

Halton Services Limited

Parkfield House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

Parkfield House nursing home provides long term accommodation with nursing care for up to 44 older people, some of whom were living with dementia. Staff received training in dementia so that they understood how to support people appropriately. There were 30 people living in the service at the time of the inspection.

This inspection visit was unannounced and took place on 7 and 9 January 2015.

During our last inspection on 11 and 12 June 2014 the provider was not meeting the legal requirements in relation to staff recruitment checks and there was a lack of detail in some people's care records to inform staff how to support people who use the service appropriately. At this inspection we found the provider had made improvements to the recruitment checks and details in care records and was now meeting the legal requirements.

Summary of findings

The service had a registered manager in post. 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.

The provider and registered manager had been meeting with the local authority and the Care Quality Commission throughout 2014 to look at areas that needed improving. Issues found at visits carried out by the Clinical Commission Group (CCG) and the local authority's monitoring team had been discussed, such as medicine management and record keeping. There had been no new admissions for several months whilst the service made improvements.

Feedback from people and their relatives and friends was positive about the staff and the care people received. People's views on the service were sought on a regular basis through meetings and satisfaction questionnaires.

People told us that they felt safe and staff treated them with dignity and respect. However, we found the service was not fully meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). There were some restrictions in place for people's safety, for example the use of bed rails, which had not been assessed and authorised by the Local Authority.

The registered manager had been taking steps to address the medicine errors in the service. However, we found shortfalls during the inspection. Regular medicine audits had not been taking place to make sure people safely received their prescribed medicines. Staff had not always signed when they had administered medicines.

There were some systems in place to monitor the quality of the service and people and relatives felt confident to express any concerns. However the registered manager

had not fully assessed and monitored certain areas of the service and there was a lack of evidence to show what checks were in place, how often they needed to take place and who was responsible for carrying out the audits and checks. Action plans had not been developed when recommendations had been made by the water and fire companies who had visited the service. Therefore people using the service could not be sure that there were effective systems in place to make sure the service run safely and appropriately.

There was an induction programme for new staff and staff received training to help them carry out their role effectively. However, not all staff received one to one supervision and staff appraisals had not taken place.

There were procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe. The registered manager had plans to recruit to the vacant nurses posts to ensure people were supported by familiar and regular staff.

People's needs had been assessed and care plans had been updated and were more detailed to inform staff how to support people appropriately. Staff demonstrated an understanding of people's individual needs, preferences and routines. Activities were provided for people to engage in hobbies and to meet their personal interests.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to medicine management in the service, following legislation and guidelines in gaining consent for people receiving care and or treatment, supporting staff and assessing and monitoring the quality of service provision.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Staff were not consistently following safe practice around managing medicines.

There were enough staff on duty to meet the needs of people using the service.

Staff knew how to recognise and report abuse to help keep people using the service safe.

Risk assessments were in place for any identified areas of risk so that staff supported people safely.

Requires Improvement



Is the service effective?

Some aspects of this service were not effective. Further improvements were required to ensure that, where people did not have the capacity to consent, the provider acted in accordance with legal requirements. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People were supported by staff who had the necessary knowledge and skills. However not all the staff had received one to one support through supervision or appraisals of their work.

People had enough to eat and drink. Staff provided appropriate support to those who required assistance with their meals.

Health care needs were met and staff worked well in partnership with the GP and other healthcare professionals.

There were plans in place to update and decorate the service to ensure it provided a homely environment for people to live in.

Requires Improvement



Is the service caring?

The service was caring. People and relatives said the staff and registered manager were friendly and approachable. We saw staff talking and listening to people in a caring and respectful manner.

People and their relatives were involved in making decisions about the support they needed and were encouraged to share their views on the service.

Staff described to us the individual support people required and how they promoted people's independence depending on their needs and abilities.

Good



Is the service responsive?

The service was responsive. Staff were knowledgeable about people's care and support needs.

Good



Summary of findings

People were supported to take part in activities in the service and in the community that they enjoyed and to maintain contact with friends and family.

People using the service or their representatives were able to raise concerns.

Is the service well-led?

Some aspects of the service were not well-led. There were some systems in place to monitor the quality of the service so that areas for improvements could be identified and addressed. However, there were areas where the monitoring of the quality of the service was poor and it was not always clear the action the registered manager and provider were taking to address shortfalls identified in the service.

There was a registered manager in post and people and staff told us the culture in the service had improved with the registered manager being approachable and visible.

Requires Improvement



Parkfield 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 checked 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 7 and 9 January 2015 and was unannounced.

The inspection team consisted of two inspectors and a pharmacist Inspector.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us. We also contacted the local authority's contracts, inspection and monitoring team for their views as they had been making regular visits to the service throughout 2014 to ensure people were being supported appropriately.

We met with the registered manager, the clinical lead in nursing, four people who used the service, six relatives and one visitor whose friend lived in the service. We also received feedback from two agency nurses, two senior care assistants, four care assistants, the chef, the activities co-ordinator, the GP and the administrator. Shortly after the inspection we also received comments from a chiropodist and a relative.

We used different methods to obtain information about the service. This included talking with people using the service and their relatives and meeting with staff. As some people were not able to contribute their views to this inspection, we carried out a Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at six people's care records, four staff employment files, the staff duty rosters for a two week period in December 2014 and January 2015 and other records, such as health and safety audits and safeguarding and incident records.

Is the service safe?

Our findings

People and their relative's feedback on the staff was positive. One relative commented, "I'm very happy with the care here. The staff are kind and sensible and have a good understanding of dementia. They manage situations and don't allow them to escalate." However, at the last inspection on 11 and 12 June 2014 the provider was not meeting the legal requirement in relation to obtaining the required employment information. Therefore people who use the service had not been supported by staff who had been through an effective recruitment process to ensure they were suitable to work at the service. Applicants had not been asked to provide employment dates and two references were not on file in all the staff records we looked at. We viewed a sample of staff employment files at this inspection and saw there had been improvements to the recruitment information obtained before staff worked with people. This helped to ensure that only suitable staff were employed. There were completed application forms, Disclosure and Barring Service (DBS) checks and two references.

People did not safely receive their prescribed medicines. We looked at the recording of administration on the Medicine Administration Records (MAR) of 30 people. We noted some gaps in recording administration on five of the charts. For two people there was a delay in obtaining medicines at the beginning of the medicines cycle and the registered manager explained that this was being addressed with the new pharmacist supplier. For medicines supplied in the dosage system we saw that the medicines had been given but not signed as given. When there was an omission for a liquid we could not be sure that this was being given as prescribed. The registered manager had taken action with the relevant staff members to address recording issues but this continued to be an issue in the service.

Nurses recorded on the back of the MAR the reason why they gave as required (PRN) medicines but we noted that there were no detailed individual protocols in place to identify the needs of people with respect to pain particularly when they were not able to communicate. Following on from the inspection this was addressed by the registered manager to ensure staff knew when to

administer PRN medicines. We audited supplies of medicines for 15 people and checked stocks against the records. All but one were accurate however, we found that there was an excess of two iron tablets for one person.

The registered manager confirmed there were now two nurses working a night shift, as it had been identified that in the evening the medicines were taking a long time to be administered. However, the staff rosters we viewed did not always show that two nurses worked at night. Therefore we could not be confident that people received their medicines on time at night.

Furthermore, we noted that when the medicine required cold storage in a fridge to maintain its potency that both the minimum and maximum daily temperature was not recorded.

The above evidence demonstrates that there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw evidence of some good practice and supplies of medicines were stored securely and we observed medicines given at lunch time to three people. The nurse was patient and reassuring and gave the medicines professionally and signed the medication administration record when the medicine had been taken.

There were records of medicines received into the service and people had their allergy status noted to prevent inappropriate prescribing. Medicines prescribed as a variable dose were recorded accurately and when the anticoagulant warfarin was prescribed the blood test results and records all correlated.

The provider had policies and procedures in place to manage medicines safely and these were available for reference for all staff. Further training in the safe handling of medicines was arranged for February 2015. There was a regular review of medicines of the MAR charts and dosage changes were clearly documented.

A person who uses the service told us, "I feel safe living here". A relative confirmed they were confident that the service was safe and people and relatives said they felt able to talk with a member of staff or the registered manager if they needed to raise any concerns.

Staff told us they had been trained in safeguarding and staff were able to provide definitions of different forms of abuse. Staff told us there was, "a better, safer environment,

Is the service safe?

better safeguarding and better management". For staff reference we saw written procedures on safeguarding and whistle-blowing which included clear information of signs of abuse, how to prevent and reduce risks of abuse and links to the local safeguarding team. Staff were aware of these policies and said they would report concerns or suspicions of abuse or neglect to the registered manager or external agencies such as the local authority.

We reviewed the safeguarding records for the service. Incidents were documented and followed the stated procedure with reports signed and dated by the registered manager. The registered manager had considered and addressed the reasons for the safeguarding allegations and where people's needs were challenging the service then their placements had been reviewed and where appropriate people had either moved to more suitable accommodation or had additional staff working with them to ensure the person and others living in the service were safe.

Each person's care file contained a clear and comprehensive assessment of risks for different aspects of care, including environmental risks, physical risks, risks in relation to people's behaviour and medical conditions. Risks were reviewed on a regular basis and evaluation forms were completed by nursing staff to provide information on progress, highlight any concerns and document any changes. For example, we saw that weight had been noted, along with input from dieticians, and specialist nurses whilst other people who were at risk of falls had care plans that documented safety measures or the need for supervision when mobilising.

People said there were staff available if they called them and one person confirmed if they used their call bell staff

would come to check on them. One relative told us that the staff took their family member to planned hospital appointments. We saw staff interacting with people throughout the inspection and they were checking on people's welfare to ensure they were comfortable. We observed call bells were promptly answered and staff were able to assist people to move around, for example get to toilets when required and were available to assist people who required help with eating. Staff told us the staffing levels were "fine", and confirmed they had "time to talk with people". A healthcare professional said although they could not directly comment on staffing levels, they had always seen staff available to help people. The staff duty rosters showed there were always two qualified nurses working on a day shift but that these were mainly agency nurses. The registered manager confirmed there were approximately six staff vacancies which included nurses and care assistant vacant posts. The registered manager had been seeking regular agency staff to work in the service until they recruited to fill the permanent positions so that people were supported by familiar staff who understood their needs.

Equipment such as the hoists and the fire alarm had been checked, serviced and maintained at the required intervals, to minimise the risk to people and staff. We noted that the gas safety certificate was out of date and a new certificate could not be found. A new gas safety check was carried out on the 12 January 2015 and we saw evidence of the certificate. There was an emergency plan in place which informed staff who to contact in the event of an incident or emergency and staff received first aid training so that they had a basic awareness of what to do if someone required first aid.

Is the service effective?

Our findings

People told us that they were happy with the support provided to them. Relatives commented that the staff kept them informed, for example, contacting them whenever there were any changes with their family member's health.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

DoLS provides a process to make sure that people who lack capacity are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. One person told us they had restrictions placed on them during the evening if staff did not help them out of their bed to go outside. The staff we spoke with had a poor understanding of the principles of the Mental Capacity Act 2005 and DoLS even though many had received training on this subject. Two members of staff felt that they lacked confidence in this area of their work and needed more training on this subject.

The registered manager had started the process of submitting DoLS applications to the local authority for people who were not able to leave the service alone. We saw the relevant documentation was present with all necessary completed forms. Care records contained mental capacity assessment forms and where possible consultations with people close to the person's life were included. However, there were restrictions in place which had not been fully assessed using DoLS. For example, the use of bed rails for 14 people and whilst there were consent forms signed by the nurse and relative where the person did not have capacity to agree to and sign the form, the registered manager had not submitted DoLS applications for those people. This meant some people had certain restrictions in their lives which had not been properly and formally assessed or considered using the legislation to make sure if this was in their best interests and the least restrictive option.

The above paragraph demonstrates there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw people were not restricted from moving around the service if they were able to and we saw one person go outside when they wanted to during the inspection. They confirmed they could go outside and that this was their choice which was respected by staff. A relative said their

family member went out with staff whenever they wanted to go out into the community. One person who used the service told us, "I am supported to be independent". Another individual commented that they were taken out to buy their own food shopping whenever they wanted which gave them the chance to make decisions about what food they wanted and to purchase items for themselves.

There were decision specific capacity assessments, which we saw for two people regarding receiving their medicines covertly. Discussions had taken place and agreements with the family and GP to make a decision in the person's best interests regarding whether medicines should be covertly administered. Capacity assessments considered the individual's ability to understand, retain or weigh information in relation to specific decisions and were not just on general subjects.

Staff said they felt able to approach the registered manager with any concerns or queries and felt well supported. There was an induction process in place for new staff and we saw a checklist new staff went through before they worked in the service. The agency nurses told us they had received induction training when they first started working in the service. Regular staff meetings were held which staff said were useful and enabled discussions about the day to day running of the service and any issues with individual people using the service. The last one had taken place in November 2014. Staff said they had received supervision although some staff were uncertain about how often this had taken place. Although the majority of staff had started to receive supervision over recent months there were still three members of staff who had not received it. The registered manager confirmed that currently there was no system in place to monitor and track when staff had received supervision. Staff told us they had not received any formal annual appraisals but were able to discuss performance and training needs/interests with the registered manager. The registered manager told us he was aware that these were overdue and had planned for appraisals to be completed by April 2015 but these had not yet been arranged.

The above paragraph evidences there was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported by staff who had received ongoing training and guidance relevant to their roles. Staff told us they were "happy" with the training they received. We saw

Is the service effective?

there were effective systems in place to make sure all staff completed the training appropriate to their role and updated these skills as needed. There were systems in place to record staff training which helped the registered manager identify when training needed to be repeated. Training records showed that staff were provided with ongoing training in subjects such as, fire safety, health and safety and equality and diversity. The registered manager told us that the activities co-ordinator had undertaken qualifications specific to their work in providing activities to people. The registered manager received the training details of each agency staff member they used so that he could be sure of the training they had completed and the skills and knowledge they had to support people effectively.

Feedback about the food was positive. One person said there was nothing wrong with the food, they just liked to buy their own main meals but that they enjoyed the breakfast the catering staff provided for them. Relatives said the food was “good” and that they were welcomed to join their family member for a meal whenever they visited. A relative praised the support given by staff at mealtimes stating, “They (staff) always encourage them to eat and make sure they get enough food.” There was a weekly menu plan for each month, offering choices for lunch and tea including vegetarian options. There were food choices selected the previous day for planning purposes but people could change their minds on the day. We observed staff supporting people to eat their meals, encouraging people to eat at their own pace and checking that people ate and drank during the lunchtime period.

Systems were in place to assess and monitor people’s nutritional status. Risks of malnutrition were recorded and appropriate measures were documented in the relevant care plans that we viewed. People were weighed every month or on a weekly basis if a risk of weight loss had been identified. We saw appropriate records of regular weight monitoring in care files. Food preferences and dietary requirements such as soft food, assistance to eat or swallowing difficulties were well documented. Daily food intake and fluid charts were seen in all the care files we viewed where nutritional status was poor and these

records were up to date so that staff could monitor and respond if people were not eating or drinking. There were records of food preferences for each person including any special dietary needs. Records also noted any particular concerns about a person’s welfare, such as if they had a lack of appetite or needed enriched or extra food. This was updated weekly. Records were also kept for noting the supply of juice in each lounge so that staff could check when people had been drinking.

Arrangements were in place for people’s health and welfare needs to be met. They received support from visiting opticians, dentists and chiropodists. Relatives said their family member saw the GP whenever they needed to and we met with the GP who confirmed there was good communication between themselves and staff to make sure individual health needs were addressed. We saw that forms had been completed by the GP for each visit and had been signed and dated, with details of any decisions, findings or recommendations. These visits were recorded so that staff could monitor and act effectively if there were any changes in people’s needs. The registered manager told us that these forms were also sent to the GP to maintain consistent records.

People and their relatives spoke positively about the maintenance and cleanliness of the service. Comments included the service was “clean” and “the bedroom was always cleaned and checked”. The service was homely and had several communal areas where people could sit and be alone or with others depending on their choice. Areas of the home appeared clean and we saw the cleaner carrying out their tasks, although by the front lounge on the ground floor there was a smell of urine where the registered manager said that the carpets had been deep cleaned before Christmas and that the replacement of carpets, which was in the refurbishment plans, would eliminate this problem. Bathrooms were clean and the registered manager said he had plans for the upstairs shower room to be turned into a wet room so that people could access this more easily if they wanted a shower instead of a bath. Action had been taken to look at what needed addressing but so far the prioritisation of the work and dates for completion had yet to be fixed.

Is the service caring?

Our findings

People were complimentary about staff with one comment from a satisfaction questionnaire stating, “Staff give me all the care and attention I need”. Another person told us, “They’re (staff) very good, very kind. They have a hard job to do and they do their best.” Relatives also spoke favourably with comments such as; staff were “kind, patient and attentive”. They said the registered manager was “approachable” and “visible”. We observed during the inspection that staff spent time talking with people, listening to their questions and comments and were readily available if someone wanted a chat. Staff also used touch to reassure people, holding their hands and made sure they made eye contact with individuals when they spoke with them.

Staff were aware of people’s varied communication abilities, behaviour patterns and routines. A relative confirmed that staff “respected people’s choices and preferences.” Staff we were able to describe the needs and preferences of the people using the service and we saw this reflected in the way that they supported people. For example, some people preferred to be on their own in particular areas of the service, whilst others wanted to be in the communal lounges with others. We saw people were given choices such as what they ate and how they spent their time.

We observed that people’s privacy and dignity was respected and staff ensured that bedroom and bathroom doors were closed when delivering personal care. Staff always knocked on bedroom doors before entering. Staff described the methods they used to ensure that they respected people’s privacy and dignity such as offering choice before delivering personal care, explaining what they were doing before helping people and making sure

that people were covered as much as possible when assisting with washing and dressing. One staff member told us that the service had clear policies on privacy and dignity which staff were aware of.

People were clean and well dressed and we saw that care and attention had been paid to hair grooming and choice of clothes for those less able to manage their own personal care. A hairdresser attended the service regularly.

Staff used different ways to speak with people depending on their needs, speaking slowly and in one case speaking with one person with a hearing impairment clearly and using facial expressions and using gestures.

The service had introduced a profile for each person, which was a more condensed version of individual people’s care needs and presenting risks. This meant that new or agency staff had a quick overview of the care required for each person and their routines and preferences so that they could care for them appropriately.

End of life wishes were documented and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were seen for some people where this was appropriate. People’s ability to make a decision about their end of life care had been assessed. The forms had been completed and signed by the GP and registered manager and discussions with the person using the service and/ or their relative was documented in each case. This guided staff to know what people’s wishes were or their relatives so that their preferences were respected and followed.

People had support and input from their family members to contribute to staff about how they wanted to be supported. We saw evidence that in some areas of the care records that they had been consulted with when developing the care plans.

Is the service responsive?

Our findings

One person told us, “I am supported to be independent and staff know what I can do for myself” and a relative confirmed that, “I was involved in helping to document things and can see the care plan and see what has been going on at any time”. Two care staff felt that the system of care records had improved and that it was easier to keep track of any changes to care plans.

However, at the last inspection 11 and 12 June 2014 the provider was not meeting the legal requirement in relation to keeping accurate wound care records. At this inspection we saw care plans were more detailed and did contain information in relation to pressure areas. Staff were monitoring more closely any development of pressure areas and detailed the care carried out. Two people with pressure areas had their needs documented including one pressure area that was now healed and there was clear direction about management and treatment. The second person’s care records showed a referral to the Tissue Viability Nurse (TVN) had been made for specialist input for this person.

People’s needs had been assessed and individualised care plans were produced which took account of people’s physical, medical and social needs, routines and documented their preferences and wishes. Different aspects of care including nutrition, dietary requirements/likes and dislikes, communication, physical safety needs, personal hygiene were recorded. Life histories had also been included with input from the person and their relatives.

There were monthly evaluation sheets for each section which recorded progress and any changes to care or support required. Monthly evaluation sheets had been updated on a regular basis by nursing staff to detail any changes to people’s care needs. Weight loss was highlighted, including input from dieticians where needed. We saw that concerns about weight loss had been noted, along with whether people’s weight was to be checked monthly or weekly.

Nursing staff had responsibility for updating care plans and monthly evaluations, while care assistants maintained daily records of care. Staff said they read the care plans and were familiar with people’s care needs, medical background and routines and this was confirmed by our observations.

The service had activities co-ordinators who worked weekdays and week-ends. We saw both group and one to one activities taking place for people. Activities were varied and catered for the different needs and wishes of people, including swimming, meals out, shopping trips, in-house entertainment, a jazz club, bingo or watching films. However, there was no daily activity plan in place. One activities coordinator told us that most people were taken out by staff on a regular basis for organised activities or on an individual basis and emphasised that the staff aimed to ensure that people remained part of the local community. The service had a vehicle to take people out for example going for meals or day trips and visitors also came to the service such as entertainers to provide different types of stimulation and activities.

All the relatives we spoke with said they felt confident that any concerns could be raised with the registered manager or any of the care staff, but that they had not had any cause for complaint. We saw a copy of the complaints procedure which was outlined in a service user booklet. The procedure contained clear timelines for response to complaints although some of the information did not have relevant contact details which the registered manager said would be updated. We checked the complaints file for 2014. Records of complaints were documented and action plans with recommendations were seen although they did not always indicate whether the complaint had been resolved and there was not always enough chronological detail to show that the complaints procedure had been followed fully. This was brought to the registered manager’s attention and he confirmed this would be made clearer.

Is the service well-led?

Our findings

People told us they would talk with the registered manager if they had a worry and that they felt they would be “listened to”. Relatives said the registered manager was “excellent” and that if there were any issues they knew he would “deal with it quickly”. Another relative reported that the registered manager was visible and approachable and always happy to discuss any concerns or queries and take action as needed. Staff were positive about working in the service and several commented that the atmosphere had improved since the change of management and was now open, transparent and inclusive. One staff member told us, the “atmosphere is better”.

Despite the positive feedback from people, relatives and staff about the registered manager, there was a lack of evidence to demonstrate that there were effective systems in place to show that action had been taken if areas had been identified or recommended as needing attention. This included, a water survey which had been carried out in May 2014 but there was no action plan to show what steps were taken to address the findings. We also viewed a fire risk assessment carried out by an external company in June 2014 where this had recorded points of action that needed to be taken. The registered manager said some of the issues had been addressed but there was no action plan to show when action was taken and by whom.

Other checks such as housekeeping and cleaning had not been completed since August 2014 and it was not clear how often these should take place as there was no record of what checks took place and when.

We also identified that the last gas safety check certificate was dated 2011. Although we were told this had been checked since that date there was no evidence of this. Following on from the inspection we were informed that the gas had been checked which we saw evidence of. Although action was taken after the inspection, there was a lack of systems in place to make sure all the maintenance checks and servicing took place in a timely way which would ensure people were using a service which was safe.

The registered manager informed us that monthly medicine audits took place to look at 10% of people’s

medicines, however, the only record of these checks were from May 2014 where a full audit took place on every person’s medicines and then not again until December 2014.

There had been no analysis of incidents to show the registered manager had considered the patterns and trends triggering the recorded events and incidents.

There was no development plan in place for the service to demonstrate the aims and objectives of the service. There was an ongoing action plan to demonstrate the areas the service was addressing such as having up to date and accurate care records. However, improvements had been ongoing throughout 2014 and had yet to show that the service had good systems in place that would identify shortfalls in how the service was run and ensure people’s needs would be fully and safely met.

The evidence in the above paragraphs demonstrated there was a lack of effective quality assurance systems and meant that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were some audits taking place for example, there were catering checks, which looked at ensuring food was stored appropriately and food temperatures were taken at each meal. Routine room checks to look at fire doors, water temperature were checked with the last one completed December 2014. Window safety checks were checked monthly to ensure they worked and that restrictors were in good working order.

Care plans had been audited with the last sample checked in November 2014. The registered manager said 10% would be checked each month to ensure they were accurate and described people’s needs.

Systems were in place for managing people’s money and we saw that there were procedures in place and records documented all monies in and receipts to account for all expenditure. A relative said they always received a receipt if they gave money to staff.

Staff were clear about their roles and duties and the registered manager was aware of the challenges the service had faced since he had taken up his post in April 2014. The registered manager had regular contact with the Care Quality Commission (CQC), the local authority and clinical commissioning group (CCG) so that all professionals were

Is the service well-led?

aware of the improvements, such as introducing new care records to show people's needs more clearly and the changes taking place in the service. Additional support had been put in place with a CCG Nurse who worked in the service on a short term basis in the latter part of 2014. The provider had also requested external consultants to work in the service to support the registered manager and ensure people received a good service.

People had the chance to raise issues and hear news about the service as there were meetings held for people living there. The last meeting had been in November 2014 where plans for Christmas were mainly discussed and people had been able to express their opinions about the service. We saw from meetings with relatives, with the last one held in November 2014, that they were kept informed of any news about the service. One relative told us, "The management here has improved. The registered manager has been responsive to suggestions and has taken action as requested. I've attended meetings for relatives which have been useful and there is always ample opportunity to ask questions."

There was a newsletter throughout the year which was sent to relatives so that they were informed about what had taken place in the service. Satisfaction questionnaires were also given to people using the service and/or their relatives. We saw the results from the September 2014 questionnaires which were mainly positive and where shortfalls were noted the registered manager had created action points to address the negative comments, such as shortage of permanent nurses which the registered manager was trying to address by advertising and recruiting new nurses.

The culture in the service was open and staff spoke highly of the management with comments such as, "They're (the registered manager) making a lot of effort to improve things – I'm happy. The managers are always available to provide support when needed." Staff told us, improvements made recently were now beginning to have a positive impact on the quality of care in the service. Nursing staff said they had daily meetings with the management team and felt well supported.

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

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The registered person did not always have the appropriate arrangements in place for obtaining, recording and the safe administration and management of medicines.

Regulation 13

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided to them.

Regulation 18

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

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

The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity received supervision and appraisal.

Regulation 23 (1)(a)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures

Regulation

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

This section is primarily information for the provider

Action we have told the provider to take

Treatment of disease, disorder or injury

The registered person did not have an effective system in place to regularly assess and monitor the quality of the services provided and regularly identify, assess and manage the risks relating to the health, welfare and safety of service users.

Regulation 10(1)(a)(b)