United Care (North) Limited

Clumber House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was unannounced and took place on 15 and 16 October 2018.

Clumber House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Clumber House is registered to provide accommodation with personal care for up to 36 people. The accommodation is located over two floors and there is currently a large lounge and dining room on the ground floor. The provider had built an extension which includes additional lounges and bedrooms, however this is not currently in operation. On the day of our inspection there were 29 people living in the home.

At our last inspection in September 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider's quality assurance systems were not effective and had not picked up the issues we identified as part of the inspection. We also made a few recommendations about a generic risk assessment for the property, updating medication policies and recording spot checks as part of the quality assurance systems.

At this inspection we found that there was a continued breach of Regulation 17 in relation to documentation and quality assurance systems and there was also a breach of Regulation 12 in relation to safe care and treatment. The service was rated requires improvement overall and this is the fourth time that the service has received this rating. You can see what action we have taken at the back of this report.

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

Risks to people were not always clearly considered or documented in care plans with appropriate risk assessments in place.

The registered provider did not have effective systems in place to assess and monitor the quality and safety of the service. Some of the issues which were identified as part of this inspection, had not been picked up by provider's audits.

Staff had completed safeguarding training and safeguarding incidents were appropriately raised by staff. However, we found two instances where incidents had not been referred to the local safeguarding team.

Medication was being stored and administered safely. Regular medication audits were being conducted and any issues identified were addressed. There was scope for improvement in documentation around covert medication.

Registered providers are required to send notifications in relation to events or changes which occur in the home. We found that the provider had not sent all the necessary notifications as required by the regulations.

Staff recruitment was safe and appropriate checks were completed to ensure that staff were safe to work with vulnerable people. There were sufficient staff to meet the needs of the people living in the home and they were recruited safely.

Most of the care plans reflected people's life history and their needs and were person centred. People and their relatives told us that the care they received was responsive to their needs. However, we found where there were changes or incidents that care plan evaluations had not been updated to reflect these issues.

People and their relatives felt confident that issues raised would be addressed. Complaints were recorded and dealt with in accordance with the provider's complaints policy.

People and their relatives were positive about the staff working in the home, as well as the care they received whilst living there.

People's privacy and dignity were respected by all staff members.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making. People were involved in the care plans and had signed their consent to care where able. Where people lacked capacity, appropriate paperwork was in place to ensure that decisions were made in their best interests.

Staff members confirmed they received regular training and supervision and we verified this in the provider's records.

We saw regular checks on the property were undertaken and the premises were safe without restricting people's ability to move about freely.

People had access to activities within the home and told us that they were happy with the activities on offer.

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

he service was not always safe.

We found risks were not always appropriately managed and where risks were present, risk assessments had not been completed.

We found that medications were administered and stored safely. However, there was scope for further improvement in documentation relating to medicines given covertly.

There were sufficient staff to meet the needs of the people living in the home.

Is the service effective?

Good

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

We saw staff received regular training, support and supervision.

We received positive feedback about the food in the home and people were happy with the choices on offer.

Is the service caring?

Good

The service was caring.

People and their relatives were very positive about the staff and their caring attitudes and that they knew them well.

People told us they were treated with dignity and respect.

People had access to advocacy services.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Most of the care plans were detailed, informative and person centred, however we found that these were not effectively reviewed and did not always contain all advice from other professionals.

People and their relatives were very happy with the activities in the home.

The provider had a complaints policy and processes in place to record any complaints received and concerns raised were addressed in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have an effective quality assurance system to monitor and improve the standard of care provided in the home.

Staff, people and their relatives were positive about the management within the home. Staff felt supported by the manager and people were confident that they could raise issues, and these would be addressed.

We saw that staff and resident meetings were being held regularly within the home.

Clumber House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector, a special adviser, who was a nurse and an expert-by-experience on the first day of the inspection and one adult social care inspectors on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service. We invited the local authority to provide us with any information they had about Clumber House Nursing Home. We also looked at the Provider Information Return (PIR) we received from the provider prior to our inspection. This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at the most recent visit completed by Healthwatch. We used the information to help with our planning of the inspection. Concerns were raised with us following our inspection of the home, we took these into account when concluding the inspection and discussed these with the local authority.

During the inspection, we used several different methods to help us understand the experiences of people living in the home.

We spoke with nine people who lived at the home, six relatives/friends and seven members of staff including the registered manager, deputy manager, the activities co-ordinator, two nurses and three members of care

staff. We also spoke to a visiting professional as part of our inspection.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service as well as checking records. We looked at six care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

Requires Improvement

Is the service safe?

Our findings

Risks were not always managed safely. We found that two people were on soft diets which indicated there were potential choking risks, however there were no choking risk assessments in place. We saw that both people were being given sandwiches and toast that was not consistent with the Speech and Language Therapist (SALT) advice. We raised this with the registered manager who advised that they had been told by SALT that one person could tolerate this food and enjoyed it, but this had not been recorded in the care plan. The other person had been eating this diet over several years with no difficulty, however this was not clear within the care plan that this was safe or what had been considered before offering this food as it only stated they were on a soft diet. The registered manager advised us that they had been referred to the SALT team for review.

We found that where bed rails were in use, there were no risk assessments to look at whether this was the safest option for each person. We saw that the provider had a policy in relation safe use of bed rails which stated that a risk assessment should be undertaken to ensure that other options had been considered, that the compatibility of the mattress and bed had been assessed to ensure that it was safe to use bed rails in conjunction with each individual bed or mattress. We found that no risk assessments were in place in relation to this and there was no evidence that they had considered other options which were less restrictive.

Where air mattresses were in use to reduce the risk of people developing pressure sores, there were no regular checks to ensure that the mattress were set at the correct level, neither was there any guidance as to what level these should be set. When we spoke to the registered manager in relation to this, they told us that staff just knew what the correct settings were. However, there was no clear guidance in place and no ongoing checks to ensure that the mattresses were at the correct setting for each individual.

We looked at the accident and incident records in the home. We could see incidents forms were completed when anything happened in the home. Audits were completed by the registered manager; however these did not contain any analysis and it was unclear whether action had been taken nor did the audits record any patterns or trends. We saw in one month, there had been an incident that should have been reported as a safeguarding concern, but the audit had not picked this up. We were told by the registered manager that action had been taken following any incidents, but this was not clearly recorded.

We saw that a number of people had experienced falls in the home. These had been recorded on accident forms, however care plans had not been reviewed as a result of these falls and it was unclear whether action had been taken to prevent future occurrences. For instance, one person had seven falls in April, five in May and five in June. The care plan evaluations did not mention the falls or what action had been taken as a result of this. We were shown the GP book and could see that the person had been reviewed by the GP in relation to this, however this was not easy to find and not easily accessible for staff.

The above issues constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not assessing the risks to the health and safety of the service

users receiving the care or treatment.

Furthermore, the above issues also constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

On the second day of our inspection, the registered manager had introduced paperwork to record mattress checks and guidance as to the correct setting. They were also in the process of undertaking risk assessments in relation to choking for anyone at risk in the home.

We saw that handovers took place at every shift change to inform staff of any issues and there was a diary to record any appointments or issues which needed to be followed up.

At our last inspection, we made a recommendation in relation to medication and we could see that the provider had acted upon this recommendation. However, we found further areas for improvement to ensure the safe administration of medication.

We found that one person was given medication covertly. This is where medicine is given without the person's consent and can be hidden in food or fluids. Whilst there was a mental capacity assessment and best interest decision recorded in relation to this decision, there was no care plan in place to guide staff how to administer this medicine safely with guidance from the pharmacist.

We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked Medicine Administration Records (MARs), which showed people were getting their medicines when they needed them and at the times they were prescribed. We saw records were kept of all medicines received into the home and if necessary their disposal. There was guidance in place for medication 'given when necessary' (PRN medication) to inform staff when people may need this medication. However, we saw that times were not recorded when people had been given this medication. This is important to ensure that there are appropriate gaps between medications being given. The registered manager immediately implemented a system to record this after we highlighted this. The medicines trolley and treatment room were securely locked and daily temperature checks were made. Regular medication audits were carried out and any actions were followed up promptly.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager told us that they were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC).

Staff members confirmed that they had received training in protecting vulnerable adults and when we checked the records we could see that this had been completed recently. Staff members told us they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation.

The provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or external agencies. However, we found one instance on inspection where a safeguarding incident had been recorded and dealt with appropriately to ensure that people were safe, but this had not been referred to the local authority. We spoke to the registered manager in relation to this and they advised they had been away from the home at

that time. Following our inspection, we were alerted to another incident which we referred to the local authority safeguarding team. Again, this had been dealt with appropriately internally, but had not been referred to the safeguarding team. We saw that other safeguarding incidents had been documented, had been appropriately referred to the local authority and notified to CQC.

People living in the home and their relatives told us that they felt safe living in the home. Comments included, "I am safe here. If I need anything, I'll just ask. I won't go anywhere else", "Staff usually answer my call bells quickly" and "Staffing not usually short. Thought they were a bit short some time ago, but since the last four to six weeks, rota seemed improved". Relatives told us, "The manager is prompt to respond to my concerns. I can relax. I can go on holiday", "[Relative]'s extremely safe here and very well cared for" and "It's very good here and there is usually enough staff".

We found that appropriate recruitment checks had been made to ensure new staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history, a medical check and references.

Staff told us they felt there were enough staff in place to meet the needs of the people living in the home. Our observations were that call bells were being answered in a timely manner and staff had time to sit and chat with people as well as carrying out tasks.

The dependency of people within the home was monitored regularly and adjustments were made to staffing levels to ensure there were enough staff to meet people's needs. There were enough staff and they did not use agency staff and were able to cover shifts from the existing staff team.

We checked some of the equipment and safety records and saw that they had been subject to recent safety checks. We walked around the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We could see that several maintenance checks being carried out weekly and monthly. These included the fire alarm system, emergency lighting and water temperatures. We saw appropriate safety certificates were in place for gas and electrical installation.

Staff had regular training on fire safety and we saw that fire drills were completed regularly and at different times to ensure all staff had experience of this. We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used to assist emergency personnel evacuate people from the home in the event of an emergency such as a fire.

Good

Is the service effective?

Our findings

All the people and their relatives we spoke with felt that their needs were met. They said staff were caring and knew what they were doing. Comments included, "I like it here. Care is excellent", "It's alright here. I am looked after really well" and "If I need anything, I just ask any member of staff. They look after everyone". Relatives also commented, "When I had [relative] moved from another home, I was concerned about their health. I spoke with the manager. Very quickly afterwards, they were seen by a GP and started on medication" and "All staff will talk to you and know all about my [relative]".

At our last inspection, we found a couple of staff had out of date training and there was no clear system for ensuring that staff training remained up to date. Also, staff who were new to care had been enrolled on the Care Certificate, which is a nationally recognised and accredited system for inducting new staff, however had not completed this within the provider's recommended timescales. There was no system in place for tracking progress with this. At this inspection, we saw that this had improved.

New staff received an induction when starting in post and completed shadowing of existing staff prior to working unsupervised. Any staff new to care completed the Care Certificate, and there was a clear tracker of when people had started and one staff member had responsibility for ensuring progress on this. We asked staff members about training and they all confirmed they had received regular training throughout the year. We checked the staff training records and saw that staff had undertaken a range of training relevant to their role including moving and handling, safeguarding and health and safety. There was a clear training matrix in place which alerted the registered manager when staff needed to update their training. Medication competencies were now clearly being recorded and in date. Nurses had access to additional training to ensure they maintained their clinical knowledge.

Staff told us they received regular support, supervision and appraisals. We checked records which confirmed that supervision sessions and appraisals had been held with each staff member. Staff told us these were helpful and they could raise and address any issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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 service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. We checked and could see that mental capacity assessments and best interests' decisions had been recorded where necessary within each file. There was a clear tracker of all the DoLS applications which had been granted and when these expired.

Staff were clear on the need to gain consent prior to assisting anyone. During our visit we saw that staff took time to ensure they were fully engaged with each person, for instance by ensuring they made eye contact, spoke slowly and clearly with people. Staff explained what they needed or intended to do and asked if that was acceptable rather than assuming consent.

Everyone we spoke with in the home and relatives were positive about the food. Comments included, "Food is excellent. There are choices" and "The breakfast was cooked to my taste". One relative told us that they were able to eat with their family member if they wished and that the "food was fabulous when I had it". We saw that people had access to fluids and were offered drinks regularly throughout our inspection. The service employed a chef and there was a four-weekly menu in place. We saw staff asking people for their food choices in the morning prior to their lunchtime meal. During lunch time people had the option of where to eat, with most people choosing the lounge or their own room. People were provided with lap trays and where people needed support, they were assisted by staff members in a patient and unhurried manner.

We saw that people were weighed regularly and if someone had gained or lost significant amounts of weight, appropriate advice was sought. Visits and advice from other health professionals were recorded in separate books and was not always transferred to the care files, so it was not always clear to see what action had been taken and the information was difficult to find. We raised this with the registered manager to address. This is discussed further in the responsive domain.

Relatives told us they felt involved in their family members' care and kept up-to-date. Comments included, "Managers and staff would always contact me with feedback and update", "Staff would approach me and tell me things. They phone me sometimes" and "They have a good plan for [relative] and I can read it at any time".

A tour of the premises was undertaken. This included all communal areas such as the lounges, dining room and with people's consent a few bedrooms. The home had been recently been extended to include further lounges and bedrooms as well as a specific relatives room. We saw that rooms were clean and personalised.

Good

Is the service caring?

Our findings

We asked people who lived in the home and their visitors about the home and the staff who worked there. Everyone we spoke with was positive about staff. People told us, "I love all the staff. No complaints, I can have staff's attention quite easily, including at night time", "Staff are very good. Very patient. Very helpful" and "The carers are very good. Very nice here".

Visiting relatives told us, "Care is marvellous. Staff very approachable, friendly", "Staff are wonderful. I couldn't wish for more" and "It's very good here. The staff are good".

Throughout the inspection, we observed positive interactions between staff and the people living in the home. We spoke to staff about people's likes and dislikes as well as their history and staff could demonstrate that they knew people well. Staff told us they enjoyed working at Clumber House. Comments included, "I enjoy my job. It's a warm, friendly and small home" and "I love it here. Staff are fantastic. It's a loving home and we have a close-knit team. I'd put my mum in here".

It was evident that family members were encouraged to visit the home when they wished and they told us that they were made to feel welcomed.

We undertook a SOFI on the first day of our inspection. We saw that staff members were speaking to people with respect and were patient and unrushed whilst supporting them. They looked interested in what people were saying and took time to engage with each person, for instance ensuring that they were at eye level with the person in order that they understood what each person wanted. We observed a staff member sitting chatting with residents when they had completed their necessary duties.

People living in the home looked clean and well cared for. Those people being cared for in bed also looked clean and comfortable. Relatives commented that the home was always clean and fresh smelling and the people living in the home always looked well cared for.

People's dignity and privacy were respected; for instance, we saw staff knock on people's doors before entering and always used their preferred name. This was also recorded on the care plans. People were encouraged to be independent, whilst remaining safe.

Equality and diversity support needs were assessed and continually monitored. Protected characteristics (characteristics which are protected from discrimination) were considered at the initial assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

People had access to advocacy services and we saw that one person currently had an advocate in place.

People's personal information was kept securely in the care office which was locked, so people could be

confident that their information was kept confidentially.

Requires Improvement

Is the service responsive?

Our findings

From our observations and discussions, we found that staff knew the people they were supporting well. They could tell us about their likes and dislikes as well as some of their history. However, we found that this knowledge was not always reflected and contained within the care plans.

We looked at the care plans and saw that some of the care plans were detailed, person centred and informative. There was an overview of people's history and people who were important to them. They recorded people's preferences and how they liked their care to be delivered, for instance how they liked to have their bath. However, we found in some care plans where there were communication difficulties for instance, there were no specific instructions for staff. As many of the staff had worked with people over a long period, they knew people well and we able to give us this information, but for any new staff members, this information was not available on the care plans.

We also saw inconsistencies on the evaluation of care plans. In some plans, where people had been seen by professionals such as Speech and Language Therapists (SALT), care plans had been updated to reflect any changes. Another person was diabetic and whilst we were told they were regularly reviewed by the GP, this was not recorded in the care plan. Where there were fluctuations in weight, there were no explanations and it was not clear from the records whether the GP or dietician had been consulted. When we spoke with staff, they could clearly explain these fluctuations and advised that the person had been seen by the GP, however this information was missing from the records and they were not following the provider's guidance on weight loss or gain. We also saw inconsistencies in other care plans, for instance in one part of a care plan, it stated someone needed thickened fluids, in other sections, it stated they had normal fluids.

The above issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider was not maintaining an accurate, complete and contemporaneous record in respect of each service user.

We looked at additional monitoring charts and saw that these were consistently completed to monitor where someone needed pressure care or were at risk of malnutrition or dehydration.

People told us that they had choice in relation to daily living activities. Comments included, "I like to follow sport, so staff organise things round it, so I will not be interrupted", "I am not going into hospital as I get good care here" and "I am finding it alright here". Relatives told us, "Room is so lovely and personalised. Attitude of staff is good as they actually care" and "Staff know [relative] well and will pop in and are very chatty".

The provider had a full-time activities co-ordinator. People and their relatives were positive about the activities in the home. Comments included, "I'm happy that there is enough going on to keep me occupied. An exercise instructor comes every fortnight. I am taken to the village for coffee and shopping. I recommend it to anyone to come here" and "There are lots of activities going on. I am very happy with my [relative] being here".

We spoke with the activities co-ordinator who informed us that they met weekly with residents to review the activities for the week. This meant it was flexible and could be adjusted to reflect the current weather or people's moods. External activities were booked in advance. There was a fortnightly exercise class which we observed and saw several people enjoying. We also observed an external entertainer performing and people were singing and joining in. Activities were advertised around the home and the co-ordinator kept a detailed record of all the activities they had carried out with each person. Photos were displayed around the home of different activities which had been undertaken and the co-ordinator was always looking for different ideas. They had recently purchased a memory box and were using this to stimulate discussions and sing-a-longs. They have recently purchased a voice activated assistant in order that people in the home could have some independence in terms of changing TV station or playing certain music. We observed this being used and people were trying this out and appeared to enjoy this. People who did not want to join in with group activities could enjoy one to one time in their room with activities such as hand massage or chatting and reminiscing. Regular visits were conducted by local churches to meet people's spiritual needs.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed appropriately. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person's advance decisions about their end of life care are respected.

We saw that information was recorded about people's end of life wishes so staff were aware of how people would like to spend the end stages of their life. For people in the home who were end of life, their wishes were recorded and preparations had been made to enable them to remain in the home as they had expressed.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. People living in the home and their relatives told us that they could raise any concerns and were confident that they were listened to and complaints would be dealt with. The provider had not received any complaints within the last twelve months.

The provider had considered the Accessible Information Standard and recorded in most care files people's individual communication needs and how staff could meet these needs. We did find that this was not recorded in all care plans and we raised this with the registered manager to address. They had also produced some documentation in large print format to help people's reading and understanding.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the governance systems in place had not been effective at identifying the issues we found as part of our inspection. Whilst the registered manager had acted upon our recommendations and made some improvements since the last inspection, we continued to find issues throughout this inspection, therefore the provider remains in breach of this regulation.

As we have explained earlier in this report, we found the home was in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not doing all that is reasonably practicable to mitigate risks posed to service users and audits had not picked up recording issues. Whilst the registered manager took some action to resolve the issues we found, these issues had not been previously identified by the provider's quality assurance systems. This meant the provider did not have robust systems in place to recognise and act upon this breach of the regulations.

We saw that regular audits were taking place in respect of care plans, medication, the environment as well as infection control. The audits in respect of care plans and incidents and accidents were not effective as they had not identified the issues we found in these areas. The provider did not undertake any quality assurance checks in addition to the registered manager.

The quality assurance systems had also failed to identify that notifications had not always been sent into CQC when necessary.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems and processes in place to ensure compliance with the regulations.

There was a registered manager in place at the time of our inspection who had been in post for approximately 16 years. We spoke to people and their relatives about how the home was run. Everyone we spoke with was positive about the manager. Comments included, "I can recognise the manager when she comes round, but can't remember her name", "The manager is superb – I've not had to raise any issues here" and "Matron is very good. I know I can raise any concerns". Staff also were positive about the management of the home. Comments included, "The manager is approachable and we can raise any issues", "Matron is fabulous. Any issues you can raise, you want to do everything to create a happy home" and "It's the best home I've worked in. The manager is very approachable and supportive".

Regular spot checks were recorded and completed at different times by the manager to ensure that there were no issues.

We saw that residents' meetings were taking place regularly and people had chance to voice their concerns about any issues. Questionnaires were completed on an ongoing basis by relatives and family members were positive about the care received in the home. Comments included, "It's like a home from home",

"Excellent care, Manager's lovely, so very approachable. Highly recommend" and "The staff are very efficient. It feels like home and is comforting".

We saw that staff meetings were held regularly, and staff could raise any concerns. Issue such as documentation, personal care for residents and staffing had been discussed.

Providers are required to notify the CQC of events or changes that affect a service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We saw the provider was not appropriately notifying CQC of all incidents within the home.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 We have written separately to the provider in relation to this.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. We saw that the rating was displayed in a communal area of the home.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not assessing the risks to the health and safety of the service users receiving the care or treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was not maintaining an accurate, complete and contemporaneous record in respect of each service user and the provider did not have effective systems and processes in place to ensure compliance with the regulations.