

Farnborough & Cove War Memorial Hospital Trust Ltd

Devereux House

Inspection report

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13 January 2016

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Devereux House on 11 and 13 January 2016. Devereux House provides residential care for older people over the age of 65. The home offers a service for up to 16 people and at the time of our visit 15 people were living in the home. This was an unannounced inspection.

We last inspected the home on 14 November 2013 and found the provider was meeting all of the requirements of the regulations at that time. We did however, report that the provider might find it useful to note that their system of internal auditing did not include follow-up actions plans and that people's risk assessments were not being kept up to date.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service is required by a condition of its registration to have a registered manager. The manager had been in charge of the home since June 2015 and had started the process to become registered with CQC following our visit.

At the time of our visit a full and effective governance system to monitor the quality of the service and identify the risks to the health and safety of people was not in place. The manager and Board of Trustees monitored the quality of service people received through monthly visits and meetings. However, we could not see that these systems were effective in ensuring compliance with the regulatory requirements. Systems currently in place had not identified the areas of concern we found during the inspection so that action could be taken to improve the quality of care and ensure the safety of people.

The required pre-employment information relating to care workers employed at the home had not always been obtained when care workers were recruited. The provider did not ensure that safe recruitment practices had been followed to ensure staff were suitable for their roles.

Staff were able to demonstrate their understanding of the risks to people's health and welfare and people told us they received care that met their needs. Risks associated with people's care and support needs had been identified and guidance provided to help staff protect them from harm. However, people's care records were not always sufficiently comprehensive to ensure staff who were new to the location would have all the information they required to enable them to meet people needs, wishes and preferences.

Staff had received training to support them to effectively meet the individual needs of people. Even though staff felt supported they did not always receive supervision (one to one meetings with their line manager) to ensure they maintained the skills and knowledge needed to meet people's needs effectively. We have made a recommendation about staff supervision.

People and staff spoke positively about the manager. They felt she was approachable, listened to them and

asked for their views. People felt involved in their care. People were supported with activities, and enjoyed time spent with staff.

People were treated with kindness, compassion and respect. Staff promoted people's independence and right to privacy. The staff were committed to enhancing people's lives and provided people with positive care experiences.

People knew how to make a complaint. People told us the manager and staff would do their best to put things right if they ever needed to complain. The provider was using learning from a complaint to review whether adjustments to the service could be made so that, in the future, people could continue to live in the home once they had developed dementia.

People received their prescribed medicines when needed and had access to healthcare services when they needed them. People liked the food and told us their preferences were catered for. People received the support they needed to eat and drink enough.

There were enough staff to meet the needs of the people that lived here. People were positive about the staffing levels and said they received support quickly when they needed it.

Staff had a good knowledge of their responsibilities for keeping people safe from abuse. Staff sought people's consent before they provided their care and support. All of the people were able to make decisions about their care and no one was being deprived of their liberty.

People and staff's views about the management of the service were positive. The manager had promoted a culture that put people at the centre of the work they did. The manager and Chairman of the Board of Trustees had become aware of some shortfalls in the service and were taking action to improve the health and safety arrangements and update the home's policies and procedures.

We found two breaches of the Health and Social Care Act 2008 (Regulations) 2014. You can see what action we told the provider to take at the back of the full version of this 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 home was not always safe.

Recruitment arrangements were not safe. All the information required to inform safe recruitment decisions was not available prior to applicants starting in their role.

People were protected from abuse and avoidable harm. Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

People's records did not always reflect the care they required or received to keep them safe.

People had received their medicine as prescribed but some improvement was needed when recording that people had received their medicine.

Is the service effective?

Requires Improvement ●

The home was not always effective.

People's needs were met by staff who had access to training. However, improvements were needed to ensure staff received regular supervision to ensure they continued to be able to meet people's needs effectively.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, staff took appropriate action.

None of the people living in the home lacked the capacity to make decisions about their care and no one was deprived of their liberty.

Is the service caring?

Good ●

The home was caring.

People spoke positively about the care they received from staff. Staff knew the people they cared for and what was important to them.

Staff took the time to build relationships with people and supported people to make day to day choices.

Staff respected people and ensured that their dignity was upheld during personal care.

Is the service responsive?

Requires Improvement ●

The home was not always responsive.

Peoples told us they received care that met their needs and wishes. However, guidance to staff regarding the actions they would need to take to provide individualised care to people was not always sufficiently detailed.

People told us they were satisfied with the activities available to them and staff respected how they chose to spend their time.

People and their relatives had opportunities to provide feedback. The provider was using the learning from a recent complaint to improve the service for all people.

Is the service well-led?

Requires Improvement ●

The home was not always well led.□

The provider had not established quality assurance and risk management systems to effectively and consistently drive and sustain improvements across the service.

There was an open and caring culture throughout the service. Staff understood the provider's values and practised them in the delivery of people's care.

People and staff were positive about the manager's leadership and she had started the process of registering with the CQC

Devereux House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 13 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in older people's care services.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We requested a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The provider had experienced technical difficulties submitting this return and we obtained this information during the inspection.

We observed care to help us understand the experiences of people. We spoke with six people living at the home, one visitor, the Chairman of the Board of Trustees, three care staff and the manager who also provided direct support to people and the administrator. We reviewed care records and risk assessments for three people using the service. We also reviewed training records for all staff and personnel files for three staff, medicine administration (MAR) records and other records relevant to the management of the service such as health and safety checks and quality audits. After our visit we spoke with the Specialist Community Nurse for Care Homes who worked with the home.

Is the service safe?

Our findings

People were at risk of being cared for by unsuitable staff. The provider had completed and documented some recruitment checks, such as proof of each applicant's identity, investigation of any criminal record, and declaration of fitness to work. However, none of the recruitment files we reviewed showed evidence of the applicants' full employment history. We found the provider's application form in use did not prompt applicants to provide a full employment history and a written explanation for any gaps. As a result there were gaps in applicants' recorded employment history which meant periods of possible employment may be unaccounted for. Unexplained employment history gaps could identify that further information may be available which might make them unsuitable to work with people who use care and support services. The provider had not gathered this information to support them to make safe recruitment decisions.

We found that the provider had not protected people by ensuring that the pre-employment information required in relation to each person employed was available. This is in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with understood people's needs and the care they required to stay safe. For example, where people were at risk of falls staff knew they needed to reduce trip hazards, ensure people wore appropriate footwear and offer additional support at times when people seemed unsteady, so that they could safely walk around the home. Staff had received first aid training and knew how to raise the alarm and reduce the risk of further injury when people fell. Risk assessments detailed some measures to keep people safe from falls. However, people's risk management plans, required further development including guidance relating to the use of support belts when people fell to ensure people were safely supported to get up after a fall. Though staff understood the risks associated with the use of specific medicines, these were not always recorded for staff to refer to. For example, one person was prescribed Warfarin medicine which thins the blood and can have significant side effects including, prolonged and intense bleeding and bruising. Staff understood the support this person needed to prevent the risk of blood clotting or bleeding. One staff member told us "We always phone 999 if someone taking Warfarin falls, we also test their urine to make sure there is no blood and observe them closely for any bleeding". However, there was a risk that staff might not always protect people from the risk associated with their medicine as they did not have a record to tell them what action to take to keep people safe.

Most of the staff had worked at the home for some time. They knew people's risks well and had received information from the manager, visiting professionals and a detailed shift handover about how to keep people safe. A new member of staff had started working at the service six weeks ago and the service occasionally used agency staff. There was a risk that in the absence of detailed care records agency and new staff might not have all the information they needed to know how to keep people safe.

Staff could not always see from people's medicine administration records (MAR) whether people had received their medicine as prescribed. For example, we found three gaps in people's MAR where we would have expected to see a signature or code to say that medicines had been provided or if not the reason why. Records had not been kept when staff supported people to apply all their prescribed creams and or topical

ointments. Handwritten changes to people's medicines were not always double signed and dated so staff would know from the MAR who had made this change if they had any queries. There was a risk of people been given too much medicines or not receiving their medicines as staff could not tell from the MAR whether people had received their medicine as prescribed

The provider had not always maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to each person and of decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Devereux House. Their comments included "Yes, I feel safe, it's never crossed my mind not to, I'm safe here. When I ask for help to go outside in case I feel unsteady, it's always been provided".

All staff told us they had received training in safeguarding people from abuse and had an understanding of the types of abuse which they may observe and how to report this. They felt confident any concerns they raised would be dealt with appropriately by the registered manager or senior staff.

The manager was aware of their responsibilities to manage and report any safeguarding concerns to the local authority. She told us of one incident of safeguarding where she had worked with the local authority to review and address concerns raised. There had been some delay in identifying the person's concern as potential abuse. Learning had been identified from this investigation to ensure safeguarding concerns would be identified promptly in the future. The manager discussed any concerns raised at the daily handover meeting so that she could determine, in a timely manner, whether concerns raised indicated possible abuse so that people could be kept safe in line with the local safeguarding procedures.

People and staff told us there was enough staff on duty to meet their needs. People's comments included "They always come quickly if I need help, there seem to be enough staff on duty"; "There's no shortage of staff in my view" and "It seems to me there are enough staff". One staff member told us "It can get busy but there is always enough staff". From our observations we were satisfied that there were sufficient staff for example, we did not notice any people being left waiting to be attended to, and on the occasions when we saw people asking for assistance they appeared to be responded to promptly.

Although there were enough staff to keep people safe the current number of staff required for each shift was not clearly determined by people's individual support needs or risks. The manager told us they were not clear how staffing numbers had been determined, they told us they had inherited the current staffing requirements and had continued to staff at this level. If people's needs changed there was a risk that staffing numbers might not be adjusted to meet their increased needs. We discussed this with the manager. She told us the provider reviewed the staffing when staff felt additional staff was needed. For example, additional administration time had been allocated to a senior staff member to support with the policy reviews and additional support had been made available to the cook to ensure they got the support they needed to prepare meals on time.

People and their relatives told us staff assisted them with their prescribed medicines. Comments from people included; "I'm confident about receiving the correct medication on time", "They give me the correct tablets on time"; "I get the right dose, no grumbles there"; "I have one pill at night and it's always brought to me". Staff told us they had the training they needed to provide people's medicines.

Medicines, including controlled drugs were safely stored. Controlled drugs (CDs) are prescribed medicines

that are usually used to treat severe pain and they have additional safety precautions and requirements. Arrangements were in place to receive and dispose of medicines safely. However, improvements were required in checking when opened medicine needed to be discarded. We found one person's pain relieving liquid medicine had been opened nine months ago and was still being used. There was a risk that the active ingredient would degrade and become less effective. Bacteria could also have started to contaminate the liquid medicine. The manager told us she would take immediate action to request a new bottle of medicine. Although we found some improvements were needed in the recording of medicine administration we were satisfied that people had received their medicine as prescribed.

Staff had received medicine administration training and had their competency assessed before they were allowed to support people with their medicines. One care officer told us, "I have had medicine management training, so I know how to give people their medicine as needed"

The manager informed us that the staff were aware of the risks to people's health if they did not take their medicines as prescribed. For example, sufficient stock had not been received of one person's newly prescribed medicine. Staff identified this and informed the manager, who ensured action was taken to protect the person from the risk of not taking their medicine as prescribed.

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they had undertaken up to date training in subjects such as safe moving and handling, fire safety and food hygiene and records confirmed this. Half of the staff team had gained a nationally recognised qualification in care. Staff told us they felt well supported by the manager and senior care staff. Senior care staff told us they participated in a twice daily shift handover meeting. This gave them the opportunity to regularly discuss and reflect upon their approaches to care and support for the people who lived in the service. Staff said that the more experienced staff members helped them to develop their skills and knowledge.

Staff told us they could go to the manager with any concern or request for development. However, staff had not routinely received the opportunity to demonstrate they were competent to carry out their role so that additional support could be made available when they did not have the skills or knowledge to care for people effectively. The manager recognised that formal supervision and appraisal sessions had not taken place since the absence of the deputy manager in July 2015. It is important there are systems in place to help ensure staff are well supported and have an opportunity to discuss any working practice concerns or training requirements. This is particularly relevant when supporting new staff and staff who might find aspects of their role challenging.

We recommend that the provider seeks guidance from a reputable source on current best practice concerning the supervision of staff, assessing their competence and encouraging professional development.

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People were supported to eat and drink sufficiently to stay healthy. We saw people had drinks close to hand in their rooms throughout the day and told us they had enough to drink. One person said "I don't go thirsty".

Over lunch we noticed that everyone was able to eat their meals without assistance but staff were on hand in case anyone needed attention. One person told us "The food is absolutely excellent, they cut it up for me and I use a desert spoon to eat much of it unaided. I want to be as independent as possible". Staff were aware of people's likes and dislikes and people's cultural food preferences were accommodated. For example, were people had chosen to receive traditional meals made by their family members this had been respected. People had a choice of meals and we saw alternatives were offered if people did not want any of the main meals on offer. One person told us "The food is good and there's a choice, we're asked the previous day what we'd like the following day". Another person said "There's a really good new chef, a woman; she takes trouble. I asked if she would cook me paella and tortilla and she did". We found people were encouraged to make mealtimes enjoyable and people's visitors were welcome to have meals with them. People's weight was monitored to ensure that any changes which could indicate a change in their needs were identified and a healthy diet was encouraged.

People were supported to access a range of healthcare services whenever they needed them, including regular visits from the GP and podiatrist. One person said, "I always go to see the physiotherapist when she

comes". The service worked with health professionals to ensure people's additional or changing needs were supported. The service sought guidance from the NHS continence service when making decisions whether people required continence aids. District nurses visited the home when needed to dress wounds and provided staff with specialist training in for example, in stoma care. A stoma is an opening on the front of a person's abdomen which is made using surgery. It diverts faeces or urine into a pouch (bag) on the outside of their body.

The Specialist Community Nurse for Care Homes visited the home routinely to review any falls, infection and nutrition concerns to ensure action taken was in line with current best practice. The Community Nurse for Care Homes told us the manager took notice and actioned her guidance. She told us she continued to encourage the manager to attend the regional provider training events so that she could use the local resources to further develop staff's understanding of current best practice.

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.

We looked at whether people who lived in the home had the mental capacity to make decisions about specific aspects of their care and how the provider would respond if it was considered that people did not have capacity. All the people we spoke with said they were able to make informed decisions about all aspects of their care and whether they wanted to live in the home. The manager told us that all people who used the service had full mental capacity. Where people's condition had deteriorated and they were deemed to lack capacity to make decisions about their care they were referred to and assessed by the community dementia nurse who supported them to find an appropriate specialist dementia service.

We saw staff asked people for their consent before undertaking any care tasks. They had a basic understanding of their responsibilities under the MCA. Staff had not received MCA training and might therefore not be able to fulfil their duties under the Act if people were in future, to lose the capacity to make decisions about their care.

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). The manager was able to identify when a person would require a DoLS. At the time of our visit no-one who lived in the home had their freedom restricted and no-one met the acid test for a DoLS.

Is the service caring?

Our findings

People told us that they liked the staff at Devereux House. People's comments included, "The staff are very kind and caring"; "The staff are excellent, very friendly"; "They come in the night, very helpful, very kind" and "They always have a nice word to say to you".

Interactions between people and staff were good humoured and caring. Staff spoke with kindness and respect when speaking about people. They clearly knew people well, including people's histories, cultural needs and what was important to them. Staff told us they enjoyed their job and were enthusiastic about providing good quality care. Comments included: "People here are like family. I take time to know them and care for them" and "I love this job and helping them".

People's individuality was respected and people were supported to make decisions that reflected their preferences. One person told us "I like to stay up late, watching TV until 2 a.m. They let me do that even though I sometimes fall asleep on top of my bed". People's cultural needs were respected and where people preferred meals from relatives that reflected their cultural preferences, they were supported to make this choice. Staff told us how they were given time to build relationships with people and get to know their preferences. One staff member told us "Although [person's name] doesn't speak English we spend a lot of time together and all the staff have gotten really good at understanding how they like things done".

People and their relatives told us they were treated with dignity and respect by staff. Comments included; "They knock before coming in to my room" and "If I want to talk to [person's name] privately, we can go into the office and close the door".

Staff explained to us that an important part of their job was to treat people with dignity and respect. One staff member told us "We always make sure care people have all their clean clothes with them when they have a bath so they do not have to leave the bathroom not feeling decent". Our observations confirmed that staff respected people's privacy and dignity. Staff used people's preferred names and spoke with them in a kind and patient manner. If people required support with personal care tasks this was done discreetly, behind closed doors to ensure their dignity was maintained.

People's family and friends were encouraged to visit whenever they wanted and staff supported people, who chose to have regular and frequent contact with relatives. People's comments included; "My daughter comes twice a week when she feels like it"; "Friends can come at any reasonable time"; "Visitors are able to come when they want" and "My family is welcomed".

Is the service responsive?

Our findings

The service had implemented a new electronic assessment and care planning tool over the past three months. People living at the home, apart from one person who was receiving respite care, had been involved in the new care planning process with a revised care plan being put in place. The manager told us they would ensure the outstanding care plan was completed.

People benefited from a stable staff team who had been working at the service for some years. People told us staff understood their needs and they received care in line with their individual wishes. Although people told us they received care that met their needs, some improvements were needed to ensure the new care plans included all the information staff would require to know how to meet people's needs. For example, two people lived with diabetes and their care plans did not inform staff about how to identify if their blood glucose levels were to become unstable and how to respond to this changing need to prevent any complications. People were supported to maintain and develop their independence. However, the care plans of two people who were working towards leaving the home following rehabilitation, did not inform staff how they were to be supported to achieve greater independence, for example; in the self-management of one person's stoma care. People might therefore not always receive personalised care consistently from staff that did not know them well.

People gave us conflicting views about whether they were offered a choice in their morning and evening routine. One person told us "They wake you up at ten past seven which, especially at the weekends, is too early. It seems to be arranged around the staff shifts rather than residents' wishes. Also, breakfast is always in your room". Another person told us "They make you go to bed too early, at 9 pm". We discussed this with the manager who told us she was not aware that some people were not happy with their routines and would discuss with people if they would like some changes to be made.

People felt their hobbies and interests were respected and they spent their days as they chose. People's comments included "As long as I have my telephone and TV, I'm quite happy. Also, the priest is coming to give me communion today"; "I enjoy looking at the birds through my window"; "I watch TV, go to the lounge and take part in the events particularly the musical ones. I also enjoyed the outing to the garden centre, it's enough for me" and "There's a craft centre downstairs and I go there a lot to make model aeroplanes and cars from kits".

A member of the Board of Trustees visited the service monthly and this provided people with an opportunity to give their views about the service and make suggestions for improvements. The provider took account of people's views and took action to meet people's needs. For example, some people raised issues in relation to cleanliness of the service and the manager could describe the improvements that had been made. An annual satisfaction survey was completed in June 2015 and reflected people's positive experiences of their care. Comments included "Communication is greatly improved", "Staff are always happy to be available to talk" and "All staff are polite, caring and competent".

People told us they knew how to raise concerns to the manager and were confident action would be taken

to address their concerns. One person told us "I've nothing to complain about but if I did I'd tell the manager". Another person said, "If I complain to the manager about something, she agrees eventually and resolves the problem". On the day of our inspection one person was not happy with the way her bed had been made and the manager ensured the bed was remade to the person's satisfaction. The height of the soap dish in the shower was also changed when another person requested this.

The manager told us an up to date complaints policy was not available but that people and their relatives knew she was available if they had any concerns. On the day of our inspection a relative discussed some concerns with the manager and we saw her providing them with the information they needed. The Chairman of the Board of Trustees told us the provider was reviewing the complaints policy as part of a wider policy update.

The provider had received one formal complaint since our last inspection. This related to the provider's decision not to provide care to people with a diagnosis of dementia. The provider identified that if people were to develop dementia whilst living at Devereux House they would be supported by the community dementia nurse to find alternative accommodation. The Board of Trustees had investigated the complaint and had responded to the complainant in writing. We asked the Chairman of the Board of Trustees what learning had taken place following this complaint. They told us they would be reviewing the care provided to people who developed dementia to ensure where possible, people could be supported to remain at Devereux House.

Is the service well-led?

Our findings

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service is required by a condition of its registration to have a registered manager.

The registered manager had left the service in June 2015. We were notified of a management change in June 2015 however, the registered manager had not cancelled her registration with CQC when she left and her name is therefore still noted on our website and registration records. The current manager started managing the service in June 2015 but had not submitted her application to be registered with CQC at the time of our inspection. After our inspection the manager had started the process to become registered with CQC. Neither the manager nor the Chairman of the Board was aware that action was needed to ensure the provider would comply with this condition of their registration. The provider did not have a system place to routinely monitor whether they met the conditions of their registration and there was a risk that they would be in breach of their registration conditions without being aware.

People's views about the management of the service were positive. Comments included "The manager is nice", "The management is excellent, very good" and "I don't know the manager's name but I really appreciated her letting me know that my friend was coming to see me this week".

The manager had promoted a culture that put people at the centre of the work they did. Staff were committed to the service and were positive about the management and the work they did. Comments included: "It is much better since the new manager came. More relaxed and I think people are happier" and "We get to know people and spend time with them so we will know what makes them happy. If my mum needed care I would want her to live here".

The manager told us that they checked the quality of the service regularly as they were in day to day control of the service. A monthly trustee led quality visit and Board of Trustees meeting took place to check and record the quality of the service. However, the meeting and visit notes showed compliance with the regulations was not a standing agenda item and not been discussed at any of these meetings or included in the monthly check. Systems were not in place or effectively operated to support the manager and staff to continually evaluate the quality and risks in the service. They had identified some concerns in relation to health and safety and policies but had not identified all the concerns we found and the risks these could pose to people's health and safety prior to our visit.

The local pharmacy checked the medicines management yearly however there was no in house audit to show that medicines were being stored and administered safely. Information from external audits had not been used to effectively drive improvements. We found the provider had not taken account the pharmacist's recommendations in July 2015. This had identified a number of concerns including not discarding opened liquid medicine after three months and the need to update the medicine policy. These issues had still not

been addressed at the time of our inspection. The manager had not identified the medicine recording concerns we found so that action could be taken to prevent re-occurrence. Internal medicine audits had not been undertaken to identify and understand shortfalls and people might be at risk of not receiving medicines without the provider being aware.

There were limited recorded processes to routinely check whether health and safety requirements were being met for example, in relation to infection control and fire evacuation practices. A member of the Board of Trustees checked the general appearance and cleanliness of the service as part of their monthly review. However, this check was not sufficiently comprehensive to support the manager for example, to assess whether clinical waste management and infection prevention when delivering stoma care, were adequate. The Chairman of the Board of Trustees told us they had identified that health and safety improvements were needed and during the week of the inspection had received a health and safety audit which was requested from an external consultancy. They were reviewing the recommendations with the Board of Trustees and would be monitoring improvements against the suggested action plan. This would include developing a new fire risk assessment and fire safety checks, a business continuity plan in case of an emergency and a formal maintenance plan to show what was planned to improve the service.

Through our discussion with staff, the manager and the Specialist Community Nurse for Care Homes it was evident that staff were aware and followed current best practice when delivering care. However, up to date service policies were not available so that staff would know what was expected from them and what best practice looked like. For example, current written guidance was not available for staff that reflected the care they needed to deliver in a number of areas of care delivery. This included stoma care, falls management, safe use of warfarin, safe moving and handling, medication management and diabetes care. In the absence of clear guidance and working protocols staff might not always know how to consistently provide quality care, monitor each other's practice and identify when people's care fell under an acceptable standard.

The manager and Chairman of the board of Trustees told us that they had identified that all the service's policies and standard working protocols were outdated and required review. They had instructed an external consultancy to review these however, they could not provide a date by when these would be completed at the time of our inspection.

Robust systems were not in place to review the service against changing national care sector guidance to ensure the provider would remain up to date and service arrangements would reflect new developments. For example, the staff induction process had not been reviewed to take account of the new national Care Certificate. Staff training had not been reviewed in relation to the requirements under the MCA and the service had not drafted a policy to ensure appropriate action would be taken if people, in the future, lost the capacity to make decisions about their care in line with the MCA. People and staff might therefore be at risk of not receiving care and support in line with best practice guidance without the provider being aware that quality was being compromised.

The safety incident reporting system was not comprehensive enough to ensure the registered manager would be informed of all incidents that could indicate people's health and safety were at risk. For example, although staff reported medication concerns and bruising to the manager a formal reporting system was not used to record these types of concerns. The current reporting record also did not allow for the manager to note her review of the incidents to ensure any trends or concerns in working practice could be identified and addressed to prevent re-occurrence.

There was no formal system to assess and monitor the levels of staffing required and it was based on historical staff deployment. A dependency tool was not used to monitor the level of support people required

to ensure there were sufficient staff on duty at all times to meet people's care needs and manage the home. This impacted on the service's ability to be proactive in identifying risks and areas for improvement in relation to the deployment of staff.

Recording systems had not been operated effectively to support quality monitoring. For example, care plans did not always support the manager to monitor care practices as they did not contain all the information staff needed to support people safely and in line with their personal aspirations. Formal care plan and care record checks were not in place to support the manager to identify and shortfalls in people's care records so that these could be rectified.

This inspection highlighted shortfalls in the service that had not been identified by the monitoring systems in place. The provider did not implement robust quality assurance systems to assess, monitor and improve the quality and safety of the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not protected people by ensuring that the information required in relation to each person employed was available. Regulation 19 (3) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established and operated effective systems or processes to ensure compliance with the requirements of the regulations. The provider had not always maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to each person and of decisions taken in relation to the care and treatment provided. Regulation 17 (1) (2)(a)(b)(c)(e)</p>

The enforcement action we took:

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