Mrs F C Robson

Overstone Retirement 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?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Overstone Retirement Home provides accommodation and personal care and support for up to 15 older people, some of whom are living with dementia. At the time of our inspection there were 15 people living at the service.

This inspection was unannounced and took place on the 26 and 27 February 2015 and 4 March 2015. We last inspected this service in September 2014 and found the provider was not meeting all of the regulations that we inspected related to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were two breaches related to supporting workers and monitoring the quality of service provision and the provider submitted action plans linked to these regulations, stating how and by when they would meet the requirements of these regulations. At this inspection we found improvements had been made in the regulations that had been breached at our last visit.

Overstone Retirement Home does not require a registered manager to be in post under its registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. In this service the provider is a 'registered person' who is in

Summary of findings

day to day charge, and who has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to protect people from abuse and all of the staff that we spoke with recognised their own personal responsibility to report any instances of abuse that they may have witnessed or suspected. No safeguarding concerns had been raised against this provider in the 12 months prior to our inspection.

Most of the risks that people had been exposed to in their daily lives had been assessed. However, care planning and risk assessing related to the administration of medicines was not sufficient and did not accurately reflect how staff supported people to take their medicines. Where documents were in place related to medicines management, they were not detailed enough. In addition, the recording of the administration of medicines was not always accurate. For example, we could not always establish if people had been offered their medicines, due to inaccurate recording by staff.

Risks within the care home building and that people, staff and visitors may be exposed to had been assessed and equipment that was used in the provision of the service had been maintained.

Recruitment processes included checks to ensure that staff employed were of good character. The staff team and staffing levels were consistent and people's needs were met. Staff records showed they received training in key areas and they told us they felt supported by the provider within their roles. An appraisal system had been introduced since our last inspection and the provider had plans to develop a more formalised supervision system. Staff told us they could approach the provider at any time, about anything.

CQC monitors the operation of Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards exist to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered provider was in the process of applying for DoLS to be put in place for those people who lived at the home who needed them. We found the MCA was appropriately applied and the best interests decision making process had been followed where necessary. Some records related to people's capacity and any best interests decisions that may have been made, did not fully reflect who was involved in the decision making process and how the decision was reached.

People told us, and records confirmed that their general healthcare needs were met. People's general practitioners were called where there were concerns about their welfare as were other healthcare professionals such as occupational therapists. People told us the food they were served was of a high standard and that they could ask for anything they liked and it was accommodated. People's nutritional needs were met and specialist advice was sought when needed.

Our observations confirmed people experienced care and treatment that protected and promoted their privacy and dignity. Staff displayed caring and compassionate attitudes towards people, and people spoke highly of the staff team. Staff were aware of people's individual needs. People told us that they were supported to engage in the local community if they so wished, and that the provider arranged excursions for them.

Staff were very knowledgeable about people's needs, although the information they had available to them within people's care records was not detailed enough as they were not appropriately maintained. Other records related to the management of the service were disorganised and at times could not be easily located. The provider told us that she would address these shortfalls.

Quality assurance systems were in place and these were used to monitor care delivery and the overall operation of the service. For example, audits related to medicines and health and safety were completed regularly. Checks on the building and equipment used in care delivery were undertaken in line with recommended time frames.

Staff told us that they felt supported by the provider, although they would appreciate it if the provider became more involved in the leadership and management of the service. The provider confirmed they monitored the quality of the service provided through regular conversations with people who lived at the home and staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and their

Summary of findings

corresponding regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were; Regulation 13, Management of medicines, which

corresponds to Regulation 12, Safe care and treatment of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014; and Regulation 20, Records, which corresponds to Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

The service was not always safe.

Medicines were not managed properly and safely.

Safeguarding policies and procedures were in place and staff were aware of their personal responsibility to report incidences of abuse or potential abuse.

Recruitment processes were safe and staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective.

The Mental Capacity Act 2005 was applied appropriately and decisions were made in people's best interests where applicable. Records related to these decisions needed improvement.

People spoke highly of the staff team and the care they delivered. We received positive feedback from people's relatives about the service.

People were happy with the food they received and those with specific nutritional needs were supported appropriately by staff.

Is the service caring?

Good

The service was caring.

People told us they enjoyed good relationships with staff whom they found to be kind and caring. We observed pleasant interactions between people and staff during our inspection.

People were treated with dignity and respect.

Where necessary advocates, mainly in the form of family members, acted on people's behalf.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Records related to people's care and treatment were not adequately maintained and did not always reflect best practice guidelines. Some records were disorganised and staff had difficulty locating important documents related to the operation of the service.

People received care that met their needs and they were given choices in their day to day lives. Staff provided person-centred care and community involvement was promoted.

Summary of findings

A policy and procedure was in place to deal with complaints although the service had not received any formal complaints for many years. People told us they would feel comfortable if they needed to make a complaint to either staff, or the registered provider directly.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not return information that we asked for prior to the inspection.

Systems were in place to monitor care delivery but there was a lack of leadership and direction from the provider.

People and their relatives told us the service was well led and they had faith in the provider. Staff told us the provider was very supportive and they could approach her about anything, at any time.

Overstone Retirement 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 26 and 27 February and 4 March and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to our inspection we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed all of the information we held within our own records at the Commission (CQC) about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of, in line with the requirements of the CQC Registration Regulations 2009. We also contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch (Northumberland). They did not provide us with any information of concern.

During our visit we spoke with five people in receipt of care and support from the service, five members of staff and the registered provider. We walked around the care home and with their permission, we looked in people's bedrooms. We observed the care and support that people received and reviewed a range of records related to people's care and the management of the service. This included looking at seven people's care records, six staff files (including recruitment, induction and training records), eight people's Medication Administration Record sheets (MARs), and records related to quality assurance and maintenance of the care home building and equipment used within the home.

Following the inspection we contacted five people's relatives to gather their views of the standard of service that people received.

Requires Improvement

Is the service safe?

Our findings

During our inspection we identified concerns with the management of medicines. The senior care worker told us that four people administered their own medicines and these were stored securely in a locked drawer within their bedrooms. However, people's care records lacked detail about this practice and the risks associated with it. Care plans related to the management of medicines were basic and although there was a medicines policy in place, this lacked detail and there was little guidance and instruction for staff to follow to ensure that medicines were managed appropriately. For example, in a section related to what action should be taken if people refused their medicines, the medicines policy advised staff to make a record of the details and then contact the most senior person on duty for advice. There was no detail other than this, and no information about how the most senior person should then proceed.

The storage and disposal of medicines was appropriate and the senior care worker told us that people's general practitioners reviewed the medicines they were prescribed, two or three times a year. However there was evidence to suggest that people did not get the medicines they needed at the right time, in line with best practice guidance. There were occasions where people's MARs had been signed by staff to confirm that a particular medicine had been administered, but this medicine was still present in the person's monitored dosage system for that time. Conversely some medicines had been removed from people's monitored dosage systems but the corresponding entry on the person's MARs was blank. Therefore, we could not reconcile whether the person had received their medicines as required.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were extremely happy living at the home and they felt completely safe with staff. One person said, "Nothing worries or bothers me. I feel safe here". Another person told us, "It is important for me to be in the right place and I just feel safe here". Other comments included, "I have never felt unsafe or uncomfortable with the staff" and "When I had a fall recently they were diligent about checking me during the night". People's relatives told us they had no concerns whatsoever about the service, building or the staff who cared for their relations. One relative told us, "Oh goodness, I have not seen anything that worries me about people's safety when I have been at the home". Another relative said, "I have no concerns about my mother's safety; she is blissfully happy".

The senior care worker told us that there had never been a safeguarding matter within the home to her knowledge and our own records and feedback we received from Northumberland local authority safeguarding team confirmed this. There was a safeguarding policy in place but this lacked detail information about the different types of abuse and how any incidents or allegations of abuse would be dealt with. Staff told us they would report any concerns they may have of a safeguarding nature immediately to the senior staff member on duty, or alternatively to the provider directly. Staff were knowledgeable about the different types of abuse and they told us that they had received training in this area.

We observed staff when they delivered care and saw that they followed safe moving and handling practices with those people who required assistance with mobility. We had no concerns about people's safety during our visits to the home.

Risks that people were exposed to in their daily lives were assessed prior to, and during, care delivery, although these were not documented in enough detail in people's care records. Staff described how they mitigated the risks that people faced, for example with poor skin integrity and low food and fluid intake. Risks such as these were regularly monitored and adjustments were made to care delivery as the risks people faced evolved with changes in their care needs.

Staff files showed that recruitment processes were robust and appropriate checks had been carried out before people started work to ensure that they were suitable and fit to work with vulnerable adults. Staff told us the provider handled all recruitment directly herself. The provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

Staff and people told us that staffing levels were sufficient to meet people's care needs and our own observations

Requires Improvement

Is the service safe?

confirmed this. Most people moved around the home independently with the use of mobility aids and very few people required the support of more than one care worker to assist them with their personal care needs. The staff team was stable and several staff had worked at the home for several years. The provider told us that shortfalls in staffing, for example due to sickness or annual leave were always covered internally by other members of the staff team. On-call arrangements were in place in that the provider could be contacted at any time outside of normal working hours for advice and assistance.

Staff and the provider told us there was no emergency or business continuity plan in place for staff to follow in terms of what actions they should take in the event of, for example, the loss of water, electricity, a fire or a flood. In addition, there were no individual personal emergency evacuation plans for those people who would need assistance to leave the building in an emergency. The provider told us that further work was needed on the administrative side of the business, which she planned to address.

We looked at the management of risks within the building and found that fire and health and safety checks were carried out and documented. Equipment was serviced and maintained regularly and safety checks were carried out, for example, on electrical equipment and the electrical installation within the building. A staff member with administrative duties told us that a safety check on gas supplied equipment within the home was carried out in June 2014 although the paperwork related to this could not be located. In addition, the provider and staff told us that health and safety checks were carried out regularly by the maintenance man who then addressed matters as they arose. Evidence was available to show that legionella control measures were in place to prevent the development of legionella bacteria, such as checking water temperatures and decontaminating showerheads. Risks within the building that people staff and visitors may be exposed to had been assessed and information was in place for staff to refer to in order to reduce these risks to a minimum.

Good

Is the service effective?

Our findings

We spoke with people about the care they received and they were overwhelmingly positive. People told us that staff met their needs and they were very happy with all elements of their care. One person said, "It is absolutely wonderful here. The staff are extremely helpful". Another person told us, "I don't need a lot of help but they are helpful if I need them". People's relatives were very happy with the care that their relations received. Comments they made included, "She is blissfully happy and we have never had a problem" and "We would recommend it to anyone; it is such a wonderful place".

During our visit we spoke with one healthcare professional linked to the service and asked them how effective they thought the service was. They told us, "I come to this home regularly and I have no concerns. The staff are brilliant with people".

Staff were able to tell us about people's needs and how they supported them to ensure they experienced good outcomes. It was clear that staff knew people well and sought to provide them with care that was appropriate to their assessed needs. One person told us that staff sought their consent to provide care and treatment in advance. They said they were always asked if they were happy to have a bath or if they wanted assistance. Another person told us, "They always get my consent. I felt dizzy the other day and they asked me if I wanted someone to walk with me. I said no and they respected this".

Staff training records showed they had received training in key areas such as infection control and the safeguarding of vulnerable adults. Some of this training was due for renewal and this was being arranged by the administrator at the time of our inspection. The senior care worker told us they had responsibility for inducting all new members of staff, although there was no formalised checklist or induction for them to follow. They said that new members of staff received training in key areas initially (if they did not already have it) and then they shadowed other members of staff for a minimum period of five weeks, or longer, until they were ready to work alone. The senior care worker also advised us that new staff were given a copy of the staff handbook containing the provider's policies and procedures, and they were required to read these and sign a form to say they had done so, and understood them. We discussed the benefits of a formalised induction and training plan with the provider and encouraged them to refer to available national guidance about this.

Support mechanisms for staff that were not in place when we last inspected had been introduced and improvements had been made. Records showed that care staff were regularly observed by the senior care worker to ensure they were competent in their roles and delivered care to individual people appropriately. A staff meeting had been scheduled for the week following our inspection, so that important messages could be communicated effectively. Staff told us they had been encouraged to raise any items for the agenda. An appraisal system had been put in place and staff confirmed they had received an appraisal form to complete in advance of having a formal appraisal meeting with the provider or senior care worker. Appraisals are one to one meetings, which are usually held annually, between staff and their manager/provider. They are an opportunity for each party to give feedback about their role, review staff performance and request training or support on a professional or personal level.

Staff and the provider told us that formalised supervisions had not yet been put in place, but that staff enjoyed an open relationship with the provider who they could approach at any time. We discussed with the provider, the importance of being able to evidence that supervision sessions had taken place and she gave her assurances that this matter would be addressed. The senior care worker told us that she planned to carry out supervisions for care workers on a quarterly basis, starting as soon as possible.

Staff told us and the provider confirmed that they relied predominately on verbal communication and the use of a communication book to pass messages, and information about changes in people's care, between different staff shifts. The provider told us that this worked within the home as there was a small and consistent staff team who worked closely together and shared information regularly during 'catch up' conversations each morning. People's relatives told us they felt communication between themselves and the staff team, and the provider, was good. They said they could approach anyone working at the service at any time with any issues that they may have. One relative told us, "My mother goes to X (provider) directly if

Good

Is the service effective?

she has any concerns or issues and they talk about them". One person told us, "X (provider) is really good at discussing things with us. She makes us feel that we contribute to any improvements in the home".

People told us that the food in the home was "excellent". One person said, "The food is excellent. If we don't want something they suggest other things we could have". Another person told us, "The food is very good actually and if anything, we are overfed!" One person's relative told us, "The food is wonderful". The provider told us that she prided herself in cooking good quality, freshly prepared meals for people. We observed people were offered high quality food and appeared to enjoy it. Most people ate independently but those who required assistance to eat their food received this support. Where people had any nutritional or specific dietary needs these were catered for and monitored. For example, staff monitored people's weights and food intake where there were concerns about their wellbeing. Food and fluid charts had been used where necessary to ensure that people consumed enough food and fluid to remain healthy or that where they did not, this was referred on to the relevant healthcare professional for input into their care.

Records showed that the provider supported people to maintain their health and wellbeing by seeking the input of external healthcare professionals for guidance, instruction and support, when necessary. In addition, people told us that they were either supported to attend doctors or specialist healthcare appointments, or, they arranged these themselves.

The registered provider told us she was in the process of applying for Deprivation of Liberty Safeguards (DoLS) to be put in place for those people living at the home who needed them. DoLS are part of the Mental Capacity Act 2005 (MCA). They are a legal process that is followed to ensure that people are looked after in a way that protects their safety and wellbeing but does not inappropriately restrict their freedom. These applications and decisions are made in people's best interests by the relevant local authority supervising body.

There was evidence that decisions about individual's care had been made in their 'best interests' in line with the MCA. For example, such a decision had been made about one person remaining at the home when their needs had recently changed. Although there was evidence the provider followed the principals of 'best interests' decision-making in practice, the records retained about these decisions did not always fully explain who had been involved in the decision making process, and what discussions had taken place. In addition, where relative's had lasting power of attorney's in place for decisions about people's health and welfare, copies of these documents were not on file. A lasting power of attorney (LPA) is a legal agreement which allows people to appoint someone (known as an attorney) to make decisions on their behalf if they reach a point where they are no longer able to make specific decisions for themselves. The provider told us that this would be addressed and where relevant, copies of health and welfare LPA's would be added to people's care records.

The home was very comfortable and maintained to a high standard. People and their relatives described the home as "very homely" and "like a hotel, not a care home". People had personalised bedrooms and access to a communal lounge and dining area. Toilets and bathrooms had aids and equipment fitted to suit the needs of individuals. The call bell system was accessible in places where people needed it. The garden was laid with paths that suited people's needs and we saw several people took walks in the garden and were able to enjoy the pleasant grass and patio areas, which they said they appreciated.

Good

Is the service caring?

Our findings

People and their relatives told us they had formed good relationships with the staff team who were kind, caring and very helpful. There was a pleasant and relaxed atmosphere within the home. One person told us, “The staff are lovely. They are very good. I am friends with all of them”. Another person said, “I absolutely love living here. Everything and everyone is so nice”. Other comments included; “The staff are so kind and helpful; nothing is too much trouble to them”; “It’s perfect, the carers are wonderful and it’s full marks from me”; and “The staff are extremely kind”. One person’s relative explained, “It is completely and utterly perfect there. The staff are perfect. Another relative told us, “The staff are so professional and very, very caring”.

We reviewed some comments that people’s relatives had written in surveys they had completed about the service. These included; “All staff are very good” and “The staff are without exception wonderful people who take a real interest, and always find the time to have exchange and a bit of conversation”.

Staff engaged with people politely and with patience and compassion when necessary. Their engagements with people resulted in them experiencing positive care delivery. Staff were knowledgeable about people’s diverse needs, likes and dislikes, and they applied this knowledge in their daily interactions with them. Some people living at the home enjoyed regular visits from the local vicar who we saw at the home during our inspection. This showed that the provider supported people to meet their spiritual needs.

People told us they felt included in decisions made about their care and the operation of the service, where appropriate. People who administered their own medicines had signed risk assessments and declarations to say that they accepted responsibility for this element of their care. This showed they had been involved in discussions and decisions about their care needs and care delivery.

People told us that at all times staff promoted their right to privacy and promoted their dignity. In addition most people in the home were independent and where they were not, staff told us they encouraged people to do as much as possible for themselves. One person told us, “They (staff) make sure that the curtains are closed if they are dressing me as I am on the ground floor, so that people cannot see in”. We observed one person being assisted into the bathroom and saw that staff closed the door behind them for privacy. In addition, when they left the room momentarily for something and returned, they knocked on the door first and waited to be invited in again. The staff member was very caring in their manner during this observation and encouraged the person with their mobility by saying “Take just one more step for me please X (person)” and “I will put your zimmer frame in place for you before you stand up”. We had no concerns about how people were treated by staff during our inspection and found that they were respected.

The senior care worker told us that no people using the service currently had an advocate acting on their behalf; other than those family members who were actively involved in their care. Advocates represent the views of people who are unable to express their own wishes, should this be required.

Requires Improvement

Is the service responsive?

Our findings

We found shortfalls in the management of records within the service which the provider and staff acknowledged. The quality of recording varied and people's care records lacked detail. Care plans and risk assessments did not always cover all of people's identified needs. For example, we found two people had been diagnosed with specific medical conditions and there was no reference to these within their care plans. Care plans used specific headings under which only basic information was recorded. For example, one person's care plan related to skin integrity stated that the person had a specialised airflow mattress in situ and they should be turned in line with district nursing advice. However, there was no information about what the specific setting of this mattress should be, or how often the person should be repositioned.

Three people were living at the home on a short term respite basis at the time of our inspection. Records kept for these people contained insufficient information to demonstrate that an adequate assessment of their needs had taken place prior to, and following, their admission to the home. Only one person out of three living at the home had a basic care plan in place, although there was some information about each person's past medical history.

Daily notes maintained about people's progress and to monitor their needs did not contain enough information about their current conditions. For example, two people had recently been admitted to hospital and there was no information in their daily notes about the events leading up to their admissions. Where advice had been sought from specialist healthcare professionals this was not incorporated into people's individual care plans or risk assessments which meant there was a risk people may not get the care they needed.

The communication book which was in place to pass messages between the staff team, was used to record changes in people's care instead of their individual care records. This was not in line with best practice guidelines around the recording of personal information, data protection and confidentiality, and there was a risk that important information may be overlooked. Shortfalls in record keeping standards within the service meant that people's personal information was not kept as confidential as it should have been. Other records within the service were disorganised, and the provider and staff did not always know where certain records were stored. For example, training certificates had not been filed and some audits and checks that were carried out in the home were not documented. We discussed our concerns about records and recording systems with the provider, who told us that that recording systems would be changed to address the concerns we had raised.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of Regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care was person-centred and people told us they received care in the way that suited them. Staff were very knowledgeable about people's individual care needs, and whilst records did not always reflect this, staff told us that care was assessed, planned and on-going reviews took place. Some records reflected that the service responded as and when people's needs changed and that input into their care from external healthcare professionals such as general practitioners was obtained when necessary. People, staff and their relatives confirmed this. One person told us, "They would definitely get me a doctor or anything if I needed it".

Our observations confirmed that people were offered choices and people told us that they were. One person said, "I am perfectly content. We all have our breakfast in our rooms, but if we wanted to, we could go downstairs". Another person told us, "We have choices and I am involved". This showed that staff recognised people's individual right to make their own decisions.

People told us that the provider supported them to pursue activities. They said this kept them involved in the community and met their social needs. Some people were independently mobile and were able to walk into the local town at their leisure. Other people said they were supported by their families to access the local community. People and their relatives told us that the provider took a personal interest in arranging activities for people and they appreciated the regular trips she arranged including going to the theatre and to National Trust places of interest. Within the home we saw there was a range of games, books and films for people to enjoy.

We talked with staff about the processes they would follow if someone raised a complaint with them. The provider told

Requires Improvement

Is the service responsive?

us that there had not been a complaint for several years and a log book held within the home confirmed this. She said that she talked to people daily and any issues were addressed as they arose. Relatives told us they would not hesitate to approach the provider if they had any matters that they wanted to discuss or complain about and they were sure they would be addressed. One relative told us, "If we have any problems we approach X (provider), or anyone else for that matter, at any time". Another relative told us, "X (provider) is very approachable" and people echoed this.

Staff told us they had the opportunity to feedback their views at any time to the provider. The provider had recently issued questionnaires to both people and their relatives in order to gather their views about the service and we saw that the majority of these had been completed and returned. This showed the provider had systems in place to gather people's views and feedback about the service that they delivered.

Feedback from questionnaires that had been sent out to people and their relatives was very positive. Where a few small issues had been raised the administrator told us these had been addressed. For example, one person had commented about the way their ironing was being done and the administrator told us this had been addressed with the relevant staff so that appropriate changes could be made. This showed the service sought to resolve any issues or concerns that people brought to their attention.

Requires Improvement

Is the service well-led?

Our findings

Before the inspection, we sent the provider an electronic request to complete a Provider Information Return (PIR) form, which they were required to complete and return to CQC. 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. During the inspection we confirmed that the provider had received this request. The provider told us that generally she did not read electronic messages sent to her business and she confirmed that she had not read this request. We took this into account when we made our judgement in this section of the report.

The provider was in day to day charge of the home and as such there was no requirement for this service to have a registered manager in post under their registration with the Commission. It was clear from our observations and discussions with the provider that she engaged with people regularly and knew them, and their care needs, very well.

We received very positive feedback from people and their relatives about the provider. One person told us, "X (provider) is really good at discussing things with us". One relative commented, "X (provider) is a lovely person. I think she has a feeling of how she would like to be looked after if she was older and this is portrayed in how she treats people". Another relative said, "X (provider) is very approachable. You can go to her at any time about anything".

We found the provider enjoyed good relationships with people who lived at the home. Her commitment to ensuring people were happy and their care needs were met, was clear to see. She encouraged people to develop strong links within the community and told us that she wanted to provide a service that cared for people and treated them with the dignity and respect she would expect herself in later life.

Morale in the home was good and staff told us they worked as a team. Many had worked at the home for several years. Some staff said that whilst they felt the provider was very supportive, they would appreciate more direction, accountability and leadership.

Whilst the provider was dedicated to ensuring that the experiences of the people living at the home were good, there was minimal evidence of her involvement in the leadership and management of the service. There appeared to be a reliance on staff keeping the provider up to date with certain managerial aspects of the business. We discussed our concerns about this directly with the provider, who acknowledged that she needed to take a more active role in directing staff, monitoring their practice and overseeing the general operation of the service.

The provider had some tools and systems in place to monitor care delivery such as food and fluid charts for measuring people's nutritional intake and observing staff competencies in respect of the standards of care they delivered. A communication book was used to pass messages between the staff team and highlight any up and coming healthcare visits or appointments that people may have. These tools enabled the provider to monitor care delivery and then identify any concerns should they arise.

Improvements had been made to the quality assurance systems that were in place since our last inspection at the home. The provider carried out several audits and checks to ensure that people, staff and visitors remained safe. These included medication audits, health and safety checks, checks on equipment, fire safety and matters related to infection control. In addition, the provider had introduced a matrix for monitoring staff training needs, and annual appraisals had been introduced.

A staff member with responsibility for administrative duties had initiated a monitoring tool to ensure that utilities within the home and equipment used in care delivery, were inspected and serviced within recommended time frames. These tools enabled the provider to monitor any issues that needed to be addressed. The provider did not produce action plans, where needed, related to the results of the audits and checks carried out within the home. For example where issues were identified in health and safety audits that needed to be followed up. We discussed the benefit of developing action plans with the staff member who held responsibility for reviewing these audits and checks. They told us they would consider the use of more formalised and documented action plans in future, to ensure that appropriate responses were taken where issues were identified.

Staff told us that they had staff meetings if there was important information to share, but that generally messages were relayed verbally from the provider to staff

Requires Improvement

Is the service well-led?

on a daily basis, as the provider was present in the home each day. The provider told us that she measured the quality of the service provided through the daily conversations that she had with people living at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People who used the service were not protected against the risks associated with medicines, because the administration of medicines was not appropriately planned and risk assessed. Records related to the administration of medicines were not always appropriately maintained. Regulation 12 (2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: People who used the service and others were not fully protected against the risks associated with records, as these were not appropriately maintained and some of the recording systems were not in line with best practice or data protection guidelines. Regulation 17 (2)(c)(d)(ii).