Mills Family Limited

Fairlight & Fallowfield

Inspection report

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09 February 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 07, 08 and 09 February 2017 and was unannounced. Fairlight and Fallowfield is a home providing nursing care and residential support for up to 55 people in the London Borough of Bromley. At the time of our inspection there were 44 people living at the home.

There was a registered manager in post at the time of our inspection although they told us they no longer had day to day responsibility for the management of the service. The current manager was in the process of applying to become registered manager. 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.

At our last inspection we found a breach of regulations because risks to people's health and safety around the use of certain equipment had not always been assessed and action had not always been taken to ensure risks were safely managed. Following the inspection the provider sent us an action plan explaining how they would address these concerns. However, whilst we found that the provider had made improvements to the specific areas identified at the previous inspection, at this inspection we identified breaches of regulations because risk assessments had not always been reviewed on a regular basis and action had not always been taken where people were at risk to ensure their safety was maintained. Environmental risks were not always safely managed and sufficient action had not always been taken to ensure the risk of infection was safely controlled.

We also found breaches of regulations because staff were not always up to date with their training in areas considered mandatory by the provider, and because the provider's systems to monitor the quality and safety of the service were not always effective in driving improvements. Additionally, whilst the provider sought feedback from people at residents meetings and through regular surveys, residents meetings were not always conducted on a quarterly basis, in line with the management team's expectations, and survey results had not always been considered by staff to help drive improvements at the service. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

People were protected from the risk of abuse because staff knew the signs to look for and action to take if they suspected abuse had occurred. The provider followed safe recruitment practices and there were sufficient staff deployed within the service to meet people's needs. Medicines were stored securely and administered safely. We also found accurate records were maintained regarding the receipt, administration and disposal of people's medicines.

Staff sought consent from the people they supported and involved people in day to day decisions about their care and treatment. The provider worked within the requirements of the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure any restrictions on people's freedoms were lawful and minimised. People were supported to maintain a balanced diet and to access a range of healthcare services when required. Staff were supported in their roles through supervision and an annual appraisal of their performance.

People received care that was caring and compassionate. They told us their privacy and dignity were respected. People had been involved in developing and reviewing their care plans. The care people received met their individual needs and preferences. The provider had a complaints policy and procedure in place and people expressed confidence that any issues they raised would be addressed.

Staff supported people to take part in a range of activities and to maintain the relationships that were important to them. People and staff told us they felt the service was well managed. Staff spoke positively about the working culture at the service and told us they enjoyed good support from the management team and their colleagues.

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.

People's risk assessments had not always been frequently reviewed, or action taken to manage areas of risk to people. Environmental and infection control risks were not always safely managed.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred.

The provider followed safe recruitment practices. There were sufficient staff deployed within the service to meet people's needs.

Medicines were safely managed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always up to date with training in areas considered mandatory by the provider.

Staff were supported in their roles through supervision and an annual appraisal of their performance.

People were supported to access a range of healthcare services when required.

Staff were aware of the importance of seeking consent from the people they supported. The provider complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and consideration.

People's privacy and dignity were respected by staff.

People were involved in day to day decisions about their care and treatment. People were also involved in the planning of their end of life care.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care. People's care plans reflected their individual needs and preferences.

Staff encouraged people to maintain their independence. People were supported to take part in a range of activities and to maintain the relationships that were important to them.

The provider had a complaints policy and procedure in place and people told us they were confident any issues they raised would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider undertook checks and audits on a range of areas within the service, but these were not always effective in driving improvements.

People's views about the service were obtained through residents meetings and regular surveys. However residents meetings were not always held on a quarterly basis, in line with the expectations of the management team, and the outcomes of surveys had not always been reviewed by staff to ensure they acted to address any issues in people's feedback.

People and staff expressed confidence in the management team and told us they thought the service was well run.

Fairlight & Fallowfield

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 07, 08 and 09 February 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience on the first day, with the inspector returning alone to complete the inspection over the second and third days. 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 information we held about the service and the provider. This included notifications from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted a local authority responsible for commissioning services at this location to seek their feedback, including any information they held about complaints or safeguarding investigations. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spent time observing the care and support being delivered by staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with twelve people, two relatives and two visiting healthcare professionals to seek their feedback on the service. We also spoke with eight staff members, the service manager and the registered manager. We looked at records, including seven people's care records, five staff recruitment files, staff training and supervision records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 02 and 03 February 2016 we found a breach of regulations because risks to people had not always been assessed around the use of certain types of equipment which placed them at risk of unsafe care. Following that inspection the provider wrote to us to tell us what action they would take to address this breach.

At this inspection we found that whilst staff had taken action to assess and monitor risks around the use of equipment, other areas of risk to people had not been adequately assessed, and action had not always been taken to manage areas of risk safely.

People's care records included risk assessment documentation which covered areas of risk including falls, malnutrition, moving and handling, skin integrity and the use of equipment such as bed rails. However, we found that the risk assessments had not always been completed properly and had not always been reviewed on a monthly basis, in line with the provider's policy, to ensure they remained up to date. For example, we found that one person's malnutrition risk assessment had not been completed properly to identify the level at which they were at risk since 05 August 2016.

We also found that the same person had lost a significant amount of their body weight during the previous six months which should have triggered a request for a referral to a dietician, but staff confirmed this had not happened at the time of our inspection. Whilst this was a concern, we also spoke with the person's GP who told us they considered the person to be well cared for and that the weight loss may not be avoidable due to their medical condition. In another example, we noted that one person had been identified as occasionally presenting with behaviour that may require a response from staff. However, there was no guidance in place for staff on how this behaviour should be safely managed, placing people and staff at potential risk.

We also found that environmental risks to people were not managed safely. For example, we identified a number of trip hazards in one area of the service which placed people at risk of falling. Additionally, we noted that cleaning products had been left out and were potentially accessible to people suffering from dementia. Staff confirmed these products were potentially hazardous to health and should be stored securely in line with the requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Furthermore, we found that the risk of infection at the service was not always safely managed. We identified concerns with the cleanliness of one of the kitchens at the service because shelves and the inside of the fridge were dirty and stained by spillages which had not been properly cleaned up. We also found a soiled incontinence pad that had been left in the sink of a communal bathroom at the service. These issues placed people at risk of infection.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Senior staff were taking action to address these concerns during the inspection. A referral

to a dietician had been made for the person who had lost weight, the cleaning products were removed and securely stored and the kitchen and bathroom areas were cleaned in response to our feedback.

There were arrangements in place to deal with emergencies. Staff were aware of the action to take in the event of a fire or medical emergency. Records showed regular fire drills had been conducted at the service and we saw people had personal emergency evacuation plans (PEEPs) in place which provided information on the level of support required to evacuate each person safely from the service.

At our last inspection on 02 and 03 February 2016 we found improvement was required because one person had not received a dose medicine as prescribed during the week prior to our inspection, despite staff having signed their Medicines Administration Record (MAR) to confirm administration. At this inspection, we found the provider had taken action to address this issue and that medicines were managed safely.

Medicines were stored securely in locked medicines trolleys which were stored in secure clinical rooms when not in use. Where people had been prescribed Controlled Drugs (CDs), we saw that these were also stored separately in a locked CD cupboard in line with current regulatory requirements. Clinical rooms were only accessible to trained staff responsible for the administration of people's medicines.

Records showed that daily checks were maintained of the temperatures of the clinical rooms and medicines refrigerators to ensure they remained within safe ranges. We noted that staff had taken appropriate action to adjust the thermostat on one medicines refrigerator to reduce the temperature during the week prior to our inspection after they had identified a fractionally high temperature recording.

People told us they received their medicines as prescribed. One person told us, "The nurses bring round the medication in the mornings, during lunch and then in the evening before bed; they are very efficient." Another person said, "Oh yes no problem with that [support with medicines]. They [staff] give me my meds so they are responsible for getting the timings right which I think they do."

People's MARs included a copy of their photograph and details of any allergies to help reduce the risks associated with medicines administration. The MARs we reviewed showed people received their medicines as prescribed and we were able to cross reference them with remaining medicines stocks to confirm their accuracy. We saw guidance in place for staff on when 'as required' medicines should be offered to people, for example to relieve pain, and people confirmed staff followed this guidance. For example, one person told us, "Last night I didn't sleep very well; I had a pain in my big toe and they [staff] gave me something for this."

We received mixed feedback from people with regards to the staffing levels at the service, although the majority of comments were positive. One person told us, "Yes they are always there when you need them." Another person said. "Obviously they have other things to do so they can't always be around, but I have a personal alarm so I can call them if I need." A third person commented, "They [staff] are very good, but it takes a long time to answer calls sometimes as I'm in my room and most people are out in the lounge."

There were sufficient staff deployed within the service to meet people's needs. One senior member of staff explained that they used a dependency tool to calculate staffing levels in order to ensure people's needs were met. On the first day of our inspection, one member of the care staff called in sick at short notice during the morning shift which meant the staffing levels were not as planned. However there was sufficient capacity within the staffing levels to cover this absence safely. The staff member's duties were covered with additional care support being provided by one of the service's activity co-ordinators who had received training to provide people with personal care, and by a member of the management team. We tested the response times to call bells during this shift and found that staff responded promptly when called.

We also observed staff were available to promptly meet people's needs throughout the rest of the time of our inspection and that staffing levels were as planned. Staff we spoke with told us they had sufficient time to support people safely without rushing them. One staff member told us, "More staff would be helpful but we are able to meet people's needs safely and I think the care we provide is very good." Another staff member said, "I think we have sufficient staff and if anyone calls in sick, we're able to cover it OK."

The provider followed safe recruitment practices. Records showed that checks were made on new staff to ensure they were suitable for the roles they were applying for. Staff files contained completed application forms which included information about each staff member's qualifications and employment history, as well as the reasons for any gaps in employment. We also saw the provider had undertaken criminal records checks and sought references from previous employers to ensure staff were of good character and files included copies of staff member's identification, including a photograph, as required.

People were protected from the risk of abuse. The provider had policies and procedures in place which gave guidance to staff on identifying and reporting safeguarding concerns. Staff we spoke with confirmed they had received training in safeguarding adults. They were aware of the types of abuse that could occur and knew the action to take if they suspected an incident of abuse had occurred. Senior staff understood their responsibilities to safeguard adults and knew how to report any safeguarding concerns to the local authority safeguarding team in line with local procedures, and to notify CQC as required by the regulations.

Staff were also aware of the provider's whistleblowing policy and told us they would be confident to use it if they felt it necessary to do so. One staff member told us, "I would report any concerns I had to the manager, but if I thought the issue wasn't being dealt with properly, I'd contact the local safeguarding team or CQC directly."

Requires Improvement

Is the service effective?

Our findings

People and relatives told us they thought staff had the skills and training needed to undertake their roles. One person said, "They [staff] meet my needs quite well, I'd say." Another person told us, "They use a hoist to get me in and out of bed and the hoist on to the toilet. Lots of people need the hoist here so they are skilled at using it." One relative commented, "The staff see competent; they know what they're doing." However, whilst people spoke positively about the competency of staff we found concerns relating to the frequency of training staff received at the service.

Staff told us they received an induction when starting work at the service which included a period of orientation, time reviewing people's care records and time spent shadowing more experienced colleagues. Staff also confirmed they received training in a range of areas considered mandatory by the provider, as well as further specialist training in some cases, in order to better support the people living at the home. One staff member told us, "I've had loads of training and am up to date. I've recently completed end of life training with a local hospice which has been really helpful in supporting some of the people here."

Records showed staff received training in areas including moving and handling, first aid, safeguarding, fire safety and equality and diversity. However, we also found that staff were not always up to date with refresher training in the areas considered mandatory by the provider, and this placed people at potential risk. For example, 12 staff were overdue training in infection control and 15 staff were overdue Control of Substances Hazardous to Health training, and we identified concerns relating to infection control and the unsafe storage of hazardous substances during the inspection.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Staff told us they were supported in their roles through supervision and an annual appraisal of their performance. One staff member explained, "Supervision gives me an opportunity to talk to my manager about the care we provide people and any day to day concerns I may have. I can also discuss any possible training opportunities." Records showed that staff had received supervision on a regular basis and where a small number of staff were overdue their next supervision, we saw that these had been scheduled. Staff also told us they had plenty of informal support in their roles from the management team and could discuss any issues they had with them when needed.

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 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 on authorisations to deprive a person of their liberty were being met. At our last inspection on 02 and 03 February 2016 we found improvement was required because staff were not aware of conditions placed on people's DoLS authorisations and had subsequently not always acted to ensure they were met. At this inspection on we found the provider had made improvements to ensure any conditions placed on people's DoLS authorisations were met.

Staff were aware of the importance of seeking consent from the people they supported. One staff member told us, "The residents are able to make decisions for themselves, and I respect their choices." Another staff member said, "I always check people are happy with what I'm doing. If they refuse support, it's their choice; I would never force them to do something."

Where people lacked the capacity to make specific decisions about aspects of their care for themselves, we saw the provider had conducted mental capacity assessments in accordance with the requirements of the MCA. For example, one person's care records included a mental capacity assessment which had been conducted around the use of bed rails and records showed that the decision to put them in place had subsequently been made with the involvement family members in the person's best interests.

Senior staff were aware of the conditions under which they may need to submit an application to request authorisation to deprive a person of their liberty in their best interests, in line with the DoLS. Records showed that appropriate referrals had been made and authorisations granted by the relevant local authority to ensure people's freedom was not unduly restricted. We noted that where local authorities had not always been able to respond to an authorisation request promptly, the provider had followed up with reminders that such authorisations were still outstanding.

We also found that conditions placed on DoLS authorisations by an authorising local authority had been met. For example, one person's DoLS authorisation included a condition that their care plan was reviewed on a monthly basis to ensure least restricting practice, and we saw that staff had undertaken monthly reviews accordingly.

People's nutritional needs were met. The majority of people we spoke with commented positively about the food on offer at the service. One person told us, "[The food is] First class, better than I've had when I've been out in London. There's always a choice; everyone has likes and dislikes." Another person said, "It's very good and people get surprised when they come here as to how good the food is. If there's something you don't like, you tell them and they give you an alternative. I don't like poultry and they don't give it to me now, they must be listening because they know." A third person commented, "Sometimes it's not always to my liking, but in the main no complaints." These comments were reflective of all of the feedback we received from people about the food on offer.

Kitchen staff were aware of any food allergies people had as well as their dietary requirements, for example who had required soft or pureed diets. Records showed that advice had been sought from relevant healthcare professionals where people had specialist dietary needs. For example we saw a speech and language therapist had been involved in assessing one person's dietary needs to ensure they were safely met. Staff we spoke with were aware of people's specific dietary requirements and how to manage them safely.

People received a choice of meals each day and we saw picture menus on display at the service to help

support people in making their decisions. We observed a lunchtime meal and saw that staff were on hand to support people promptly where required. Most people were able to eat independently with minimal assistance and we saw examples of people's independence around eating being maintained through their use of adapted cutlery. Throughout the time of our inspection people were also prompted to drink by staff on a regular basis and we saw snacks were available between meals for people should they want them.

People were supported to access healthcare services when required. One person told us, "I see the doctor when I need to." Another person explained, "Normally the GP visits every Tuesday for people who need to see him. The district nurse comes in quite often for the diabetics who need their injections or for wounds that need dressing. The optician visits, the chiropodist comes in every week to see a few people at a time and we go to the dentist with a carer if a family member isn't available."

We spoke with two GPs who provided treatment to people on the nursing and residential units at the service and both spoke positively about the care and support people received. One GP told us, "The staff are on top of everyone's conditions; they know the residents and their medical needs." The other GP said, "The communication I have with the management team is good; they keep me well informed about people's needs."

Good

Is the service caring?

Our findings

People and relatives told us that staff treated them with care and consideration. One person said, "I couldn't be happier; the staff are so kind. I get on well with them; I call them my second family." Another person told us, "They [staff] are always here for me; they're very good to me and I'm less lonely in here than I was before I moved in." A relative commented, "From what I can tell, they're helpful and very caring. They seem to know everyone by name and they're very friendly." Another relative told us, "The staff are caring; they pamper to [their loved one's] needs."

We observed staff interacting with people in a kind and considerate manner. Where people displayed signs of anxiety staff moved promptly to provide them with care and reassurance. Staff communicated their actions clearly and were relaxed in friendly when supporting people, and we noted that people responded positively to the staff offering them support.

Staff demonstrated a good knowledge of the people they supported. We observed staff talking to people about the things that were important to them, for example activities they enjoyed or family members who were due to visit. These conversations helped enhance the relaxed atmosphere at the service and put people at ease in the company of staff. One person told us, "They help me with everything because I can't walk; they do everything for me. They know me and I know them, so I'm comfortable with them." Another person said, "We've all got to know each other and we have a good relationship."

People were treated with dignity and their privacy was respected. Staff described how they made sure people's privacy and dignity were maintained, for example by ensuring doors were closed and people were covered up as much as possible whilst they supported them with personal care, or by knocking on people's doors before entering their rooms. People told us their privacy and dignity were respected. One person told us, "They [staff] treat me like you'd treat anyone else; with respect." Another person told us, "They knock on my door before they come in which is nice."

We noted that people were able to spent time in communal areas, or privately in their rooms if they preferred. The service also had areas where people and their friends and relatives could meet privately if they so wished. For example, one person told us, "If you have your family come over you can always take them into the library."

People were involved in day to day decisions about their care and treatment. Staff explained that they offered people choices when supporting people, for example about the clothes they liked to wear or options around their daily routines. People confirmed their decisions were respected by staff. One person told us, "They are very patient and listen carefully to what we want and how we prefer things to be done."

People were provided information about the service in the form of a service user guide. This included information about the support and services people could expect, details on how to make a complaint, the facilities available at the home and information about the values of the service.

People and their relatives, where appropriate were involved in discussions and the planning of their end of life care. Records showed that staff had discussed people's wishes in terms of the support and treatment they received to ensure it met their preferences. The service had also achieved beacon status accreditation from the Gold Standards Framework, which is the highest level of a nationally recognised accreditation for the provision of end of life care, requiring the service to have demonstrated innovative and established good practice across a range of standards.

Good

Is the service responsive?

Our findings

People and relatives told us they had been involved in discussions about the planning of their care. One person said, "They [staff] do include me as much as possible and talk to me about any areas they are worried about." Another person commented, ""Yes, my family and I have been involved in how my care is coordinated." A third person told us, "I've seen my care plan and it's reviewed every so often."

Senior staff confirmed that they undertook an assessment of people prior to admission to ensure the service was suitable and able to meet their needs. The pre-admission assessments were used as the basis upon which further discussions were held with people in order to develop their care plans when they moved in to the home. People's care records included care plans which had been developed in areas including personal hygiene, continence, nutrition, mobility and night time support. We noted that care plans had been reviewed on a regular basis to ensure they remained up to date and reflective of people's individual needs.

People's care plans also contained information about their preferences in their daily routines, their life histories and the things that were important to them. Staff we spoke with were aware of people's individual needs and preferences. For example, staff knew people's preferences in their morning and evening routines and the activities they enjoyed during the day. People confirmed that staff supported them in line with their preferences. One person told us, "They [staff] know how I like things; I have a routine and that's how I like it."

People were encouraged to maintain their independence wherever possible. Staff described how they supported people to be independent with aspects of their personal care, for example by encouraging them to wash their own faces and arms, or brushing their teeth. People confirmed staff promoted their independence. One person told us, "I manage to eat most of my meals on my own because they [staff] like you to manage yourself if you can. Even though I have arthritis they encourage me to use my knife and fork when I can and I'm glad they do."

People were supported to maintain the relationships that were important to them. Staff told us people were welcome to have visitors whenever they wished and people and relatives confirmed this to be the case. One person told us, "There are always people visiting here. There are no restrictions; I see my family a lot." A relative said, "I can come and visit [their loved one] whenever is convenient for me." People were also supported to maintain relationships with people away from the service, where they wished to do so. For example, one person told us, "Once a month, a couple of friends arrange to meet up locally and someone from here takes me."

The service employed activities co-ordinators who supported people to engage in a range of meaningful activities. Activities on offer at the service included chair based exercise classes, quizzes, board games, arts and crafts, cake decorating and visits out, for example for lunches or visits to the theatre. We spoke with one of the activities co-ordinators who told us, "I try and find options for people that they will enjoy and a lot of people like to get involved. I also spend time with people in their rooms if they are unable or do not wish to engage in group activities. For example I've just spent time with one person listening to records in their room as this is what they enjoy."

People spoke positively about the activities on offer at the service where they chose to be involved in them. One person told us, "We've got a good team that get involved in activities. I play scrabble, another person here plays it well so we play that together. We go out quite a lot as well. I'm going to the theatre later this week. We must have gone to see over 20 different shows including musicals and operas last year alone." Another person said, ""I've been to the pantomime. They do activities in the lounge like snakes and ladders on the carpet; games and quizzes." We observed people engaging in a chair based exercise class during our inspection and noted that the activities co-ordinator worked well to engage people in the activity which was conducted with enthusiasm by the people involved.

The provider had a complaints policy and procedure in place which gave guidance to people on how they could raise concerns. This included information about the timescale in which they could expect a response and the steps they could take to escalate any concerns they had to external bodies, if they were unhappy with the outcome of any complaint investigation. The provider maintained a log of complaints received which included details of any subsequent action they had taken and their response to the complainant.

People told us they knew who they would speak to if they had a complaint about the service and expressed confidence that any issues they raised would be addressed. One person said, "I haven't ever had to complain but I could speak to any one of the staff here and they would listen." Another person commented, "If I had a complaint I would see the manager, but nothing springs to mind."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 02 and 03 February 2016 we found improvement was required because the provider's systems and processes for monitoring the quality and safety of the service were not of sufficient scope to have identified issues we found in failing to ensure conditions placed people's deprivation of liberty safeguards (DoLS) authorisations were met. We also found improvement was required to the frequency at which care plan audits were conducted in order to ensure they identified and addressed any issues in a timely manner.

At this inspection we found that the provider had taken action in these areas. There were systems in place to monitor people's DoLS authorisations, and care plan audits were being conducted on a more frequent basis. However, the care plan audit cycle remained ineffective in promptly identifying issues in people's care planning and we found that other systems used by the provider to monitor the quality and safety of the service were not always effective in driving improvements.

For example, records showed that the provider undertook periodic service inspection audits which covered a range of areas including the environment, fire safety, staff supervision and training, complaints and checks on staff personnel files. We reviewed the findings of a recent audit conducted in October 2016 and noted that senior staff had identified concerns with the cleanliness of one of the kitchens at the service. We reviewed the condition of the kitchen during our inspection and found the same level of concern regarding cleanliness at that time. In another example, we noted that the two most recent monthly infection control audits conducted on one of the units of the service had identified the need to remove items from an area of the service and we found that this continued to be an issue at the time of our inspection. Therefore the audits had not driven effective improvements within the service.

Furthermore we noted that whilst care plan audits had been effective in addressing some issues, the audit system was not effective in identifying concerns promptly. For example, the audit process was not sufficiently robust to identify that one person's malnutrition risk assessment had not been properly completed by staff since August 2016.

We also found that the provider had not always acted to address issues identified by external monitoring bodies. For example we noted that local authority commissioners had made a range of recommendations following a monitoring visit to the service which included putting guidance in place for staff on how they should manage one person's behaviours in order to ensure their safety and the safety of other residents. They commissioning team had also made a recommendation regarding potential free training for staff in support of this issue. However we found that no guidance had been put in place and senior staff confirmed they had not attempted to arrange the proposed training.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We also found examples of audit processes and checks undertaken by staff which were effective in driving

improvements at the service. For example, a recent medicines audit had identified the need to improve the information recorded on people's Medicines Administration Records so accurate checks could be made on remaining medicines stocks. Records showed this issue had been discussed with staff during a team meeting and we found that appropriate recording improvements had subsequently been made so that stock levels could be checked accordingly. In another example we found a recent care plan audit had identified the need for one person's risk assessments to be reviewed to ensure they were up to date, and this issue had been promptly addressed by staff.

The provider sought feedback from people using the service, but the methods for seeking feedback were not always frequently employed and staff could not always demonstrate that the feedback they received had been acted upon. Senior staff told us that residents meetings should be held on a quarterly basis on each of the units at the service. However records showed, and staff confirmed, that there had not been a residents meeting on one of the units since September 2016.

People had mixed views about attending the residents meetings in order to offer feedback on the service. One person said, "We have residents meetings and any complaints are usually discussed there; they are usually very small individual things that can be easily resolved." Another person commented, ""They don't have many [meetings]; we come in the lounge and listen to what everyone has got to say, but there's nothing really of substance to complain about."

People were also invited to submit their feedback about the service through regular surveys conducted by the provider. We reviewed the most recent surveys which had been conducted on each of the units covering the period January to June 2016. Whilst the survey did not identify any significant concerns, we noted a small number of areas in which people's responses suggested a slight deterioration in satisfaction from the previous survey. For example a lower proportion of people on one of the units were satisfied with the general maintenance at the service that had been the case during the previous year.

We asked senior staff whether they had taken any action to address these issues but they told us that the results of the survey had been lost after a member of the administration team had left and had only recently been found so, they were yet to act upon the findings.

These issues were further examples demonstrating a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Records showed that where residents meetings had been conducted people had discussed areas including menu options, the cleanliness of the home and activities. We also saw senior staff used residents meetings as an opportunity to remind people of how they could raise concerns. Staff confirmed action had been taken where issues were raised during meetings. For example, a food warming trolley had been purchase from which meals at the service could be served in response to feedback from people about meals going cold quickly when served on cold plates. The manager also told us that they held regular drop in surgeries where people or relatives could arrange to meet with them and discuss any issues or ideas for service improvements they had, and we saw notices on display in the service to let people know when these surgeries were being held.

People and relatives told us they thought the service was well managed. One person said, "It's first class; you couldn't ask for better." Another person commented, "The home is completely well-run, it's excellent." A relative told us, "I think its run quite well. Whenever I'm here the place is clean and tidy and it doesn't smell bad which is what I fear in nursing homes."

There was a new manager in post who had started work at the service in June 2016. They were in the process of registering with the Care Quality Commission to become the registered manager of the service. The current registered manager still undertook a monitoring function at the service for the provider and told us they were available to support the new manager and senior staff when required, although they explained they no longer had day to day management responsibilities at the service.

The new manager demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008. Staff we spoke with told us they were well supported by the management team. One staff member told us, "I can speak to a manager whenever I need to and I feel they listen if I have concerns." Another staff member said, "I've never had any issues here, but I feel well supported by my manager."

Staff also told us there was a strong focus on team work and providing good quality care. One staff member commented, "We're a good team here, it's like a family." Another staff member told us, "This home has a culture of ensuring the residents call the shots. We all work hard to meet people's preferences and the teamwork is great. I'm in a position that I could have chosen to retire but have chosen not to as I enjoy it."

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 17 HSCA RA Regulations 2014 Good governance The provider's systems and process for monitoring the quality and safety of the service were not always effective in driving improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received refresher training in line with the provider's requirements.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed and action had not always been taken to mitigate risks. Environmental and infection control risks were not safely managed.

The enforcement action we took:

We served a warning notice on the registered manager and provider.