

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Holy Name Care Home

Hall Road, Hull, HU6 8AT

Tel: 01482803388

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06 August 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Molescroft Nursing Home (Holdings) Limited
Registered Manager	Mrs Samantha Jayne Crick
Overview of the service	<p>Holy Name Care Home is a purpose built home encompassing a church site, situated in a residential area of North Hull. The home has a number of open plan areas, two conservatories and gardens for people to use. The home was opened in 2012 to provide long term and respite stays for older people who need residential or nursing care. The home is registered for 64 older people, some of whom may have dementia. The home is situated on main public bus routes into Hull City Centre.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 August 2014 and 7 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities. We talked with other authorities and were accompanied by a specialist advisor.

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

What people told us and what we found

Our inspection team was made up of two inspectors, and a specialist nurse. We considered the findings of our inspection to answer questions we always ask:

Is the service caring?
Is the service responsive?
Is the service safe?
Is the service effective?
Is the service well led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people using the service, their relatives and the staff told us. If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

People told us they felt safe at Holy Name. We observed interactions between staff and people who used the service that were respectful and friendly. People were relaxed in the company of staff.

People received their medicines as prescribed by their doctor and told us they received medicines in a timely way.

The manager sets the staff rotas and they made sure there was sufficient numbers of staff with the right skills and experience to meet people's needs. They had recently reviewed and increased the number of staff at times during the day to provide more flexible staff

deployment. We received some mixed comments from people about the staffing numbers. These included, "There seems to be enough staff on, I always get the help I need and they find time to sit and talk when they can" and "They are very busy at times and sometimes I have to wait when I ring the bell."

We found the provider did not have clear systems in place to ensure the information they collected about incidents and accidents was analysed appropriately. This meant the information in audits was not always used to manage risks related to people who used the service.

We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to ensuring risks to the health, welfare and safety of the people who use the service are properly assessed and managed.

Is the service effective?

People were included in decisions about their care and the support they wanted. We found people's care records overall reflected their preferences and choices.

We observed that there were good interactions between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives.

Care files we checked confirmed that initial assessments had been carried out by staff before people moved into the service. This was to ensure the service was able to effectively meet the needs of the people. Specialist mobility and equipment needs had been identified in care plans where required.

People were offered meals that were varied and nutritious. Comments from people included, "We get lots of snacks" and "I have a lot of dietary requests; the cook comes to see me most days to discuss the menu and my preferences, they are very good about that." A range of snacks and drinks were readily available and offered to people to ensure individuals received enough to eat and drink. People were assessed for the risk of becoming malnourished.

Records and discussions showed staff had received training, direction and support which enabled them to be more skilled and confident when supporting people, especially in relation to their dementia and health care needs. Gaps in the training programme were addressed during the visit, with courses in essential and service specific training arranged.

People we spoke with were complimentary about the staff and said they were kind and caring. Comments about the staff included, "Staff are kind to you", "The staff are very kind and helpful" and "The staff are pretty good. Nothing is too much trouble. I feel settled here."

Is the service caring?

We found that staff were understanding of people's individual needs. People's preferences, routines, likes and dislikes had been recorded and care and support was provided in accordance with people's wishes and choices.

People were supported by kind and attentive staff. We saw that staff showed

encouragement and patience when supporting people.

People who used the service told us they were happy living at Holy Name. Comments included, "Care staff are friendly, always popping in and making sure I'm alright" and "I've not been here long, but I do like the home. Staff and other residents are friendly."

Is the service responsive?

Staff told us the care and support provided was flexible to the person's needs and adjustments could be made where required. Care staff said they informed the nursing staff if they felt any change in needs was required and the support was reviewed.

The provider had considered the specific needs of people with a dementia related condition when planning improvements to the environment. They had recently moved the dementia unit from the first floor of the service to the ground floor so people with dementia could independently and safely access the garden area. The provider had used external consultants for advice on improving the environment for people with dementia and had implemented some of their guidance about use of colour to aid orientation. Further work to provide individual memory boxes was underway.

People had access to a range of health and social care professionals such as GPs, a psychiatrist, dieticians, speech and language therapists, social workers, dentists and opticians. There was evidence the staff team sought appropriate advice, support and guidance both routinely and during emergency situations.

People who used the service were happy with their health care. One person said, "They get the doctor when I'm poorly, they look after me very well, I am getting much better."

Is the service well-led?

The service worked in partnership with key organisations, including the local authority and safeguarding teams, to support care provision and service development. Regular meetings were held with the intermediate care team to facilitate and support effective joint working arrangements.

We identified gaps with the systems in place to monitor the quality of service provided. Whilst some information about the service was gathered each month there needed to be more robust reviews, analysis and records about this information. This meant that shortfalls in the service were not always identified and action plans not produced to address them in a timely way.

There was a system of sending out surveys to people who used the service and their relatives; this had not been extended to the staff. The manager told us the issues identified in surveys had been addressed but this had not been recorded.

We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to quality assurance.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 30 October 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People who used the service were cared for in one of three units. There were some beds dedicated to be used for people who were ready to be discharged from hospital but were not yet ready to return to live independently (intermediate care), there were beds dedicated to be used by people with dementia and the remaining beds were for people who required general nursing and personal care support.

We found the provider had taken the decision to move the dementia unit to the ground floor to enable people in the unit to access the outdoor space independently and safely. Areas of décor had been colour coded to support orientation such as toilet doors and toilet seats. The provider told us how further improvements were planned such as the provision of memory boxes on or close to people's bedroom doors.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care files relating to ten people who used the service, sampling records for people in each of the three units. These showed us people's needs were assessed prior to admission. The service received assessments completed by social care professionals involved in their care. The assessments helped staff to determine if the person's needs could be met in the service.

Care plans had been developed to support all areas of need, including for example, personal care and physical wellbeing, communication, mobility, health, nutrition and support to maintain continence. The care plans indicated preferences for how care should be carried out and provided staff with guidance in how to meet people's needs. We saw care plans were personalised, for example plans gave detailed information such as how the person communicated and triggers for behaviour which challenged the service.

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. We saw that people had risk assessments in place which covered areas such as: mobility, nutrition, falls, skin

damage and use of bed rails and these assessments had been reviewed regularly.

Staff recorded the care provided to people and also completed monitoring charts when people were at specific risk, for example with their fluid intake, skin damage or with behaviours that could be challenging to people. We found records to support food and fluid intake were well completed. Records of repositioning people tallied with the frequency identified on their risk assessments; however we noted staff were not recording the condition of the person's skin at these times which would assist with review and increased care support if required. We mentioned this to the manager to address.

We found the care records for people in the intermediate care unit were developed and maintained by the home staff and the intermediate care team. The manager confirmed that each team completed separate care plans and both groups of staff completed a joint progress and evaluation record. The provider may find it useful to note that we found inconsistencies with some of the care records in this unit. For example, we looked at four sets of care records and one set did not have care plans or risk assessments in place which had been developed by the home staff; however the intermediate care team had developed their own records which were in place and being used by the staff. We also found progress and evaluation notes were written in both sets of records. When we spoke with the care staff there was confusion as to what the correct process was.

Staff spoken with confirmed they read care plans and found they contained the information they required to look after people and meet their needs. In discussions, staff were knowledgeable about people's needs and spoke about people using very positive language. They told us they followed any advice they were given by healthcare professionals and used aids and equipment where needed to promote people's wellbeing and safety. We saw staff used a hoist where people were unable to stand unaided, and people were sat on cushions designed to relieve pressure on their skin.

We found that two people recently admitted to the service from hospital had been provided with a specific type of seating. Both individuals had a significant history of falls and the chairs helped to prevent further falls by the use of a lap strap or a table. The manager and records confirmed that the decision to use this type of equipment had been made by health professionals as part of the person's discharge planning arrangements. The health professionals concerned had considered it was in the person's best interests to use the chair to support their safety and that this level of restraint was the least form of restriction to prevent further falls. Risk assessments were in place which directed staff to monitor the person every thirty minutes to ensure their safety. Relatives of both persons we spoke with during the visit confirmed they had been consulted about the use of this equipment and had consented. We discussed with the manager if the use of such equipment necessitated an application for a Deprivation of Liberty Safeguard which they confirmed they would discuss with the local safeguarding team.

Records showed us people had access to care and treatment from a range of health care professionals. These included GPs, district nurses, emergency care practitioners, opticians, dieticians, occupational therapists, physiotherapists and chiropodists.

The intermediate care team held weekly multidisciplinary meetings to review each person's progress and discuss their further rehabilitation needs. The meetings were led by a consultant and involved the care team and therapists. Information we received prior to the inspection and discussions with the manager during the inspection identified there had been some concerns around communication between both teams in recent months. The manager confirmed a meeting between the senior staff had been held to discuss the

improvements needed in the joint working arrangements. The intermediate care team had now allocated a lead nurse to liaise and work closely with the home staff. The manager confirmed the clinical manager at the home would now be attending all the weekly multi-disciplinary meetings to ensure effective communication and provision of up to date information.

We spoke with nine people who used the service who all said they were happy with the care provided. Their comments included, "They get the doctor when I'm poorly, they look after me very well, I am getting much better," "Care staff are friendly, always popping in and making sure I'm alright" and "I've not been here long, but I do like the home. Staff and other residents are friendly."

Most of the relatives spoke positively about the care provided. Their comments included, "We are here every day and think the staff are great. Mum is turned every two hours but she often refuses," "Staff deal with my mother's behaviour really well. They are calm and patient; they have time to sit and talk with her, she has settled here really well" and "The care staff are fantastic, nothing is too much trouble."

One relative we spoke with felt that care was 'haphazard' at times and gave some examples of when things were not right. These included their relative being left too long in their wheelchair in outdoor clothes following attendance at an appointment and their relative's preference for having their arms covered was not always supported. When we checked the person's care plan, this preference was not recorded. We mentioned these issues to the manager to look into.

We looked at Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms. A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly. The provider may find it useful to note that we found that some of the forms had not been reviewed following admission to the service from the person's previous care setting. Current guidance indicates that if the person does not have capacity to consent to the decision then the form and decision to resuscitate should be reviewed, when there has been a significant change in care setting.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People spoken with told us they were happy with the meals provided. Comments included, "The meals look good and I've put a bit of weight on since I've been here," "The food is lovely, always a good choice," "Meals are very nice and tasty," "We get lots of snacks" and "I have a lot of dietary requests, the cook comes to see me most days to discuss the menu and my preferences; they are very good about that." Relatives told us they had either seen the prepared meals or had eaten meals at the service. They confirmed the food was cooked and presented well.

We observed part of the breakfast service and all the lunchtime service for people in the three units. The meals looked well-presented and nutritious. We saw people were offered a choice of meal from the menu; some people were shown meals which helped them make their choice. We did note that people in the dementia unit had their meals provided on a trolley; they were individually plated up and covered in foil. When one person changed their mind about their meal choice, the member of staff had to return to the kitchen for a different meal, which took time. Similarly when another person wanted a second helping the staff had to return to the kitchen. In discussions with staff on the unit and kitchen staff, they told us the provision of a bain-marie would be beneficial; however the provider confirmed that this type of equipment had been provided but was not used by the staff.

We observed some people needed assistance with eating and there were enough staff to provide this support in all areas. The support provided by staff during meal times was positive; staff positioned themselves well and were patient and encouraging. On the dementia unit we found staff were more attentive during mealtimes and the meal time was a positive experience for people.

We saw the service had a range of aids and specialist equipment to enable people to manage their meals more independently. The cook confirmed they had recently ordered coloured plates which would enable people with dementia to see their food better.

We spoke with the staff working in the kitchen. The cook confirmed new menus had been developed following consultation with people. Pictorial menus had not yet been developed but would be produced in the near future. They were aware of those people living at Holy

Name who were at risk of harm from becoming malnourished. The cook told us care staff kept them informed about people with extra nutritional needs, so they could ensure their nutritional needs were being met. The cook had a good understanding of how to fortify foods, (adding extra calories) for those people with poor appetites. This helped to ensure the risk of harm to people from not eating enough was minimised.

During the inspection we observed people were supported to have a range of snacks and enriched food between meals such as: milk shakes, sandwiches, pasties, fruit, cake and biscuits. Staff explained the new snack platter which had been introduced recently, was working well.

Throughout the visit we observed staff offered people a choice of hot and cold drinks between meals. They prompted or supported people to take drinks regularly. The chef described the hot weather measures which included provision of sparkling drinks, choc-ices and ice lollies.

Some people had been prescribed nutritional supplements through the GP or the dietician. Checks on people's medication administration records and their fluid intake records showed people received their supplements as prescribed.

We found some people had their food and fluid intake monitored and recorded on a chart. This meant the service and relevant health care professionals were able to gain a thorough picture of each person's dietary intake. We found that the information gathered from the food and fluid records informed staff to take further action where necessary such as: closer monitoring, provision of fortified diet and referral to the dietician and GP.

We looked at the written records, including weight records, relating to meeting people's nutritional needs. We noted overall that people's weights were stable, which indicated they were receiving sufficient food and drink.

We noted the staff completed a nutritional risk assessment tool when people were admitted to Holy Name, in order to identify which people were more at risk of harm. We found special dietary needs were identified on the general assessment record. However, the provider may find it useful to note we found less information was gathered on assessment about people's individual food preferences. The manager considered this was the chef's responsibility; however there was less opportunity for the chef to meet with people's relatives to gather this information. This meant some people with dementia were at risk of being provided with food and drinks they may not like.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw the provider had revised and updated the safe handling of medicines policy, and the senior members of staff we spoke with were aware of its content. The people we spoke with raised no concerns about their medication. They said their medicines were administered at the correct time and in the proper way.

Qualified staff and senior care staff administered medication at the service. Staff we spoke with confirmed they had received training in this subject including periodic updates. This was confirmed by the training records we sampled.

The service had designated rooms on each floor to store medicines. The temperature of the room and refrigerators were recorded which meant that staff could monitor and make sure medicines were stored at the correct temperature.

The service used a monitored dosage system (MDS) which meant the individual medicines for each person were dispensed into monthly containers and colour coded for specific times of the day. These were delivered by the pharmacy and they helped to prevent mistakes being made.

The nurse who was responsible for overseeing the medication procedures in the general and dementia units described to us how medication was ordered regularly; we saw there was a system in place to record all medicines going in and out of the service. There was a system for staff to follow for all medication that had not been used, which needed to be destroyed.

The service had a controlled drugs cabinet for those medicines that required more secure storage. We checked a selection of controlled drugs and found the amounts tallied with the controlled drugs register.

The clinical lead nurse told us that few of the people on the general unit managed their own medicines. The people who received short stay, re-enablement support were usually commenced on self-medication programmes following assessment. We found staff monitored people's progress with this closely to ensure the individuals received their medicines safely.

We checked the medication administration records (MARs) on the ground floor units and found them to be accurate; there were no gaps on the records and staff had used the appropriate codes to support any non-administration.

Prior to the inspection we had received information from the pharmacy team who worked with people at the service who received re-enablement support. The information identified concerns around aspects of the management, administration and recording of medicines in relation to their patients. We were told there had been a number of medication errors. We spoke with the newly appointed manager of the first floor unit who showed us some of the improvement work they had undertaken, following concerns raised about medicine practices. The improvement work included new arrangements for storing and filing all the MAR's; although our checks identified the records of a person no longer receiving support at the service was still in the file. This was mentioned to the manager to address.

A new communication record had been put in place, which staff reported was working well. When we looked at this record we found staff had recorded changes to people's prescriptions and self-medication arrangements, but there were still some inconsistencies. For example, one person was now self-administering their insulin and had stopped checking their blood sugar levels regularly; however this had not been recorded in the communication book and there was no record of self-administration on the MAR's.

The unit manager told us how they had made improvements in respect of the recording on the MARs. We checked the MARs on the first floor unit and found some gaps in the records where staff had not used a code to support non-administration. When we checked the MDS we found that the medicines had been all been administered with the exception of one person's Nicotine patch, we may have been omitted for two days. When we tried to count the medicine patches and work out if the medicine had been administered, we found the records of supply did not match the amount given. This was mentioned to the manager to look into and address.

Some medication was prescribed 'when required' or prescribed as a variable dose, for example some people were prescribed medicines to calm their agitation. However, the provider may find it useful to note that the individual 'when required protocols' were not available. These were written guidance to inform staff about when these medicines should and should not be given. This would better ensure people were given their medicines safely and consistently.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We found there were enough qualified, skilled and experienced staff to meet people's needs.

There were 52 people resident in the service on the day of inspection. The manager had been in post since September 2013 and was not registered with the Commission. Checks prior to the inspection identified the manager had submitted her application and this was being processed.

The service had catering, laundry, domestic and maintenance staff on duty each day. This meant care staff could focus attention on care tasks.

The manager told us the activity coordinator had left and they had recently recruited a replacement to work with the apprentice in post. New care workers and a qualified member of staff had also been recruited recently to fill vacancies and were due to commence work, pending the outcome of their police checks and references. The manager expressed concerns about the delays with receiving police checks in recent months, which had meant the service had used some regular agency staff to fill the shortfalls.

We found the service was busy during the inspection; there were numerous visits by health care professionals, relatives requiring support and continual phone calls which the staff managed well. Generally we observed there was a good staff presence around the units and in communal areas to support people. The provider may find it useful to note that on two occasions we found a recently appointed care worker on their own in an area of the dementia unit; the member of staff did not demonstrate a confident or competent approach in aspects of their support and would have benefitted from more direction and supervision.

When we asked people and their relatives about staffing levels we received some mixed comments. These included, "There seems to be enough staff on, I always get the help I need and they find time to sit and talk when they can" and "Staff seem very busy but they always have time for Mum, there don't seem to be any delays." Some people considered the staffing levels were not sufficient and told us, "I think they are understaffed, the bells go off all the time" and "They are very busy at times and sometimes I have to wait when I ring the bell."

The manager described the systems they used to determine the staffing numbers; the system was based on identifying an average number of hours needed per person in terms of residential care support or nursing care support. The manager told us they reviewed these hours regularly and considered feedback from staff and people who used the service. The manager confirmed that staffing numbers in the evening shifts on the main unit had been increased recently after the provider had noted delays in the call bells being answered and had made checks on the response times. The team leader on the first floor unit told us how they had identified some staffing shortfalls on the morning shifts the previous month. Following discussions with the manager these had been increased to provide another member of staff between 8am and 10am. The manager also confirmed the number of nursing staff on night duty had been increased to two staff.

We checked a sample of staff rotas and these showed the numbers and skill mix of staff as described by the manager. A small number of people who used the service had been allocated one to one support and this was clearly documented on the rotas.

Staff told us there were still parts of the day when it was very busy; such as early morning and at meal times. One member of staff said, "It's usually okay as long as you are organised." Another person said, "Recent staff increases have helped. If staff don't phone in sick we are okay, but we always try and get other staff in to help; we do use agency when we have to."

The manager confirmed that staff sickness rates had been high in recent months. This had impacted on staff cover along with the delays in recruiting new staff. The rotas we looked at showed that when staff were sick or on leave, replacement names had been added to the rota. The manager explained they had introduced more robust sickness monitoring procedures in recent weeks.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People who used the service told us they felt confident staff knew how to look after them and were complimentary about them. Comments included, "Staff are kind to you", "The staff are very kind and helpful" and "They know what they are doing, they are always asking me to move position so I don't get sore."

We spoke with six support workers. All staff confirmed they enjoyed working at the service. They had either achieved a national accredited qualification or were working towards this. Five of the staff told us they had adequate training, supervision and appraisal.

We spoke with one support worker who had been working at Holy Name for seven weeks. They described an induction programme that provided them with sufficient support and training, so they gained an understanding of people's needs, and how they were to be met. They explained that they shadowed a more senior worker when they were first deployed, so they could observe care practices and the interactions between staff and the people living there. They were given moving and handling training when they first started work and had now attended other training in health and safety matters, like infection control and fire safety. We saw evidence of this training in the person's file. The support worker had not yet received a formal one to one session.

We looked at other workers' training records and saw that staff were supported to attend training sessions that were relevant to their work. This helped to ensure staff had the skills and knowledge to provide safe and appropriate care. The courses included essential training and service specific courses such as pressure damage, Mental Capacity Act 2005, dementia and managing behaviours that challenged.

The training coordinator maintained a 'Training Matrix' which showed the training staff had undertaken. We saw gaps in the training matrix. The training officer confirmed how the matrix was not updated until they had received a copy of the course certificate but confirmed that some staff had not completed essential refresher or core training. During the visit the provider checked the outstanding training and booked the necessary courses. Information we received following the inspection identified that the training would be completed by the end of October 2014.

In discussions, some staff told us they did not feel confident in providing care for people who displayed difficult behaviours which challenged the service. During the inspection we observed some staff were not confident when they approached people who displayed behaviour which challenged. We discussed this with the provider and manager who confirmed training courses in these topics had been arranged for the staff and they would ensure appropriate skill mix on shifts in each unit to provide effective support and supervision.

We noted that staff meetings were held. Having meetings helped to ensure important information about the running of the home was shared. We saw minutes from these meetings; the meeting on the 23 July 2014 had been called by the manager due to concerns about staff morale. We saw there had been discussions about making improvements with areas of the service such as staff sickness, staff deployment and communication.

Checks on staff files and the supervision matrix showed staff received formal supervision. We saw that one to one meetings were held, where staff could discuss their work and training needs with a more senior person. However, we noted the regularity of these meetings varied somewhat. The provider may find it useful to satisfy themselves that the current support systems were meeting the needs of the staff team.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have effective systems to regularly assess and monitor the quality of service that people received or to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found there were some quality monitoring systems in place but they were not always effective and did not always identify risks or where improvements were required to be made.

The manager showed us a file which contained various audit records. We found an external audit of the infection control and prevention systems had been carried out on 10 March 2014. The findings were very positive scoring 94%. When we looked at the infection control audit we found this did not include a review of hygiene standards in the service. During the visit we noted there were offensive odours in all areas of the service, but specifically in the main unit on the ground floor. This did not promote the wellbeing and dignity for the people who used the service. Records of the management meeting on 27 July 2014 showed the provider had identified odour management issues. When we asked if there were environmental audits carried out which would assess the standards of cleaning and hygiene, we were told these were not carried out.

A record keeping audit completed in November 2013 had scored 87%. We found the manager had audited 14 care files on 22 June 2014, with actions such as the need to update care plans and to sign and date records had been identified. It was not identified as to whose responsibility this was or how it would be done. No timescale for completion was noted and on checking not all the identified improvements had been made.

There was an audit completed of the accidents and incidents that took place each month. However, the records did not show any analysis carried out or management action taken in terms of reviewing numbers of incidents for each person, times of the incidents, equipment usage or the location the incident took place in order to look for patterns or trends. This meant the information in these audits limited learning and management of risks related to people who used the service.

The clinical manager told us she maintained monthly audits of people's weights and incidence of pressure damage. We found these records were up to date and complete. Where any weight loss had been identified, records showed this had been reviewed and further action taken as necessary, such as provision of fortified diet and referral to the person's GP or the dietician. Similarly if any concerns about pressure damage were identified, records showed checks were made to ensure appropriate care and equipment were in place.

An external audit by the pharmacy contractor in 2013 identified that there were no protocols in place to support the administration of 'prn' (as required) medicines. At this visit we found these had not been completed. Records showed an internal medicines audit had been completed in February 2014. However, more regular auditing of medicines management had not taken place despite recent medication errors and the concerns in recording and administration identified by the intermediate care team.

We found gaps in the staff training programmes. The manager had delegated the management of the training programme to the training coordinator. The training coordinator told us they gave a copy of the training matrix to the manager each month. There were no records of any action planning to manage the training shortfalls. During the visit the provider arranged all the outstanding courses in essential training for staff. We also noted some gaps in the supervision and appraisal programmes, however we were told by the manager that they did not complete audits of this programme.

During the inspection we visited the kitchen areas and noted that some kitchen surfaces and pieces of equipment were not clean. Also there were no fly screens at the doorway. The cook told us that the environmental health officer had inspected the kitchen and food management systems the previous day. We found there were cleaning schedules in place. The manager confirmed there were no audits of the kitchen facilities carried out where standards of cleaning and food safety records were checked. Following the inspection, the environmental health officer told us the home had achieved a four star rating with some recommendations about cleaning and recording practices.

People who used the service and their representatives were asked for their views about their care and treatment. We noted that staff meetings and residents meetings were held, though these did not seem to be at regular intervals. The manager told us that satisfaction surveys were issued to people who used the service and their relatives regularly. We looked at a sample of the surveys returned in 2013; these showed positive comments overall but when shortfalls had been identified there were no records of how the issues were addressed. We found surveys had recently been issued to people who used the service and some of these had returned. Some had mixed comments about the standard of cleaning and the staffing levels. The manager confirmed that they had increased the staffing levels and changed how the staff were deployed each shift. However, there were no formal action plans developed to support and evidence the improvements made from such consultations.

When we asked people if there was anything they would like to change to improve the service provided, some people told us they would like some more activities. One person said, "We used to do a lot more activities, some outings would be nice as well."

The provider took account of complaints and comments to improve the service. We saw there was a system in place to address any complaints that arose. This included a complaints procedure which was available to people who used and visited the service. We also noted there was a comments book, although one of the comments was not picked up

and responded to for two months. People we spoke with and their relatives said they would feel comfortable speaking with the manager or staff if they needed to.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
Diagnostic and screening procedures	<p>How the regulation was not being met:</p> <p>The provider did not have effective systems to regularly assess and monitor the quality of service that people received or to identify, assess and manage risks to the health, safety and welfare of people using the service and others.</p> <p>The provider did not always act upon information they had that would improve the service people received.</p> <p>Regulation 10(1)(a)(b) (c)(i)</p>
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 October 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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