

Marley Court Nursing Home Limited

# Marley Court Nursing Home Limited

## 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 

# Summary of findings

## Overall summary

This unannounced inspection took place on 19 & 20 September 2017. We last inspected Marley Court on 12 May 2015. At the inspection in May 2015 we rated the home as 'Good' overall and for the domains of 'Safe', 'Effective', 'Caring', and 'Well-led'. We rated the home as 'Requires Improvement' for the 'Responsive' domain and made a recommendation that care plans and risk assessments were updated to reflect advice from visiting professionals.

At this inspection we found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to regulation 19, Fit and proper persons employed and regulation 9, Person-centred care. This was due to effective recruitment procedures not being followed and care plans not always reflecting people's most recent needs.

Marley Court is a purpose built home, which is registered to provide personal and nursing care for up to 49 older people. Accommodation is offered in single and double rooms on two floors. There are lounge and dining areas on each floor. There is a patio area at the front, and gardens at the side of the home which are accessible to people using the service. Marley Court is situated on the main A6 road from Chorley to Adlington and has a large car park for staff and visitors to use. There were 45 people who lived at Marley Court during the two days of our inspection.

There was a registered manager in place at the time of our inspection. 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.

People who lived at the home told us they felt safe and that staff were caring and empathetic in their approach.

People's medicines were managed safely. We observed people's medicines being given in a sensitive and professional manner and people told us they received their medication on time. Safe storage and disposal arrangements were in place.

The home was observed to be clean, tidy and following a suitable infection control regime. Staff were trained in this area.

Staff were trained in a number of areas to assist them to undertake their duties effectively. Staff were also supported via formal supervision sessions and received an annual appraisal of their performance. Staff told us that they felt supported informally as well and could approach managers with any issues either work related or otherwise.

Appropriate recruitment practices were not always followed to ensure that staff were of suitable character

and had the necessary competence, skills and experience needed to carry out their duties safely and effectively. The registered manager had begun to address the issues prior to the inspection process being completed.

People told us that staff were respectful and professional in their approach and listened to their concerns. We observed many positive interactions between staff and people during our inspection.

It was evident that staff knew people well and were able to describe people's preferred routines, likes and dislikes. Care planning information supported this.

Effective and well planned end of life and palliative care was in place for people when they needed it. We received positive feedback from the local hospice and found evidence to show a positive working relationship was in place between the home and the local hospice service.

We found the home to have an effective and appropriate complaints procedure in place. People told us they felt comfortable raising concerns or issues with the service directly. Information was available for people and visitors with regard to the home's complaints procedure however no-one we spoke with was aware of the formal policy.

Although people we spoke with were not aware of the home's formal complaints policy the home had an appropriate complaints policy on display and contained within the 'service user guide'. People and relatives told us they felt comfortable raising issues with the management team or staff and that they felt any issues would be listened to and acted upon.

People's care plans did not always reflect their current needs and some of the information within them was contradictory. This meant that people's care plans were not always person centred. Some of the issues were due to the restrictions of the electronic care planning system in use however other issues noted had not been picked up when care plans were reviewed.

We made a recommendation regarding the number of access points staff had to access the electronic care planning system as this was an issue brought up by staff and was observed to be an issue at points during the inspection.

The culture within the home was positive. We observed this to be the case over the two days inspection period and people, staff and relatives confirmed this to be the case when we spoke with them.

The home had a suite of effective policies and procedures in place that were up to date. Staff were aware of them and knew how to access them.

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

The home's recruitment policy was not always followed. We found a number of areas with the recruitment process that needed to be made more robust including scoring interviews and ensuring that relevant risk assessments and follow up took place with any potential issues found during recruitment.

Effective safeguarding processes were in place and staff were knowledgeable about how to recognise and raise potential safeguarding issues.

Accidents and Incidents were recorded and analysed.

The home had an effective medicines management policy in place. We observed staff administering people's medicines in an organised and professional manner.

### Is the service effective?

**Good** 

The service was Effective.

Staff were trained across a range of areas to enable them to carry out their duties effectively.

The home had suitable policies in place with regard to the Mental Capacity Act 2005. Staff had a good understanding in terms of how the act affected the people they cared for.

We found some issues with how consent was gained and recorded however these were in the process of being rectified at the time of our inspection.

Staff were supported via an effective supervision and appraisal system.

### Is the service caring?

**Good** 

The service was Caring.

Staff we observed to be empathetic, caring and professional in

their approach. People confirmed this when we spoke with them.

End of life and palliative care was provided effectively and compassionately. Visiting professionals complimented the home in this area.

Relatives and friends were able to visit the home without restriction.

### **Is the service responsive?**

The service was not always Responsive.

The home had an effective complaints policy in place that was followed in practice.

Care plans were not always reflective of the most current needs of people and we found that some information was contradictory.

Appropriate activities took place for people and the home employed a dedicated activities coordinator.

**Requires Improvement** ●

### **Is the service well-led?**

The home was not always Well-led.

The home had effective and up to date policies and procedures in place and staff knew how to access them.

The home had a wide range of audits in place to monitor the quality of the service however these were not always effective in their purpose.

People, relatives and staff told us the atmosphere and culture of the home was positive and we observed this to be the case.

Issues with the recruitment of staff and care plans being reflective of people's current needs were not picked up and acted upon by the service.

**Requires Improvement** ●

# Marley Court Nursing Home Limited

## **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 unannounced inspection took place on 19 & 20 September 2017. The inspection was carried out by two adult social care inspectors 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.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the provider for completion. The PIR 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. This was completed in detail and we asked for further updates on this information when we visited the service.

We spent time speaking with and observing people who lived in the home, as well as staff. We were able to see some people's bedrooms, bathrooms and the communal bathrooms. One member of the team also shared a meal with people who lived in the home. We spoke with eleven people who lived at the home, eight visiting relatives or friends and nine members of staff including the registered manager, deputy manager, the cook, maintenance person and care and domestic staff. We also spoke with two visiting professionals who were complimentary about the home.

We looked at care plans for eight people who lived in the home including their medication records. We observed medicines being handled and discussed medicines handling with staff. We checked the medicines and records for people and spoke with members of care staff with responsibility for medicines.

We looked at records relating to the maintenance and management of the service and records of checks or

audits being done to assess and monitor the quality of the service provision. We also looked at the staff rotas for the previous month and staff recruitment and training records.

Before our inspection we reviewed the information we held about the service. We spoke with commissioners of the service. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there.

# Is the service safe?

## Our findings

We looked at the recruitment record for four members of staff to ensure that the necessary processes were followed and checks were carried out prior to people being employed at the home. We found that all staff had completed an application form and attended an interview prior to being offered employment. However we found that interviews had not been scored and therefore there was no benchmark set for potential staff to reach to gauge their suitability to work at the home. We also found issues in terms of the recruitment process including no photographic identification on file for two of the four files examined, some gaps in employment for two members of staff with little or no explanation. Issues had been highlighted within two of the Disclosure and Barring Service (DBS) checks that had no record of follow up on file or appropriate risk assessments in place to balance or negate the information within the DBS. There was also one staff member who had been employed despite receiving a poor reference from their previous employer and another member of staff who had not given their previous employer as a reference, which the home's recruitment policy stated was necessary.

We discussed these issues with the registered manager who immediately put steps in place to remedy some of the issues. This included asking staff who had not supplied photographic identification to do so the following day and a discussion was placed on file regarding the poor reference received which we were assured had taken place at the recruitment stage. The issues highlighted via the DBS process had been discussed with the necessary professional bodies, including the Nursing and Midwifery Council (NMC) at the recruitment stage, however there was no information on file to reflect this and good practice would be to compile an appropriate risk assessment for such issues.

We found these issues to be a breach of Regulation 19 of the Health and social Care Act (Regulated Activities) Regulations 2014, Fit and proper persons employed as effective recruitment procedures were not being followed.

We asked people who lived at the home whether they felt safe. People told us they felt safe living at the home. One person we spoke to told us, "I don't need to worry about anything the staff keep me safe." Another person said, "I'm never scared, there's always someone here if I need anything" and another person said, "I've been here for ages and I've always felt safe, it's great." All visiting relatives we spoke with told us they felt their loved ones were safe living at Marley Court.

Staff knew how to keep people safe and how to recognise safeguarding concerns. They had a clear understanding of the process or procedure to raise any safeguarding concerns for people. This meant people could be assured that staff would raise safeguarding concerns if they noticed someone being ill-treated. We found staff had received training in safeguarding adults from abuse. The home had a clear safeguarding policy in place that meant there was guidance for staff and people in residence at the home and their families. The home's safeguarding policy was on display via a 'safeguarding information board' which was situated in the main reception area in the home. In addition to the home's safeguarding policy there was a safeguarding referral flowchart and information about the Mental Capacity Act.



The home's deputy manager was the designated safeguarding champion for the service. The safeguarding champion attended the quarterly held Local Authority Safeguarding meetings to keep up to date with the latest guidance and information in relation to this area. This information was then passed on to staff via staff meetings and supervision sessions as necessary.

The home recorded accidents and incidents. Accident and incident forms were kept on the electronic care planning system and could be collated and analysed for trends or against individuals. We found that records for accidents and incidents were fit for purpose and recorded the date, type of accident or incident, who was involved and what was done following the incident. Some of the forms we saw did not have the section regarding if the accident or incident was preventable completed. We discussed this with the registered manager who told us that this section would be completed going forward.

The home had a medicines management policy in place which included procedures for the administration, disposal, refusal and storage of medicines. People who were able to speak with us told us they received good support from staff to take their medication. They told us that they always got their medicines at the right time and that they did not have any concerns regarding their medicines.

We observed medication rounds on both floors of the home and found people to be safely and sensitively supported to take their medicines. The medicines administration records (MAR) included a photograph of the person to assist with identification. The printed details on MAR provided clear information on the name and strength of the medicines and dosage instructions. We noted the MAR were continuously checked to ensure that the right person was in receipt of the correct medication. We noted that some PRN (as needed) medication was not as robustly recorded as it could have been in that MAR's only instructed staff to give if people were experiencing pain. This could have been clearer for some people, for example there were no instructions as to how staff were to recognise if people were in pain if they were unable to tell staff. We were told this would be addressed immediately. We also found that some of the key codes on MAR's were not always obvious. This was due to the Pharmacy changing MAR charts shortly prior to our inspection and new MAR charts had a key code reference at the foot of the chart.

We found medicines were being stored safely and securely. Room and fridge temperatures were monitored in order to maintain the appropriate storage conditions. Processes were in place to manage the appropriated disposal of medicines, including returns to the pharmacists. Arrangements were in place for the safe management and storage of controlled drugs; these are medicines which may be at risk of misuse.

We looked at how people were protected by the prevention and control of infections. Infection control policies were in place at the home. During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal parts of the home including bathrooms and toilets throughout the home. The home was observed to be clean and tidy with no malodorous smells. Cleaning schedules were in place and completed accurately. We asked people if they felt their home was clean and tidy and we were told of no concerns in this area.

We spoke with one of the home's housekeepers. They told us that there were daily, weekly and monthly tasks for each room and all communal areas. They talked us through the process of how rooms were deep cleaned and told us that they had all the equipment they needed to carry out their cleaning duties effectively. Domestic staff also assisted care staff in keeping people's water jugs clean and replenished them when they were near to being empty.

During the course of our inspection we found there were sufficient numbers of staff to meet people's assessed needs. We asked people and relatives about staffing levels and we received mainly positive

responses. We reviewed staff rotas for the four week period prior to our inspection as well as the week of our inspection. It was evident that there was some agency use but this was mainly limited to night time care staff and recruitment was on-going at the time of our inspection. The home was fully recruited for nursing staff.

We spoke with the home's maintenance worker who talked us through the fire procedures for the home including the fire policy, file and record of fire drills. The last planned fire drill had been in March 2017 and an unplanned drill had taken place on the first day of our inspection due to visiting electricians setting the alarm off. The home had had a recent fire inspection which had highlighted a few minor issues such as doors not fully fitting into frames however this work had been completed and no other issues had been cited. Personal Emergency Evacuation Plans (PEEP's) were in place for people and as well as being located on the electronic care planning system they were also available hard copy so staff could access the records quickly in an emergency.

The home's maintenance worker also showed us the home's compliance with gas and electricity supply via the necessary certification. This file included a number of other service and maintenance certificates for areas such as hoist, wheelchair and lift maintenance and compliance with legionella.

# Is the service effective?

## Our findings

We looked for evidence to demonstrate that staff received the appropriate training to undertake their caring role effectively. We were given a copy of the homes training matrix. The matrix showed that the majority of training given to staff was up to date and that training covered a wide range of areas. Staff we spoke with said that the training they were given was of a good quality and they could discuss or request additional training needs via formal supervision or informally with the manager. One member of staff we spoke with told us, "I get good support. I can go to the manager if I have an issue at any time. I know my conversation will remain confidential and I can discuss work or home issues." Another member of staff said, "I can approach any of the team with any issue. I feel the morale of the team is good at the moment, it is very open and we can discuss and resolve things."

We saw evidence within staff files that supervisions took place and that they did so, on average, at a six weekly interval. Staff we spoke with confirmed that supervision sessions were productive and that they could raise issues within them. We saw some examples of completed supervision records and saw that they were signed and dated by both the supervisor and supervisee. Staff were also given the opportunity to discuss training and development via supervision sessions and via an annual appraisal.

New members of staff received a one week induction although this did depend on people's previous experience. Inductions included on average three days working supernumerary whilst shadowing established staff as well as having the opportunity to familiarise themselves with the electronic care planning system and policies and procedures. All new staff were subject to a three month probationary period before a permanent contract was signed.

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 the 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).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. Staff spoken with indicated a good awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. The service had policies and procedures which aimed to underpin an appropriate response to the MCA, DoLS and consent. Records and discussions showed that staff had received training on this topic. Staff we spoke with had a reasonable understanding of both MCA and DoLS and how the legislation affected people within the home.

No-one at the home had a DoLS authorisation in place although a high percentage of people had been assessed as lacking capacity and DoLS referrals had been submitted appropriately to the Local Authority.

We saw evidence that the home chased referrals on a regular basis, usually monthly, to enquire with the Local Authority whether referrals had progressed. Capacity assessments were recorded within people's care plans which we saw evidence of.

People's care plans did make reference to their consent being gained across a range of areas including consent for care, sharing information and photographs being taken for medical and promotional purposes. However we did not see an effective system in place to evidence that people had formally given their consent as much of the information within the electronic care planning system either stated people's consent was given verbally or that consent was implied. We discussed this with the registered manager and deputy manager who told us that the home had introduced consent to care forms approximately two months prior to our inspection as the electronic care planning system was unable to effectively record consent. We saw evidence of this process taking place and as such we were satisfied this issue was being addressed appropriately.

We looked at how the service supported people with their nutritional needs. We spoke with the cook who explained the processes in place to offer people choices and respond to individual dietary needs. The cook had been in post for approximately four months at the time of our inspection and we found him to be very knowledgeable of people's needs and dietary requirements. They were able to tell us how many people needed a specialist diet, for example the number of people needing a soft or pureed diet, who needed a diabetic controlled diet and the process for what happened when a new person entered the home. The cook confirmed that no-one at the time of our inspection followed a specific religious or cultural diet but that this could be catered for when needed. The home had received a five star food hygiene rating from the local council which was the highest available rating. The last rating was awarded in November 2016.

Marley Court was purpose built as a nursing home. We found the home to be suitably designed and adapted as necessary to meet the needs of people. The home has communal spaces including two dining areas and lounges for people as well as spacious rooms with en-suite facilities. No-one we spoke with raised any issues with the home's facilities and we could see that improvements to décor had taken place since our last visit.

# Is the service caring?

## Our findings

People who lived at the home and their relatives were very complimentary about the approach of the staff team and the care they received. One person told us, "They can't do enough for me, nothing is too much trouble." Another person said, "They are pleasant enough when they have time to chat. I know they are very busy though so can't always spend time talking to me." Another person who lived at the home told us, "The staff here are very kind." Relatives we spoke with spoke positively about the staff at the home and their approach and attitude.

One person we spoke with raised concerns that staff spoke to them in a raised voice at times and they told us this could make them feel uncomfortable. We raised this issue as a potential safeguarding concern with the local authority as there were other complexities surrounding this person's care. We also discussed the allegations with the registered manager at length and with two family members of the person in question. The allegations were investigated by the local authority and no evidence was found that staff had behaved inappropriately.

Throughout our inspection we observed staff at the home being kind and compassionate towards people. People were treated with respect and dignity, for example doors were closed when personal care was being offered and staff knocked on doors and waited for a response before entering rooms. Staff were pleasant in their approach and displayed good communication skills towards people throughout the inspection, for example one person required the use of a hoist to move and staff spoke to the person calmly and clearly ensuring that they were comfortable. A blanket was placed over their legs to protect their dignity when they were hoisted.

We heard, during our observations, first hand that staff spoke clearly and always gave enough time for people to respond. During the inspection the home experienced a death, lounge doors were closed and a staff member ensured all activity was kept out of the view of other people, they explained to us that this was done to avoid upsetting other people at the home.

We spoke with staff about the needs of the people who lived at the home. It was evident that staff knew people well and were able to describe people's preferred routines, likes and dislikes. There was evidence within people's care plans that people were asked their opinion and to state their preferences across a range of areas to help to maintain as much independence and control as each person wanted to over their care and daily life and people we spoke with confirmed this to be the case.

Suitable arrangements were in place in the event of people needing end of life or palliative care. The home had good links with the local hospice and attended training sessions that were offered via the hospice service. We spoke with a visiting palliative care specialist nurse who was employed by the local hospice. They told us that the hospice had a very positive relationship with the home and said, "I think the home is fantastic. For everyone receiving end of life care, they go above and beyond. I know that families cannot speak highly enough of them. I know that the person I am currently involved with here that they and their family are extremely happy with the home."

They told us that the home ring for advice when needed and that they were not always aware they were coming to visit but that when she did staff were knowledgeable about people and able to answer their questions. They also told us that they were happy with the quality of end of life care plans and that they were followed appropriately. They also told us, "I visit about half a dozen homes in the area and this one compares very favourably."

We saw that people had end of life care plans in place and that some people had advanced decisions in place. We saw that one person, whilst they were not receiving end of life care at the time of our inspection, had anticipatory medicines in place and an end of life care plan completed.

We saw that information for people on local advocacy services was on display in the home via the 'Service User Handbook' and we were told that this was a discussion held with people and the local authority as necessary, if people had no family or friends to assist them. No one at the home was using a formal advocate at the time of our inspection. Care plans stated whether people were in receipt of advocacy services.

There were no visiting restrictions in place at the home so relatives and friends were able to visit their loved ones at whatever time suited them. Relatives we spoke with confirmed this to be the case.

## Is the service responsive?

### Our findings

We reviewed eight people's care plans in whole or in part. We found documentary evidence to show that people had their care needs assessed by the home and by external healthcare professionals prior to moving to the home. However we found that people's care plans did not always reflect their current needs or the information within them was contradictory. For example one person's care plan stated that they were able to 'clearly communicate verbally' however their overview assessment stated that they used hand gestures and blinking as their main communication method and that their communication was 'irregular'. Another person's care plan stated that they needed help to get dressed and to get dry after bathing. This person was bed-bound at the time of our inspection and was not able to be bathed; showered or assisted from their bed therefore the information within their care plan was out-dated despite a recent review being recorded.

We discussed these issues with the registered manager. It was evident that part of the issue was how the electronic care system recorded some of the information with 'stock' phrases in some parts of the care plan records. However we saw that some of the issues we found showed care plans had been recently reviewed and the information did still not reflect the needs of some people.

We found these issues to be a breach of Regulation 9 of the Health and social Care Act (Regulated Activities) Regulations 2014, Person-centred care as care plans did not always reflect people's current needs and / or preferences.

We discussed the home's electronic care planning system with the registered manager, which had been in operation at the home for approximately three years. We found that staff were trained to use the system effectively and when speaking to staff they told us they felt comfortable using the system whether it be to locate or input information. The home had three terminal's for staff to access the system, one on each floor plus an additional terminal within the registered managers office. Through discussions with staff and observations throughout the inspection we judged that the number of terminals for staff to access was not sufficient as staff were at times having to wait to input or access information onto the system. We recommend that at least one more access point is added to make the care planning system more efficient and so staff can access the information within it more freely.

We looked at how the service managed complaints. The complaints procedure was on display in the service. The procedure provided directions on making a complaint and how the process would be managed, including timescales for responses. The contact details of the provider and other agencies that may provide support with raising concerns were included. We discussed making minor amendments to the policy for clarity and these were made immediately.

We asked people if they felt comfortable raising complaints or issues and if they knew who to approach to do so. Everyone we spoke with told us they would know how to raise issues but not everyone was aware of the formal complaints procedure; no-one we spoke with had felt it necessary to raise a formal complaint. One person told us, "I would speak to staff or the manager if I had a problem." Another person said, "I would speak to the manager, I'm not sure about how to do it formally but I have no concerns speaking to her

(Registered Manager)." Relatives we spoke with had no concerns raising issues directly with any staff members or part of the management team.

We asked people if there were activities for them to take part in. All of the people we spoke with told us they were aware of activities and that they were asked and encouraged to take part but that it was not expected that they take part in them. Some people knew who the home's activities coordinator was and they told us that they were consulted about events and activities. Some people knew the activities coordinator by sight but could not remember their name. We saw evidence of a wide range of meaningful and appropriate activities taking place at the home which encouraged people to remain active.

We asked staff if they felt there were enough activities taking place, most of the staff we spoke with told us that they felt there were enough activities but some said they felt that one activities coordinator was unable to cover the whole home effectively. We were also told that when the activities coordinator was not in the home they did not have the time to engage in any meaningful activities with people as they were usually too busy. We did see evidence that external people came into the home such as a weekly visit from the hairdresser and outside entertainers periodically put on performances.



## Is the service well-led?

### Our findings

We spoke with people who lived at Marley Court about the management and culture within the home. The responses we received were positive. One person told us, "It's a nice atmosphere here, staff are busy but will usually find the time to talk." Another person said, "[Registered Manager] is a nice lady, all the staff are. I can honestly say I don't have any issues." Relatives we spoke with were also complimentary about the registered manager and the staff working at the home.

We observed the registered manager during the inspection and saw that she spoke to people, staff and relatives. People were at ease and comfortable when the registered manager approached them and she knew people by name and it appeared that people knew her. This was confirmed when speaking with people who were able to converse with us.

Staff we spoke with told us the culture within the home was positive. This had been an issue during one of our previous inspections however at this inspection we found the home to be calm, relaxed and staff showed a positive attitude. One member of staff we spoke with told us, "Staff morale is very good at the moment" and another member of staff said, "I can definitely say there are no cultural issues at the home now, maybe in the past but I don't see it anymore."

Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. Handover notes were then made available to the entire staff team so they were available to see how people had been during the previous shift and if there were any issues that had to be monitored or addressed.

We saw that a wide range of audits were carried out at the home that helped inform and improve service delivery. These included audits in the areas of; health and safety, Infection control, care plans and medicines management. As stated within the 'Responsive' domain we saw that some care plans had been audited however they were still not fully reflective of people's latest care needs so this process was not operating as effectively as it could have been.

The home was displaying the latest inspection rating both within the home and on the website so people who were looking to live there were aware of the last inspection rating and report. We did discuss the issue of the report being on the landing page of the home's website as per the guidance from the Care Quality Commission (CQC). The latest report was easy to locate however CQC requirements state that the report must be on the landing or home page of each registered location's website. The registered manager informed us that this would be addressed. We received notifications in line with the homes regulatory requirements. The home had an experienced registered manager in post who understood her role and responsibilities well.

The provider had a comprehensive set of policies and procedures that were in date and reviewed at regular intervals. Permanent staff were aware of how to access policies and procedures and told us they formed part of the induction they had when first employed at the home.

We saw evidence that team meetings took place as well as resident and relative meetings so updates and forthcoming events, issues and activities could be discussed across the home. We saw a poster advertising a resident and relative meeting a few days after our inspection visit and staff, people and relatives told us that meetings were frequent and of sufficient detail.

The home had an up to date business continuity plan in place which was update in April 2017. The plan contained contingency plans in the event of serious issues such as the loss of power, utilities, staff or in the event of a fire, flood or other emergency.

Due to the two breaches in regulation within the previous domains, and the fact these issues had not been identified by the service prior to our inspection, this limits the rating for the 'Well-led' section of the report.

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 9 HSCA RA Regulations 2014 Person-centred care   |
| Diagnostic and screening procedures                            | People's care plans did not always reflect their current needs and some of the information within them was contradictory. This meant that people's care plans were not always person centred. |
| Treatment of disease, disorder or injury                       |   |

  

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed   |
| Diagnostic and screening procedures                            | Appropriate recruitment practices were not always followed to ensure that staff were of suitable character and had the necessary competence, skills and experience needed to carry out their duties safely and effectively. This included not having risk assessments in place when potential issues were highlighted with staff at the recruitment stage and interviews not being scored and benchmarked. |
| Treatment of disease, disorder or injury                       |  |