many of the staff had worked in the home over a long period and a number of staff had relatives that lived in the home. They told us that they enjoyed working at Clumber House and had very positive relationships with the people living there. One person told us, "I love it here; they are like my grandmas and grandads". Another person said, "We are a small home, so a really friendly team".

We undertook a SOFI in the dining room over lunch on the first day of our inspection. We saw that staff members were speaking to people with respect and were very patient and not rushing whilst they were supporting people.

We saw on both days of our inspection that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable. Relatives commented that the home was clean and fresh smelling and the people living in the home always looked clean.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed appropriately. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

People's personal information was kept securely in the registered manager's office.

People's dignity and privacy were respected; for instance we saw staff knock on people's doors before entering.

Is the service responsive?

Our findings

We asked people living at Clumber House about whether they had choices with regard to daily living activities and whether they could choose what to do, where to spend their time and who with. People confirmed that their choices were respected. Comments included, "I enjoy the karaoke, [name's] very good. We have an entertainer twice a month who is also very good", "I go to Poynton village for a coffee in Waitrose, staff take me in my wheelchair" and "We have a meeting between ourselves, everything's alright. I have no complaints at all; Matron comes round every day and talks to you." One relative told us about a recent trip where they had accompanied their relative, "It was a great time, we had fish and chips, fancy cakes, tea or a glass of wine and a sing-a-long".

The provider had a full time activities co-ordinator. On both days of our inspection, we observed that there was lots of activity in the home for people to join in should they wish, but also that the activities co-ordinator provided quieter one to one time for people who did not wish to take part in the group activities, like hand massages and trips out into the village. They advised that they spoke to people when they came into the home and tried to gather information from relatives about what people used to enjoy doing. They met with people each week in the home to plan the activities for the week. They advised that this allowed flexibility for weather as well as people's abilities and how they were feeling at that time. They also kept a log of activities undertaken, who had taken part and their participation in the activities. The activities programme was constantly adjusted as a result of observations of what people had enjoyed and also what they were capable of engaging with. We saw a programme of activities for the month of external entertainers such as singers and regular exercise classes as well as aromatherapy. Weekly activities provided by the activities co-ordinator were displayed each week and consisted of baking, music themed activities and quizzes. We saw photos from activities earlier in the year, when the people living in the home watched chicks hatching.

All the care plans that we viewed contained a pre-admission assessment to ascertain whether the person's needs could be met. The assessment identified the person's needs, their family details and their medical needs prior to their admission into the service.

Relatives told us that they were kept up to date with any changes. One person told us, "We were informed when [name] had a fall and an ambulance was called".

We viewed care plans and could see that these were reviewed regularly and were well-organised. It was clear what support people needed and when their needs had changed this was updated. The care plans were personalised, well written and captured the needs of the individual. For example the people who mattered to them, the food the person enjoyed. We observed that the care people received respected their preferences. We asked staff members about several people's choices and the staff we spoke to were very knowledgeable about the people they were caring for as many had worked in the home for a long period.

We saw that where people needed additional monitoring, for instance if they were at risk of malnutrition or dehydration, records were kept of their daily intake.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was on display in the foyer of the building. We looked at the concerns that had been raised in 2017 and could see that these had been dealt with appropriately. People living in the home and their relatives told us that they were able to raise any concerns and were confident that these would be dealt with. Comments included, "I have not really made a formal complaint, occasionally a few niggles and have spoken to people and they've been resolved".

Is the service well-led?

Our findings

There is a registered manager in place who had been registered in November 2012. They were supported by a deputy manager.

The registered manager told us that she was continually reviewing the safety and quality of service through audits, spot checks and from feedback from people who used the service and the relatives who visited the service. We spoke to relatives about the manager. Comments included, "Cath is marvellous. She supports me if there are any concerns", "The manager is always dead approachable" and "I would complain to the deputy manager if I needed to, I have no qualms in talking to her; but I have no complaints at all; really happy with this place it is lovely."

As discussed in the safe and well led domain, there were no effective systems in place for identifying when medication competencies were due, furthermore there was no process for clearly identifying when staff member's training was due and clear plans in place to address when training was out of date.

We noted that the provider had a number of policies and procedures that offered guidance for staff to follow in different situations. We found that a number of policies referred to out of date legislation or guidance. We saw that the policies had all been marked as being updated earlier this year, but some contained legislation or guidance that had been changed a number of years ago. Furthermore we found that some of the policies did not contain all the information that staff would need to be confident they were following the most recent guidance. For instance the medication policy did not mention PRN medication, nor did it mention how staff were to deal with topical creams.

The above issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided.

The provider had a quality assurance system and the registered manager completed regular audits on areas such as medication, care plans as well as infection control. We noted that where actions had been identified, the registered manager did not always check when these had been completed. When we sampled some of the actions we could see that these had been acted upon and improvements made. The registered manager regularly walked the floor and she told us that she completed spot checks; however she did not keep any written records of these spot checks.

We recommend that spot checks are recorded to form part of the quality assurance system.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system, emergency lighting and water temperatures. We saw appropriate safety certificates were in place for gas, electrical installation and legionella prevention.

We saw that residents' meetings happened monthly and we were able to view the minutes from the last

meeting. We saw that items discussed included food, laundry, cleaning, staffing and activities. The registered manager advised she asked people to complete questionnaires on a rolling basis. The most recent ones had been completed in July 2017 and we saw that the registered manager had fed back to everyone on the issues that had been raised. The registered manager told us that she operated an open door policy and that people could speak to her in order that things were addressed at an early stage before they escalated.

Staff members we spoke with had a good understanding of their roles and responsibilities and throughout the inspection we observed them interacting with each other in a professional manner. Everyone we spoke with was positive about how the home was managed and how the team worked together. Comments included, "It's a lovely place to work. The manager is really fair and approachable and helps out with anything", "Matron is supportive" and "All the staff are really nice, it's a good team".

Regular staff meetings were held and that these enabled managers and staff to share information and raise concerns. During our inspection we viewed minutes from past staff meetings and saw that these were held on a regular basis and staff had opportunity to discuss a variety of topics.

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
Treatment of disease, disorder or injury	The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided. There were out of date policies and procedures; some policies did not contain sufficient information for staff to carry out their duties effectively. Some of the procedures within the home were not being monitored effectively, so the systems did not pick up the issues that we found within the inspection.