Pilgrims Way Limited

Pilgrims Way Care Home with Nursing

Inspection report

10 Bower Mount Road.
Maidstone
Kent
ME16 8AU
Tel: 01622 756635
Website: www.pilgrimscare.co.uk

Date of inspection visit: 16 June 2015
Date of publication: 11/09/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Inadequate**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection was carried out on 16 June 2015 and was unannounced.

The service provided accommodation, nursing and personal care for older people some of whom may be living with a secondary diagnosis of dementia. The accommodation was arranged over two floors. A passenger lift was available to take people between floors. There were 40 people living in the service when we inspected.

There was a person registered with the commission as manager on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. However, on the day of the inspection the registered manager was no longer employed at the service, but the provider had appointed a new manager who was applying to register.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) (MCA) Code of Practice.

Recruitment policies were in place. The manager ensured that they employed enough nursing and care staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed. However, the records kept when staff were recruited did not reflect safe recruitment practices.

The provider was not following published guidance about assessing and managing the risk of infections in care homes.

Managers ensured that they had planned for foreseeable emergencies, but the plans in place were not detailed enough to ensure that should an emergency occur, evacuation of the premises would be efficient and people's care needs would continue to be met safely.

We have made a recommendation about this.

People's care was responsive and recorded. Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected, but care plans were not individualised.

We have made a recommendation about this.

Audits were taking place to assess the quality and safety of the service, but these were not covering all aspects of the service which had resulted in some areas being missed.

Staff received training that related to the needs of the people they were caring for and nurses were supported to develop their professional skills. However, staff were not receiving supervisions or appraisals in line with the providers policy.

The manager and care staff assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed, recorded and reviewed. However, when nurses reviewed care plans they had not always recorded that there had been a change in a person's needs when they recorded their review notes.

People felt safe. Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse. The manager responded quickly to safeguarding concerns.

Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent these happening again. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

People had access to qualified nursing staff who monitored their general health, for example by testing blood pressure. Also, people had regular access to their GP to ensure their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

There were policies in place for the safe administration of medicines. Nursing staff followed these policies and had been trained to administer medicines safely.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff supported people to maintain their health by ensuring people had enough to eat and drink.

If people complained they were listened to and the manager made changes or suggested solutions that people were happy with.

Summary of findings

People told us that managers were approachable and listened to their views. The manager of the service, nurses and other senior managers provided good leadership. They ensured that they followed best practice for people living with dementia and associated health problems.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not always safe.

The provider was not assessing and reducing the risk of potential infection in line with published guidance and emergency evacuation procedures were not clearly established and recorded.

There were sufficient nursing and care staff to meet people's needs. However, from the information provided to us we could not be sure the provider used safe recruitment procedures.

Staff knew what they should do to identify and raise safeguarding concerns. The manager acted on safeguarding concerns and notified the appropriate agencies. Medicines were managed and administered safely by nursing staff.

Is the service effective?

Requires improvement

The service was not always effective.

Staff were not formally supervised by a nurse in charge or the manager so that their work performance and training and development needs were discussed and recorded.

People were cared for by nurses and care staff who knew their needs well.

Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

The Mental Capacity Act and Deprivation of Liberty Safeguards were understood and followed by staff.

Is the service caring?

Good

The service was caring.

People had good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Staff understood how to deliver care with dignity and respect.

The manager took account of people's best interest and people's rights to make choices were upheld.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

People were provided with care when they needed it based on assessments and the development of a care plan about them. Nursing staff were available who responded to changes in people's health needs. However, care plans were not consistently individualised and person centred.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health and social care professionals when needed.

People were encouraged to raise any issues they were unhappy about and the manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

Is the service well-led?

Requires improvement

The service was not always well led.

The structures in place to monitor and review the risks that may present themselves as the service was delivered were not working well to keep people safe from potential harm.

People were asked their views about the quality of all aspects of the service; however their views were not responded too.

The manager kept staff informed in team meetings and encouraged them to deliver good quality care.

Pilgrims Way Care Home with Nursing

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 16 June 2015 and was unannounced. The inspection team consisted of one inspector, a nurse specialist and an expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with 20 people and eight relatives about their experience of the service. We spoke with six staff including three care workers, two nurses and the manager of the service to gain their views about the service. We asked three health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at six people's care files, eight staff record files, the staff training programme, the staff rota and medicine records. We asked the provider to send us other information within 48 Hours after the inspection and this was sent to us.

At our last inspection in May 2013 we had no concerns and there were no breaches of regulation.

Inadequate

Is the service safe?

Our findings

People told us there were no concerns about their safety. People said, I feel "Very safe indeed." And "It is all safe here."

Relatives we spoke to, without exception, agreed that their loved ones were safe at the service. One said, "I do think she is safe, yes." Others said, "I think he is safe here." And "We have no worries about that: she is very safe."

Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had provided proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

However, people were not always protected from the risk of receiving care from unsuitable staff. Recruitment checks had not been thorough and applicants had not always been required to fully complete their work history or provide evidence of their performance when working for other employers. For example, one employee had started working at the service in July 2014 but they had not provided a full work history and only one reference had been given. Staff files did not contain recent photographs of staff. Some staff had not fully completed their application forms and left the disclosure of criminal convictions section blank. This meant that full and robust checks had not been carried out on some staff employed since the last inspection and that the manager and provider were not meeting the requirements of Schedule 3 of the Care Act 2014.

Also, we noted that signed references had been provided for some staff by a training consultant who introduced them as employees to the service and provided their training after they started working at the service. This was a potential conflict of interest and made it difficult for us to confirm the appropriateness of the references provided.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Nurses were registered to practice with the Nursing and Midwifery Council (NMC). Staff had been through an interview and selection process. Can you add about the nurses PIN numbers being recorded.

On the day of the inspection the provider could not provide any evidence that they had assessed the risks in relation to Legionnaires Disease or followed published guidance issued by the Health and Safety Executive or the Department of Health about the safe management of water supplies in care homes. After our inspection the provider had the water systems tested by a specialist firm to ensure there was no harmful bacteria in the water system. However, this did not include a full risks assessment in relation to the on-going management of water supplies. This put people at risk of harm from water borne diseases that had the potential to cause serious illness.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had policies and guidance in place about protecting people from the risk of service failure due to foreseeable emergencies, like flood or fire. Staff told us they received training in how to respond to emergencies and fire practice drills were operating to keep people safe. The manager operated an out of hours on call system so that they could support staff if there were any emergencies.

However, the policies relating to the immediate actions staff needed to take if they could not provide care in these premises after an emergency had occurred were not detailed enough to prevent harm. For example, the policy called 'business continuity plan' stated that people could be evacuated to a nearby church. But, the policy did not tell staff how they could access the church. This meant that people at risk due to their condition or frailty would be exposed to delays in moving to a place of safety.

Each person had an emergency evacuation plan (PEEP), but these had been withdrawn from people's files for review as the manager wanted to replace them with better versions. However, the new versions were not ready which put people at risk of potential harm as staff may not know how to evacuate people safely.

We recommended that the provider research published guidance about managing people's care safely during and after emergencies.

Inadequate

Is the service safe?

Staff were trained in how to safeguard adults. They told us how they followed the providers safeguarding policy and their training. They understood how abuse could occur and what they needed to do if they suspected or saw abuse was taking place. Staff explained to us their understanding of keeping people safe, one staff member said, "I would always report concerns to the nurse." Staff told us they understood they could blow-the-whistle to external care managers or others about their concerns if they needed to. People could be confident that staff would protect them from abuse because they were aware of their roles and responsibilities.

The manager had ensured that risks had been assessed and safe working practices were followed by staff. Risk assessments gave a score for levels of risk and severity which was in line with recognised best practice. People had been assessed to see if they were at any risk from falls or not eating and drinking enough.

Regular health checks and treatments for pressure ulcers were monitored by nursing staff to ensure they healed. If people were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plans. Staff understood the risks people faced and made sure that they intervened when needed.

The manager checked for patterns of risk. Incidents and accidents were checked to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. People were protected from preventable harm and could call for help if needed.

Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises environment was maintained to protect people's safety. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping. When staff needed to use equipment like a hoist to safely move people from bed to chair, this had been individually risk assessed. We observed staff using equipment safely. People could be cared for in a safe environment and those who could not weight bear could be moved safely.

Staffing levels were planned to meet people's needs. In addition to the manager there were seven or eight staff available to deliver care and they were managed by two or three qualified nurses over a 24/7 rota. There was some flexibility as a third nurse was often available to work across the service when needed. The rota showed that staffing levels were consistent and that any staff or nurse absences were covered. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people.

Our observation and discussion with staff showed that staffing deployment was based on an analysis of the levels of care people needed. How staff would be deployed was organised by the nurse in charge before shifts started so that the skills staff had could be matched to the people they would care for. Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. There were enough staff available to walk with people using their walking frames if they were at risks of falls. Staff moving people using a hoist did not do this on their own, they did this in two's to protect themselves and the people they were moving. There were enough staff to ensure the care people received was safe and they were protected from foreseeable risks.

Nursing staff followed the provider's policy on the administration of medicines which had been reviewed annually. Nurses told us that their medicines administration competences were checked by the manager against the medicines policy. Medicines were stored safely with lockable storage available for stocks of medicines and access was restricted to trained staff. Medicines were accounted for and recorded. Nurses administering medicines did this uninterrupted as other staff were on hand to meet people's needs. Nurses knew how to respond when a person did not wish to take their medicine. It would be offered again according to guidance from the GP. Staff understood how to keep people safe when administering medicines.

The medicine administration record (MAR) showed that people received their medicines at the right times as prescribed by their GP. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the nurse on shift. Medicines were correctly booked in to the service by nurses and this was done in line with the service procedures and policy. Nurses administered medicines as prescribed by other health and social care professionals. For example, a person on warfarin was receiving the correct amount as prescribed from the anticoagulant service. 'As

Inadequate

Is the service safe?

and when' required medicines (PRN) were administered in line with the PRN policies. This ensured the medicines were available to administer safely to people as prescribed and required.

Requires improvement

Is the service effective?

Our findings

People described to us how they felt nursing and other staff met their needs effectively to maintain their health and wellbeing. People told us that if they became ill that nurses sought advice from the persons GP or other health and social care professionals, such as dieticians. One person said, "I've had the Doctor for this cough, and have antibiotics to take." And "I need eye drops 4 times a day. They (nurses) help me with that."

Relatives told us they were pleased with people's health care at the service. One said, "She has been confused so a nurse took urine tests, which confirmed an infection. The nurse has called the GP for the tablets she needed." Relatives told us that staff encouraged people to drink more to reduce the instances of infections and maintain their hydration. Another told us how a nurse had brought painkillers when they felt their Mum was uncomfortable as she had a leg brace.

Staff worked as part of a team and were observed by a nurse to ensure staff practice standards were maintained. Staff confirmed that nursing staff were in charge of people's care and that nurses accessed continuing training through their professional body, for example the NMC. Staff told us that nurses gave them guidance about care and best practice. However, care staff had not been receiving supervision and appraisal in line with the provider's policy. For example, one member of staff started work at the service in July 2014, but had not received a supervision or appraisal. Another member of staffs last recorded supervision was May 2014. Six of the eight staff records we looked at had not had a supervision or appraisal in the last twelve months. This meant that the provider was not following the stated aims in their supervision policy and staff had not been able to discuss their work formally, understand developments in social care and inform managers of their development needs.

Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. They told us about their induction into their roles. Nursing staff were supervised by the manager who is also a registered nurse. This included monitoring nurses for their continuing professional development and competencies. Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They had an experienced member of staff who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the manager at the end of their induction to ensure they had reached an appropriate standard.

People's comments about the food varied, with one or two people saying that they did not like the food, but when we observed the lunch service there were no issues raised about the food and people tended to eat it all. Comments included, 'The food is pretty good and the cook knows me, she asks if I want some more' and 'The food is fine, I enjoyed my meal'. Relatives were much more positive about the food. One said they pay for a lunch to take home after they have visited and others spoke about their loved ones telling them they liked the food.

There was a choice of main meals or people could request salad or other alternatives. People could recall having three choices. Meals were planned to provide a balanced diet, but people were also asked their views about what they wanted on the menu.

We observed the lunch being served on all the floors and for people who stayed in their rooms to eat. Staff spoke to people as they served them, checking that people could manage to eat and that they liked the food. Plate guards were provided to assist people to eat independently and people were offered aprons to protect their clothing. Drinks were on the tables and staff encouraged people to eat and drink. When people were in their rooms they had drinks to hand. One person said, "There is fresh water every day and hot drinks two or three times a day." We checked on people who had chosen to eat in their rooms, those who needed assistance were provided with staff support. We observed a member of staff helping someone to eat who was nursed in bed. The person was in a good position and was not being rushed. Her nightdress was covered. The staff member was speaking to her and encouraging her and she ate almost all of her meal. Providing a balanced diet and the right levels of support encouraged people to maintain their health around nutrition and hydration.

Special dietary requests were catered for and staff were aware of people that needed a diet that supported their health and wellbeing due to a medical conditions, such as

Requires improvement

Is the service effective?

diabetes. One relative told us about their loved one having pureed food to minimise the risks of the person choking, but also said the person had gained weight which was better for their health.

People were weighed so that their health and wellbeing was kept under review and this was recorded. Special diets e.g. diabetic or soft diet was recorded on the day's menu chart. There was a notice in the dining area telling staff how to fortify foods e.g. by adding cream. People at higher risks were monitored more closely, for example, if they started to lose weight. Staff we spoke to were aware of this and understood how they could fortify meals. This protected people from becoming unwell or choking.

At this inspection we found that the manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There was an up to date policy in place covering mental capacity. This protected people from unlawful decisions being made on their behalf and gave people the opportunity to change decisions they may have made before. Applications had been made to the DoLS supervisory body when appropriate for any restrictions that would enable people to keep safe, but without unlawfully restricting their human rights. We looked at some recent applications made to the local authority and saw these had been completed appropriately. Physical restraint was avoided as staff had been trained to care for people who had behaviours that challenged appropriately. People told us that staff were good at calming people's behaviour when they were upset.

Staff gained consent from people before care was delivered. This was also recorded in people's care plans. Care plans evidenced that discussion were held with relatives when appropriate. Do not attempt resuscitation forms were in place in line with nationally recognised best practice. People were supported to review these decisions with a health and social care professional.

People's health needs were met. For example eye care, teeth and foot care. Everybody had access to a doctor, and people's experience of this was good. Care plans gave information to staff about how to provide care in a range of areas. Care plans showed when dressings needed changing and nursing staff kept to the schedule for this. A visiting speech and language therapist said, "Care plans had all the information needed", and felt nurses were well informed about the person and had time to spend with the therapist to discuss the person needs. This ensured that people had access to appropriate medical help or health and social care professional input to maintain their health and welling.

Good

Is the service caring?

Our findings

People described their care positively. One said, “I love it here, there’s good care and good staff, my family all want to come here as well” Another said, “The maintenance man brings his lovely dog in to see me because he knows that I miss our dogs, he is lovely”. Other comments included, ‘I am very lucky to have been placed here’ and ‘I use humour and they (staff) respond, they are all friendly here and I love it.’ Another lady, who was nursed in bed, stressed ‘What nice people’ staff all were.

Relatives had found the staff caring. One said, "Nothing is too much trouble for them and if anything is ever wrong, they let us know.” They added, “Mum is very happy here and they cope with her moods". Relatives described how compassionate staff had been to them and their relative who was receiving end of life nursing care. They said, “The care their loved one received throughout her two month stay was above and beyond”. They explained ‘Nothing was too much trouble for the staff here. From the cleaners, right up to the doctors, everyone was wonderful to her. They smiled at her and treated her with such love and tenderness, it was lovely.’ They talked of the ‘Frequent checks when she was cared for in bed’, and of how their own church minister was welcomed into the service to attend her, ‘and given bread from the kitchen for our communion service in her room’.

A GP said, “The residents are well cared for and their dignity respected. I would be happy for a relative of mine to be admitted to Pilgrims Way Nursing Home.”

We observed that staff communicated well with people, chatting and talking to them, letting them know what was happening. We observed staff speaking to people with a soft tone, they did not rush people. Staff made sure that people who were cared for in bed could reach their nurse call bell and drinks. We observed staff walked with people who needed the toilet, but who were unsteady on their feet; staff were reassuring them and showing them to the toilet. This showed that staff adopted a caring approach and maintained people’s dignity.

We observed two staff who moved a person using a hoist were telling the lady what they were going to do and preserving her dignity. Another member of staff who had to leave a man she was helping to eat to attend to another who was getting up, apologised to the former and said she would be back quickly, which she was. All the staff knew people’s names and used them. Staff stopped to talk to people on their way by and were cheerful throughout. This meant that staff were considerate to people and respected their dignity.

People’s likes and dislikes had been recorded in their care plans. These gave people the opportunity to tell people about their lives and their preferences. Individualised pictorial care plans were used for example, at meal time’s pictures of preferred chair, sitting position and dietary needs assisted staff to provide the service people wanted.

People told us they could make their minds up about things like whether they bathed or showered or where they wanted to eat or sit in the service on a daily basis. One person said, “I prefer to stay in my room, but might do a little walk with my frame, they let me do what I want.” And “Every day staff give me a good wash all over as I don’t want a bath at the moment.” Another said, “I am happier staying in my room, but I do go to have my hair done, everyone is friendly as they walk past.” This showed that people could make choices and that staff respected this.

Care plans contained information about people’s independence. Staff encouraged people to do things for themselves when possible. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with.

What people thought about their care was incorporated into their care plans. People could vary the care they received from the service and used a mix of care that suited their needs. This approach gave people choice. People’s bedrooms were personalised to them. Some people had chosen to have photographs of themselves on their doors and others were happy to have their name on the door. Staff told us that the pictures in people’s bedrooms often helped them to orientate people who could not remember where they were.

People and their relatives had been asked about their views and experiences of using the service. Relatives told us they were kept informed about what was happening to their loved ones. People were happy with the changes made.

Requires improvement

Is the service responsive?

Our findings

People's care was kept under review and changes were made to improve their experiences of the service. People told us they could go to the new manager in the event of any problems. One person said, "I don't have any worries or problems." Another said, "We've all got everything we need." Relatives were aware of the upcoming meeting with the new manager and three said that there had been other meetings. However, we received mixed feedback which indicated the provider was not enabling people to discuss concerns they wanted to raise. Others said, "I have asked about physio but I haven't heard anything." A relative told us they were not sure how to go about discussing some issues they had with their loved one's care.

People's needs had been fully assessed and care plans had been developed. Before people moved into the service an assessment of their needs had been completed to confirm that the nursing home was suited to the person's needs.

However, although care plans were well written they focused on areas of care people needed, for example if their skin integrity needed monitoring to prevent pressure areas from developing. The care plans did not present as being person centred and individualised. For example, people's preferences for the gender of staff they preferred to receive care from was not recorded. Staff told us that they knew this and could ask a nurse if they were not sure. Recording this would ensure that all staff and new staff would know people's preferences.

Information was not always recorded about people's life histories and information about who people were was scattered throughout the care plan or risk assessments. People and their relatives could not tell us if staff talked to them about their care plans. One relative told us they did not think the care their relative received was individualised enough. This meant that people's experiences of care was not based on them as individuals. Not knowing about people's histories, hobbies and former life before they needed care could prevent people from living fulfilled lives, especially if they were living with dementia.

We recommended that the provider research published guidance about individualised care planning and the importance of person centred care.

Family members were kept up to date with any changes to their relative's needs. Changes in people's needs were recorded and the care plans had been updated. This meant that the care people received met their most up to date needs.

The manager told us that meetings had not been happening to enable people and their relatives to express their views about the service although they were in the process of organising a meeting. Three relatives told us about issues they were unhappy with, for example one had concerns about how long their loved one was in bed as they used to like to get up early. We also picked up a number of issues from people, like wanting hot drinks to be more readily available or to discuss their opportunities to get out and about outside the service. Not enabling people to discuss issues they may have with the managers of the service meant that people did not feel they would be listened too.

People were asked their views at care plan reviews and by questionnaires. The last one had taken place on 22 January 2015. However, there were no responses to people's comments to show that they were being listened too and that their views were taken into account by the provider.

The manager and staff responded quickly to maintain people's health and wellbeing. For example, the day before our inspection a GP had requested blood samples from two people. Records showed that a nurse had sent the blood samples to the test lab the same day. Staff had arranged GP appointments when people were unwell and involved other health and social care professionals. There was a folder of upcoming hospital/other appointments that people needed to attend. The nurse's in charge reviewed these regularly to ensure that arrangements were made so that people were able to attend appointments. Care plans were reviewed monthly and this was recorded.

Changes in people's needs had been responded to appropriately. Care plans and risks assessments evidenced monthly review. Referrals had been made when people had been assessed for specific equipment, which was in place. For example, people had beds that provided protection from pressure areas developing and enabled staff to move the height of the bed up or down to assist the delivery of care. These had been supplied after an assessment carried out by a district nurse. Hospital outpatient and discharge letters were in people's care plans. These gave guidance to staff and ensured continuity of care.

Requires improvement

Is the service responsive?

People told us that staff responded quickly when they requested assistance. For example, if they used the nurse call bells. A member of staff was with one person who pressed their call bell within one minute. Another person told us how pleased they had been at the quick response from nurses when they had become out of breath. Receiving prompt care was reassuring for people.

We saw that nurses had implemented weight management plans based on advice from a dietician and in response to people's illnesses. We cross checked this against the care plans and found they were kept under review. This had resulted in the people maintaining or gaining weight. Their progress to recovery was monitored by staff and if necessary further advice had been sought from their GP. This ensured that people's health was protected.

People had opportunities to take part in activities. An arts and crafts session was taking place in lounge in the afternoon. The Activities Coordinator was seen to be working with a small number of people at different times. She had given a lady colouring sheets to use, who said, "I am happy if I am colouring." Another said, "Yes, there are things to do. They are all nice." A third noted there was "A guitar player planned for this week," which they were looking forward too. A lady was reading her newspaper in the quiet room. Another said, "I like to paint with acrylics and she sets me up", A third also said, 'I like the painting', and showed her flower picture.' The activities programme for the week was on display in several places. The hairdresser was popular and several ladies showed us their manicured nails. Two people were out in the garden area at different times of the day. The activities coordinator told us that she also saw people who stayed in their rooms to offer activities one to one. This kept people occupied if they chose to participate and offered opportunities for them to feel less isolated.

Information about how to make complaints was displayed in the service for people to see. The last recorded complaint was from July 2014. This had been resolved. The manager ensured that complaints were responded to and they discussed these with other people in the organisation if needed. There was a mechanism for people higher up in the organisation who were not based at the service to get involved to try and resolve complaints. People were offered meetings with the manager to try and resolve complaints and these were recorded.

Requires improvement

Is the service well-led?

Our findings

People told us they were getting to know the new manager. One person said "She is very down to earth." Other people said, "I would recommend this place to anybody." And "This is one of the better homes, It all comes down to the staff really, they make it."

Relatives had met the new manager, with one calling her 'approachable', and another saying, "She seems nice." A relative who was not local said "We liked the overall feel of this place from when we first came in. And now she is really well looked after here."

The manager showed us the results of the last internal service quality audit they had completed on 19 April 2015. This showed a 97% quality audit score. However, the audits by the manager and the provider were not always effective. For example, we asked the manager to send us the latest gas safety certificate because the one they showed us during the inspection was dated 28 February 2012. Although this information was sent to us within the time scales required, we noted that the provider had the checks completed after we had asked them to provide the information during the inspection. For example, the gas safety certificate sent to us was dated 18 June 2015 which was after our inspection. This meant that the health and safety audit systems in the home were not picking up issues that needed to be addressed in good time.

Care plans were reviewed and evaluated monthly but we found several instances where people's records had not been completed correctly. For example, when a person's catheter had been removed, nursing staff had not recorded this on the monthly care plan review. This meant that the records were not being audited properly by nursing staff to ensure they reflected changes in people's care needs.

Staff told us that the management team were approachable and that they were able to talk to managers whenever they wished. We observed that the manager and provider, who was based at the service had good relationships with people, relatives and staff. One person told us how they "Liked having a chat with the provider."

Nursing staff stated it was a very good place to work, one had been working there for eight years and told us that managers and the directors (provider) were approachable and felt confident to raise any concerns they may have with them.

Staff meetings were held. We saw the minutes from the meeting dated 21 May 2015. Staff told us that they felt able to speak out at meetings and were confident that managers would respond positively to suggestions and would take actions to make improvements where possible. These were responded to by the manager. Actions were then monitored at the next staff meeting to ensure they had been completed.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service by enabling them to whistleblow anonymously. Posters about whistleblowing were displayed in staff areas and the offices. This meant that staff understood they could protect people by reporting their concerns to others, such as social services.

The manager understood their responsibilities in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service.

The manager was open about what people experienced in the service. They provided information to people and sought people's views. Activities and entertainment posters for June were displayed. Plans for father's day celebrations and copies of newsletters about the service were in the lounge and reception area. People were asked for their feedback more formally by questionnaire and by compliment comment records. Compliments from May 2015 included, 'Without fail staff are professional and caring', 'We cannot tell you how much it meant to us knowing Mum was in safe hands.'

There were systems in place for the manager to monitor health and safety and respond to incidents. For example, there were two recorded incidents showing the actions the manager had taken to minimise the risk of them reoccurring. Risk assessments we viewed had been updated This meant that risks were assessed and reviewed in the service to keep people safe.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. For example, the testing of

Requires improvement

Is the service well-led?

fire systems had been carried out in line with published guidance. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

The manager produced development plans showing what improvements they intended to make over the coming year in the service. This was to continually improve people's experiences of the service, invest in the staff team and invest in the premises.

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 **The provider was not assessing and mitigating the risks of waterborne infections.** 12 (1) (2) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Full and robust recruitment checks had not been carried out on some staff employed since the last inspection and the manager and provider were not meeting the requirements of schedule 3 of the care act 2014.** 19 (1) (a) (b) (3) (a) (b)