

Shropshire Council

Four Rivers Nursing Home

Inspection report

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Date of inspection visit:
05 April 2018
09 April 2018

Date of publication:
22 May 2018

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

This was an unannounced comprehensive inspection carried out on the 5 April 2018, with a further announced visit on the 9 April 2018.

Four Rivers Nursing Home is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Four Rivers Nursing Home accommodates up to 40 people within one adapted building, and specialises in the care of people living with dementia and older people requiring general nursing care. There were 38 people living at the home at the time of our inspection.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection of the service on 7 October 2015, the overall rating for the service was judged to be 'good.' At this inspection we have rated the service as 'requires improvement'.

During this inspection we identified three breaches of regulation. These were in relation to the safe management and administration of medicines, effective quality assurance systems and failure to notify the CQC of a statutory notification injury and authorised Deprivation of Liberty Safeguards applications as required by law.

The administration and management of medicines was not always safe. Out of date medicines had been administered to two people. The provider could not demonstrate how people's prescribed cream was applied in accordance with their prescriptions. When people were prescribed medicines to be taken 'when required' (PRN), information was not always consistently available to help staff decide when the medicines were needed. This meant people were at risk of not being given medicines when they needed them, or too often. There were no systems in place to ensure regular audits of medicines administration and storage were undertaken by the provider.

The provider had failed to effectively assess, monitor and improve the quality and safety of service provided and ensure records were up to date and accurate. We found that management systems were not always effective, and the home lacked any clear strategy in relation to the effective monitoring of the quality of services provided by staff. Though the provider had some management systems in place to record and monitor the standards of care delivered within the home, these were not always completed or were effective. The auditing of care files were at random with no clear evidence available that issues had been addressed. Care plans did not always reflect people's current care needs.

Registered providers are required by law to notify the CQC of incidents where people have suffered harm, injury, abuse or suspected abuse. The provider is also required to notify CQC when an application is made in relation to depriving a person of their liberty, once the outcome is known. In February 2018, the provider had failed to report to us an event regarding a person's health condition as required by notification. The provider had failed to notify us of one serious injury notification that had occurred in February 2018. They had also failed to tell us of 20 approved Deprivation of Liberty Safeguard orders that had been approved by the authorising local authority, and related to people currently living at the home.

We were not assured the management team had an appropriate understanding of, and fully promoted, people's rights under the Mental Capacity Act(MCA). When using bed rails, which can act as potential restraints, the management team had not always obtained the consent of the people involved. Where people lacked the mental capacity to make this decision, there was no evidence of appropriate best-interests decision-making.

People and their relatives consistently told us they or their family members were safe living at Four Rivers Nursing Home. Safe staffing levels maintained at the home meant people's individual needs could be met safely.

People's dietary and hydration needs were met.

People told us staff adopted a kind and compassionate approach towards their work. We saw staff engaging with people in a compassionate and caring manner. People and their relatives confirmed they were involved in care planning and always involved if there were changes required.

Steps had been taken adapt the home's environment for people living with dementia. People's individual needs and requirements were assessed before they moved into the home.

The registered manager showed insight into the Accessible Information Standard, and we saw people's communication needs had been assessed and recorded.

People and their relatives knew how to raise any concerns and complaints about care at the home. They felt comfortable to raise any concerns or complaints with staff or the registered manager.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People did not always receive their medicines as prescribed.

People and their relatives consistently told us they or their family members were safe living at Four Rivers Nursing Home.

Staffing levels maintained at the home meant people's individual needs could be met safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The management team did not have an appropriate understanding of, and fully promoted, people's rights under the MCA.

Staff confirmed they received regular training and one to one supervision and felt valued and supported by the management.

Staff supported people to access healthcare services to ensure their health was regularly monitored.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate and caring.

People's rights to dignity and respect were always fully promoted by staff.

People felt valued and included in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that reflected their needs and

preferences.

People knew how to raise concerns with the provider.

People were consulted about their end of life wishes and staff had undertaken training in this area.

Is the service well-led?

The service was not always well-led.

The provider and registered manager had not notified us of a number of statutory notifications.

The provider's quality assurance was still not as effective as it needed to be.

People and staff gave positive feedback about how the home was managed.

Requires Improvement 

Four Rivers 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 was an unannounced comprehensive inspection carried out on the 5 April 2018, with a further announced visit on the 9 April 2018. The inspection was carried out by one inspector, a specialist advisor in nursing, and one expert by experience. A specialist advisor is a person with a specialist knowledge regarding the needs of people in the type of home being inspected. Their role is to support the inspection. The specialist advisor was a nurse with experience in nursing care for the elderly. 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 visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for any information they had, which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with eight people who used the service and eight visiting relatives. Some of the people at the home were living with dementia and therefore conversations were not in-depth. We spent time observing interaction between staff and people who used the service. As some people were unable to speak to us, we used the Short Observational Framework for Inspections (SOFI) to help us understand their experiences of the support they received. We also spoke to a visiting health professional, who provided us with information regarding their engagement with the home.

We reviewed a range of records about people's care and how the home was managed. We looked at six care records, medicine administration records, five personnel files and records related to the management of the service.

As part of the inspection, we spoke with the service manager for the local authority, the registered manager, the deputy manager, one nurse, five members of care staff, an agency member of care staff, and the maintenance person.

Is the service safe?

Our findings

As part of the inspection we checked to see how the service managed and administered people's medicines. We found this was not always safe. We found two people had been administered with homely remedies, which had passed their expiry date. A homely remedy is a medication used for a minor ailment, which can be bought over the counter and used without a prescription. This meant there is a risk the medicines are no longer safe or remain effective following the expiry date. Homely remedies can only be given under the authorisation of a person's GP, and although authorisation had been obtained in 2015 in this instance, it had not been reviewed since.

The provider could not demonstrate how people's prescribed cream was applied in accordance with their prescriptions. This was because application of prescribed cream were not supported by documentation to ensure that this had happened, at the correct frequency and to the right part of the body. In one example we looked at, there were no instructions for staff as to where on the body to apply the creams and how often. The prescription stated 'apply to affected area regularly.' We saw there had been only three recorded applications of the cream in the past three weeks. In a further example, the prescription stated 'to be applied as directed when required,' however there were no records available to confirm that the cream had been applied by staff. Staff told us that there were cream administration charts, but these records were inconsistently completed when cream had been applied.

When people were prescribed medicines to be taken 'when required' (PRN), information was not always available to help staff decide when the medicines were needed. This meant people were at risk of not being given medicines when they needed them, or too often. One person had been prescribed pain relief, both oral and topical. In this instance the person was able to verbalise to staff when they were in pain, however no evaluation had been completed as to the efficacy of the medicine in controlling the person's pain. The provider's policy clearly states, that "following administration of a PRN medication the outcome for the resident should be noted and monitored in order to form a comprehensive picture of care and supports future consultations with the prescriber." The topical analgesia had only been applied once in the previous month. In contradiction of the provider's policy no information or rationale had been recorded in order to determine that it only needed to be applied once in that period.

We spoke to the registered manager who assured us that stock checks of medicines were regularly undertaken by staff, however these were not always recorded. There was also no process in place to check stocks of homely remedies in use within the home. There were no systems in place to ensure regular audits of medicines administration and storage were undertaken by the provider. The last audit undertaken by the registered manager was dated April 2015, though they confirmed an external pharmacy had undertaken an audit since that date.

Fridge and room temperature monitoring is recommended to be undertaken on a daily basis to ensure that medicines are being stored at the correct safe temperatures, so medicines remain effective. When we looked at temperature monitoring we noted a significant number of gaps during the first three months of the year. We also found that controlled drugs were not checked weekly, as per the instructions detailed on the

Controlled Drugs Register. We found omissions in January and February 2018 and prior to that checks were undertaken twice monthly as opposed to weekly.

The provider policy stated medicine training should be followed by a formal competency assessment process that should be repeated regularly as required. Staff confirmed they had received training followed by a competency check. However, we could not be certain that staff had continued to maintain their competency to administer medicines safely. This was because the registered manager confirmed that regular competency checks of staff following training had been inconsistent, with the last check undertaken in October 2016.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The provider had failed to protect people against the risks associated with the safe management of medication.

People had individual assessments of risk associated with their personal needs in place and these included bed rails, falls, pressure sores and moving and positioning. Some people had exhibited signs of 'distress', which had been recorded in their care files. However, no action had been taken to identify the antecedent or trigger to the behaviour as per best practice for people living with dementia.

We asked staff how they managed behaviour that was challenging. Staff knew people who occasionally presented behaviour that was challenging and explained how they reassured and supported them at those times. Where there were reports in people's files of behaviour that was referred to as 'aggressive,' there was no evidence of behaviour monitoring charts being used to try and determine the cause of behaviour. Whilst staff were able to tell us about specific incidents, charts were not used even though the registered manager confirmed that monitoring charts were available. This meant people may not have received the most suitable care and support to manage such behaviour. We did not see any incidents of difficult or challenging behaviour during our visit.

People and their relatives consistently told us they or their family members were safe living at Four Rivers Nursing Home. One person told us, "They are always kind and gentle with me. I always feel safe and secure and I never feel worried or concerned at all about anything." Another person said, "I like it here very much and there are always staff around to help you. You never have to wait, and they keep us safe by looking after everything for us." A third person told us, "It is a huge relief to me to be somewhere as good as this, I am very fortunate. It is safer for me here as I have a tendency to fall at home, and staff keep me safe at all times. I have no worries at all. I now feel very safe and secure, cared for and well looked after. I have no worries and I am very happy."

One relative said, "I wanted to see one of the CQC team to ensure you know how good this place is. I visit twice a month and the rest of the family weekly. We are astonishingly lucky to have found this place for our relative. There are always staff around and our relative doesn't wait for anything. We have absolute trust in the safety, security and care here." Another relative told us, "I am and always have been very pleased and happy with every aspect of my relative's care here. I know they are one hundred per cent safe and secure and extremely well cared for. I am here every day and everything is consistently good as are the staff, no matter what is on."

People, their relatives and staff felt the staffing levels maintained at the home meant people's individual needs could be met safely. Staff had time to engage, sit and chat with people during our visit. Staff told us there were sufficient numbers of staff on duty to enable them to care for people and in the event of sickness or other absences, agency staff were employed to cover any shortfalls

Staff told us that on discovering an incident or accident had taken place, after initially seeking assistance to support the person, they would complete an incident log and submit to the management team. The registered manager told us they would review and ensure appropriate action was taken for each accident or incident submitted to ensure people were safe, which we were able to corroborate.

We spoke to staff about safeguarding procedures at the home. Staff were able to describe confidently what action they would take if they had any concerns and showed a good understanding of the different types of abuse. There were systems in place to protect people who lived at the home by ensuring appropriate referrals. One member of staff told us, "I would report any concerns or incidents to the registered manager. I would report directly to the safeguarding team if I had any concerns relating to the manager."

Staff told us and we saw that the provider followed safe recruitment processes. We saw Disclosure and Barring Service (DBS) and references were completed for new staff prior to starting work with people. A background check called a DBS check is a legal requirement and is a criminal records check on a potential employee's background. The provider also undertook three yearly DBS checks on staff to ensure they remained safe to work with people, who lived at the home.

The areas of the home we visited were clean and smelt fresh. One relative told us, "We cannot fault this place it is always exceptionally clean." There was good provision of personal protective equipment (PPE), such as gloves and aprons and hand washing facilities to enable staff to comply with good hand hygiene practice. Staff told us they checked mattresses to ensure they were clean and hygienic. We saw infection control and prevention advice was available to staff with posters displayed in toilet areas. The home worked closely with the local infection and prevention control team, and had recently been inspected by them. Staff had received positive feedback following the visit.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to 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). Where DoLS authorisations had been granted, the registered manager was aware of the need to review any associated conditions, in order to comply with these.

We found the management team did not have an appropriate understanding of, and fully promoted, people's rights under the MCA. We found that before using bed rails, which can act as potential restraints, the management team had not always obtained the consent of the people involved. Where people lacked the mental capacity to make this decision, there was no evidence of appropriate best-interests decision-making.

Consent was not always sought prior to taking photographs for marketing or medical purposes of people in accordance with guidance in the MCA. When this was discussed with the deputy manager they referred to consent being sought in the admission contract. However, when this was checked for one person, the section of the contract was blank and did not reference the MCA.

Staff we spoke with confirmed they had received training in the MCA, and were able to explain the principles of the MCA legislation. Throughout our visit, staff were observed seeking consent from people before undertaking any routine tasks. They were observed explaining to people what they wanted to do, such as how they would support people mobilising. They would ensure people were happy before proceeding with any support and provided reassurance while undertaking the task.

Do-not-attempt-cardiopulmonary-resuscitation (DNACPR) decisions had been appropriately recorded in people's care records.

People and their relatives felt that staff had the necessary skills and knowledge to meet their needs. Staff told us they had undertaken an induction programme when they had first started working at the home. This included training and a period of 'shadowing' (working alongside more experienced staff), before being able to work unsupervised. This also involved the completion of the care certificate, which is a nationally recognised qualification in social care. In addition to other training provided by the provider, such as safeguarding, moving and positioning, dementia and infection prevention and control, a number of staff had undertaken other nationally recognised qualifications in social care.

Staff we spoke with confirmed they received regular one to one supervision and felt valued and supported by the management, who were always available to provide advice and guidance. One member of staff told us, "I have a level three qualification in health and social care. We have had regular training and I have

regular supervision. Senior staff are always available to provide advice." Another member of staff said, "I'm very well trained. There is always plenty of training available, which you can raise during supervision."

We found that people's dietary requirements were assessed and appropriate care plans and risk assessment were in place. One person told us, "I always enjoy the food it is excellent and always plenty of drinks available and they always ask if you want ice in your cold drinks and water. I have put on weight since being here." Another person said, "The food is good, first class and well-cooked and a choice if you want it." One relative said, "They know my relative and think ahead. My relative has swallowing issues and has had a speech and language therapist (SALT) assessment. They [staff] are now supplementing pureed food with these high calories mousses, which they love and taste good. Their pureed food is always presented nicely, not like mush."

People were provided with a choice of meals, however they were asked what they wanted to eat for the following day. This included people living with dementia who may struggle to remember what they had ordered 24 hours previously. We spoke to the registered manager, but there was no clear rationale as to why this approach was adopted for people living with dementia. People we spoke with told us they were happy with this arrangement, because if they fancied something else the kitchen would provide an alternative meal for them such as baked potato with choice of topping, sandwiches, omelettes, egg on toast, and soup. We observed the lunch time experience and saw food was served to people individually in the place of their choice and not around a table. People and relatives confirmed to us this was a result of their preference.

We saw that plate guards were provided together with adapted cutlery for some people who required additional support. This was in order to promote their independence. Throughout the visit drinks were freely available as well as high calorie food supplements and milkshakes. Fruit baskets were placed in the lounges for people to help themselves and staff confirmed that various other snacks were available throughout the day. Staff discreetly observed how much people ate, and supported them with kindness and respect.

Corridors and communal areas were spacious and light and there was adequate signage features that would help to orientate people living with dementia. People freely chose whether to spend their time in their rooms or with other people in the main lounges. People were supported to access the garden areas by staff during our visit. People were able to spend time with relatives in private or in one of the communal areas.

We asked people about how they were supported to access external health services. People and relatives confirmed health care professionals visited regularly with the GP routinely in attendance. Foot care was regularly carried out by the podiatrist and the physiotherapist was a regular visitor. We saw evidence of appropriate and timely referrals to multidisciplinary teams in people's care files. One visiting health care professional told us the home "excels" in the quality of nursing care provided for people and that the provision of care was excellent. They said staff had a good understanding of people's needs, which were often complex and that the home was very pro-active in monitoring and seeking guidance.

Is the service caring?

Our findings

People told us staff adopted a kind and compassionate approach towards their work. One person told us, "The care is excellent here. I like the friendliness and thoughtful way all the staff are. We are all treated very well at all times with care and gentle ways. I have a bath twice a week and I do look forward to it. I have to be helped, but I never feel awkward or embarrassed in any way, because they treat you properly. That's why we all feel safe." Another person said, "I love it here and I am very happy. The staff are all so good, kind and caring. They are all good. They are a great group of staff and I mean that genuinely. They will do anything for you and go the extra mile for you. It's a lovely place to be."

One relative said, "The care here is exemplary. Our relative is always clean and well cared for I have never known them to be dirty, soiled or wet. They are bathed weekly and I know they enjoy it as staff are so caring and gentle with them. I have never seen a mark on her." Another relative told us, "Our relative is always clean and well-presented and well cared for. Their dignity and privacy is respected. This place is consistently excellent, kind and caring I would recommend it to anyone. When they have agency staff in, they integrate them with the regular staff and this ensures a consistency of care in my opinion. Every member of staff is respectful and everyone knocks before entering a bedroom." A third relative said, "Privacy is always respected here we have found and staff always are polite and knock before disturbing you. We understand from our relative that personal issues are handled with great care and sensitivity. We have no worries about her at all."

People and their relatives confirmed they were involved in care planning and always involved if there were changes required. One member of staff told us, "People and relatives sign care plans. Families are consulted about any changes. Each resident has a key worker and care plans are reviewed monthly and they are always consulted. Where families are consulted this is documented." Relatives told us they were satisfied with the support and opportunities they and their family members had to express their views, and to participate in decision-making about care and support.

Throughout our visit, we saw staff engaging with people in a compassionate and caring manner. There was a relaxed, happy and calm atmosphere in the home. People were clearly at ease with staff and enjoyed their engagement. People and relatives told us all aspects of care was either 'first class' or 'excellent.' Everyone we spoke with spoke positively about staff and the high quality of care they received. Staff showed a good insight into people's personalities and individual needs. We saw staff responded promptly to people's specific needs. People were encouraged to be active and socialise. Staff were seen engaging with people in the lounges, encouraging them to join in such as visiting the garden area. We saw staff adjusted their communication with people to suit individual needs.

Staff told us they encouraged people to be as independent as they could be, by encouraging them to do as much as they could for themselves, and supporting them with decisions. One member of staff said, "We know our residents. I am a key worker for certain residents and make sure their personal needs are met. I encourage people to be independent as it's the only thing they have and it's so important for them."

Is the service responsive?

Our findings

People told us they were stimulated and there were plenty of opportunities to take part in activities to occupy their time. People told us they enjoyed reading daily papers, going out with staff and their relatives, having organised musical sessions, and enjoyed the 'pat dogs' and exotic animals that visited the home. They also attended keep fit and exercise classes run by staff. We found the atmosphere in the home was calm and tranquil, however there was a lot going on for people with staff who were warm and friendly and who clearly knew everyone very well.

One person told us, "I am very content and very happy here and I couldn't be looked after any better anywhere. I am never bored and I enjoy everything here there is never a dull moment always someone to talk to. If I need anything it is done for me. Staff come if I need them. I wouldn't want to be anywhere else it is marvellous." Another person said, "I never get bored here there is always something going on and always people to talk to, we have church services, keep fit, TV, radio, films, and best of all staff and visitors who spend time and chat with you." One relative said, "Our relative is very happy here overall. The care is good and they are always full of praise for everyone and the staff are consistently kind and caring. There is always so much going on here it wears me out. It is a very happy place I find full of laughter and love."

People's care plans were individual to them, covered a range of needs and included information about people's preferences and preferred daily routines. The registered manager was aware of people's protected characteristics under the Equality Act 2010. They assured us people's related needs, including their religious beliefs, were considered as part of the assessment and care planning processes. A person's sexuality formed part of the pre admission assessment and people were supported to live the life they wanted by staff, who were fully welcoming, understanding, and non-judgemental.

The provider told us to their knowledge they had not cared for a person from the lesbian, gay, bi-sexual and transgender community (LGBT). However, should this occur in the future they were confident that staff could provide person centred care to meet peoples' specific needs. The home for a number of years has displayed the 'rainbow logo' at the entrance to visually demonstrate they are committed to equality and diversity. The registered manager told us it was their intention to introduce an optional monitoring form as part of the admission process to give people the opportunity to disclose any cultural or LGBT needs. Equality, diversity and human rights (EDHR) issues would also be included in staff supervision & appraisals.

The registered manager showed insight into the Accessible Information Standard, and we saw people's communication needs had been assessed and recorded. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The provider told us they had the facility to produce information in alternative accessible formats, if required to meet people's information and communication needs. There were a number of people living with sensory impairment. Referrals had been made to include audiology and ophthalmology. The home facilitated routine eye tests. The home enlarged the font on post card and letters so that a person could read communications with their family. Another example included facilitating a telephone in a person's bedroom with a big button phone to enable them to make contact with their family independently.

A talking clock had been provided for one person. The registered manager had been trained in using a communication tool called 'Talking Mats'. This is a tool that can be used to provide a way for people living with dementia to communicate likes and dislikes if they are unable to express verbally. The home had a braille signage in key areas and also a hearing loop.

At the time of our inspection visits, no one at the home was receiving palliative care. Within people's care plans there was evidence that people had been asked about their end of life wishes. A member of staff was able to describe the facilities they were able to offer relatives and their families that may wish to stay in the home over night. The registered manager told us that staff were trained in looking out for stages in end of life care and symptoms that may occur. A number of staff had undertaken a national recognised qualification at level 3 training in end of life care. Nursing staff were also trained in how to use medicines to manage pain.

People and their relatives knew how to raise any concerns and complaints about care at the home. They felt comfortable to raise any concerns or complaints with staff or the registered manager. A copy of the provider's complaints procedures were on display in the reception area of the home and within the 'resident's information guide.' The registered manager told us all complaints or concerns were fully investigated and opportunities to improve practice were identified.

Is the service well-led?

Our findings

Registered providers are required by law to notify the CQC of incidents where people have suffered harm, injury, abuse or suspected abuse. The provider is also required to notify CQC when an application is made in relation to depriving a person of their liberty, once the outcome is known. Statutory notifications are used by the CQC as a way of monitoring services and any emerging risks to people using them. In February 2018, the provider had failed to report to us an event regarding a person's health condition as required by notification. Additionally, the provider had failed to notify us of 20 approved Deprivation of Liberty Safeguard Orders that had been approved by authorising local authority, and related to people currently living at the home. The registered manager told us that in respect of the serious injury notification, this was simply an oversight. In respect of the approved applications, the registered manager had been unaware of their responsibilities under Care Quality Commission (Registration) Regulations. The provider had submitted other statutory notification in line with the requirements, and since the inspection has submitted the outstanding notifications.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2014.

We found that management systems were not always effective. We found the home lacked any clear strategy in relation to the effective on-going monitoring of the quality and safety of services provided by staff. Though the provider had some management systems in place to assess, monitor and record the standards of care delivered within the home, these were not always completed consistently and did not always identify the shortfalls in the service in order to drive improvement. For example, medicines audits and staff competency checks were not undertaken regularly and a number of issues in relation to the management of medicines had not been identified.

Though the registered manager audited care files, these were undertaken at random intervals, with no clear evidence available that issues identified through the audits had been addressed. Although staff had a good understanding of people's care and support needs, care plans did not always reflect people's current care needs. For example, one person's nutrition care plan had not been updated since 2012 and did not reflect the person's current care needs. This could potentially have put the person at risk of choking had this care plan been followed. Care plans also lacked the details required to meet people's oral care needs, yet these issues had not been identified by the quality assurance systems in place.

Infection control and prevention audits had been undertaken by an external agency, however there was no evidence of internal monitoring by the provider. We spoke to the registered manager about these issues, who acknowledged these short falls. They explained that due to the pressures on nursing staff, they often would spend their time on nursing duties, which restricted their ability to concentrate on governance systems and processes. Following our inspection visit they told us that two staff members had already been put forward for training in infection control and auditing, with a view to them undertaking internal audits going forward.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014, this was because the provider had failed to effectively assess, monitor and improve the quality and safety of services provided and ensure records were up to date and accurate.

Health and Safety checks were undertaken by the provider. The building, environment and cleaning services were maintained by a private company as part of a public finance initiative (PFI) scheme. They provided evidence to demonstrate regular fire safety checks of systems and equipment, electrical testing of electrical appliances, water temperature and maintenance checks as an example.

People told us they were happy with the management of the home. Staff told us the registered manager promoted an inclusive culture, which encouraged people, their relatives, and staff to speak their minds at any time. Staff told us the culture of the home was open and transparent and were confident that they would be listened to if they raised any concerns with a management about the service. Staff felt confident about challenging working practices within the service, or decisions taken by the provider, if they needed to. They were aware of the provider's whistleblowing policy and told us they would follow this.

One health care professional told us the home was well run and had confidence in the staffs' abilities to deal with complex medical issues. One member of staff told us, "The home is well run and the [registered] manager listens and is very approachable. It is a well-run ship."

People were encouraged to share their experiences and make suggestion about services provided. Annual 'resident surveys' were conducted where people were able to make suggestions, which were then followed up by a management response. Resident and relative meeting were also held. People told us that staff and management were always available to address any issues raised.

We were provided with examples to demonstrate the provider reflected on any short comings and identified lessons learned. These included the management of pressure sores, where guidance had been sought from a person's wound consultant, which was then used to support other people with similar conditions. The provider had also improved their approach to wound care by changing their wound planning document and encouraging two members of staff be present at all dressing changes. This improved knowledge of staff by sharing information and skills, but also enabled staff to easily see improvement or deterioration.

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 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider had failed to make statutory notifications in line with the requirements of regulations.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had failed to protect people against the risks associated with the safe management of medication.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to effectively assess, monitor and improve the quality and safety of services provided and ensure records were up to date and accurate.
Treatment of disease, disorder or injury	