The Sisters of the Sacred Hearts of Jesus & Mary

Marian House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 30 November 2015 and was unannounced. The service was last inspected in July 2014 and at the time was found to be meeting the regulations we checked.

Marian House provides accommodation and nursing care for up to 25 older people and is run by a Roman Catholic religious congregation. There were fourteen people living at the service at the time of our inspection, most of whom were catholic nuns.

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

People's capacity to make decisions about their care and treatment had not always been assessed. The staff did not always understand the legal processes required when relatives consented on behalf of people.

Processes had not always been followed to ensure a person had been deprived of their liberty lawfully. The provider had not made an application under the Mental Capacity Act Deprivation of Liberty Safeguards for at least one person who was receiving medicines covertly.

We found evidence that staff did not always understand the need to obtain consent from people. They told us that they obtained consent verbally. This did not provide evidence that people had agreed to their care and support.

There were arrangements in place for the management of people's medicines and senior staff had received training in the administration of medicines. However, care staff were requested to assist qualified nurses in the administration of controlled medicines even though they had not received any training. This meant that they would not be able to identify any errors made by their senior colleagues and therefore people would not be protected against the risk of receiving the wrong medicines.

Some signatures were missing on medicines administration records, and staff were unable to confirm if this was an oversight and whether the medicines had been given.

There were no maximum/minimum temperatures recorded for the medicines fridge. During the inspection, the temperature for the fridge was found to be too high.

People and staff told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. There were sufficient staff on duty to meet people's needs and six of them including the registered manager lived at the home. This meant that staff were always available in the event

of shortage to ensure people's safety.

People's nutritional needs were met, and people gave positive feedback about the food. We observed people being offered choice at the point of service and the food was cooked using fresh ingredients.

Staff received training, supervision and appraisal. The registered manager sought guidance from other healthcare professionals and attended workshops and conferences in order to keep abreast of developments within social care.

Staff were caring and treated people with dignity and respect. Care plans were in place and people had their needs assessed. The care plans contained detailed information and reflected the needs and wishes of the individual.

A range of activities were provided at the service and some people told us they were able to go out either by themselves or with a member of staff. We saw that people were cared for in a way that took account of their diversity, values and human rights.

People, staff, relatives and healthcare professionals told us that the registered manager and staff were approachable and supportive. The registered manager told us they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the Mental Capacity Act 2005, the management of medicines and governance. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. There were issues with the management and administration of medicines which meant that people were at risk of not receiving their medicines safely.

Staff were aware of the risks to people's safety and supported them to manage those risks.

There was a safeguarding policy and procedures in place and staff were aware of these. Staff had received training in safeguarding of adults and received yearly refreshers.

Sufficient staff were available to provide timely support and ensure people's safety. Checks were carried out during the recruitment process to ensure only suitable staff were employed.

Is the service effective?

Requires Improvement

The service was not always effective. Where people had lacked the capacity to make decisions, the staff had not always followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff received the necessary training to deliver care and support to people, and were suitably supervised and appraised by their manager.

People were protected from the risks of inadequate nutrition and dehydration. People were offered choice of food and drink for every meal and throughout the day.

Is the service caring?

Good

The service was caring. Staff interacted with people in a friendly and caring way. People said they felt cared for and had good and caring relationships with all the staff. Relatives and healthcare professionals said the people using the service were well cared for.

Care plans contained people's personal history and their likes and dislikes. People were supported with their individual needs in a way that valued their diversity, values and human rights.

Is the service responsive?

Good

The service was responsive. People's individual needs were met when their care and support was being assessed, planned and delivered.

People and their relatives were involved in planning and reviewing their care.

A range of activities were arranged that met people's interests at the service and in the community.

Complaints were investigated and responded to appropriately.

The service conducted satisfaction questionnaires of people and relatives. These were analysed in order to gain vital information about the quality of the service provided, and an action plan put in place where improvements were needed.

Is the service well-led?

Requires Improvement

The service was not always well-led. Systems in place to assess and monitor the quality of the service had not been effective in identifying issues with medicines management, capacity and consent.

At the time of our inspection, the service employed a registered manager.

People, their relatives and healthcare professionals found the management team to be approachable and supportive.

There were regular meetings for staff and people using the service which encouraged openness and the sharing of information.

There were systems in place to assess and monitor the quality of the service.

Marian House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 30 November 2015 and was unannounced. The inspection was carried out by two inspectors, a pharmacy inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for an older person living with dementia.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including four people's care plans, three staff records and records relating to the management of the service. We spoke with seven people who used the service, four relatives, six staff including two senior staff members and the registered manager.

Following our visit, we spoke with two healthcare professionals who were involved in the care of people using the service and one social care professional to obtain their views about the service.

Requires Improvement

Is the service safe?

Our findings

Training records showed that senior staff had received training in the administration of medicines and supported people to receive their medicines as prescribed. We saw that medicines administration records (MAR) charts were signed to indicate this. However we saw that on a few occasions, some signatures were missing, and staff were unable to confirm if this was an oversight and whether the medicines had been given. On some occasions, care assistants were asked to countersign certain medicines that were deemed to be high risk. However there was no evidence of specific training to ensure that the care assistants were competent to do this.

We reviewed the MAR charts for each person. They each had a photograph of the person and the person's allergy status. We found that on one occasion the allergy status on the MAR chart was different to what was noted in the person's care plan. A staff member was informed of this instance so that they could rectify this with the local pharmacy.

Current temperature readings were recorded daily for the medicines fridge and the clinical room. However no maximum/minimum temperatures were recorded for the fridge. During the inspection, the temperature for the fridge was found to be too high. The staff member present was informed and took immediate steps to rectify this. There were no sensitive medicines being stored at the time. The room temperature was satisfactory.

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

Medicines were locked away and stored safely. Random checks of several medicines including controlled drugs (CD) were carried out and we found that the quantity in stock matched the quantity that should be in stock according to the records on the MAR chart and in the CD register. This provided a level of assurance that people were receiving their medicines as prescribed.

Staff said that their local pharmacy was very helpful and often provided medicines advice over the phone if necessary. The pharmacy staff conducted regular audits at the service which included checks on the storage, recording of receipt, handling and return of medicines. We saw evidence of actions taken as a result of audit findings. The pharmacy staff also provided a medicines training update once a year to staff working at the service.

People we spoke with said they felt safe living at the service. One person said, "It is excellent here. I think it is very safe". A healthcare professional confirmed this and told us, "This place is very safe. I recommended it to someone I know". People confirmed they would know who to contact if they had any concerns, and added that they did not currently have any concerns about the service. The service had a safeguarding policy and procedures in place and staff told us they received regular training in safeguarding adults. Training records confirmed this. The registered manager told us that one of the trustees was the safeguarding representative. They attended regular national and international safeguarding training to keep in line with policy and

informed the registered manager of any changes in legislation. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager, social services or the Care Quality Commission (CQC) if necessary. The service had a whistleblowing policy and staff were aware of this. We therefore saw that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the CQC as required of allegations of abuse or serious incidents. The registered manager carried out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. Records we viewed confirmed this.

The entrance of the service was quite a distance away from the main office and although there was an entry-phone to check on the identity of any visitors, once the door was released from the office, visitors could have unrestricted access to the main corridor and chapel. This arrangement also felt unwelcoming to visitors, and we saw that a relative had already made a comment about this to the provider. The manager told us that they always ensured that visitors were met by a member of staff. However on the day of our inspection, our expert by experience was not met by staff and waited for a while before deciding to find their own way to the duty office.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on the individual risks that had been identified either at the point of initial assessment or during a monthly review. Records were updated according to the outcome of each review. This included a risk assessment for a person who wished to go out alone.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and they involved healthcare professionals when needed. Several members of the staff team including the registered manager lived at the service and were always available in the event of an emergency.

Incidents and accidents were recorded and analysed by the registered manager and included an action plan and a post-incident report. We saw evidence that incidents and accidents were responded to appropriately. This included a referral to the appropriate healthcare professionals for a person who had experienced a fall and had suffered an injury.

The provider had a health and safety policy in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. There was a general risk assessment in place which included medicines administration, food, waste handling and manual handling. Equipment was regularly checked to ensure it was safe, and we saw evidence of recent checks. These included fire safety equipment such as fire extinguishers and doorguards. The provider had taken steps to protect people in the event of a fire, and we saw that a fire risk assessment was in place and regularly reviewed. The service carried out regular fire drills and staff were aware of the fire procedure. We saw that a fire alarm test was being carried out at the time of our inspection. People's records contained personal fire risk assessments, but we did not see evidence of personal emergency evacuation plans (PEEPS). We raised this with the registered manager.

The service had recently reduced their staffing levels due to the reduced number of people living at the service. People were happy with the staffing levels. They told us that there were always plenty of staff to attend to their needs and we saw evidence of this during our visit. The staffing records we viewed confirmed

that there were always sufficient staff on duty at any one time to provide care and support to people. The provider employed two qualified nurses and a team of care assistants. The provider employed two full time nurses on day duty and one full time nurse on night duty. A third part time senior nurse had recently left the service and it had not been possible to recruit to this post. There was a bank of regular nurses which covered shifts as necessary. The registered manager told us that they sometimes relied on agency nurses to cover shifts and they had a good established working relationship with a local agency who was able to supply them with regular, reliable and suitably qualified staff.

Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service check were completed.

Requires Improvement

Is the service effective?

Our findings

The provider and staff did not have a full understanding of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Codes of Practice to make sure people's rights were protected.

The provider had a policy and procedure in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a law protecting people who lack capacity to make decisions. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards. This is a process to ensure people are only deprived of their liberty in a safe and correct way which is in their best interests and there is no other way to look after them. The registered manager had not followed the requirements of the MCA and had not made an application for a Deprivation of Liberty Safeguard for one person who lacked capacity and for whom medicines were being given covertly. The registered manager showed us a standard application made to the local authority to request a Deprivation of Liberty Safeguard for another person who used the service, however it had been completed a month earlier. The registered manager told us that it had been sent but the local authority had had to return it to them. The registered manager had not taken steps to put an urgent authorisation in place or seek advice if they were unsure about what to do. This meant that people were being unlawfully deprived of their liberty.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that the person who received their medicines covertly lacked capacity to make decisions about their health and welfare but there was no evidence of a mental capacity assessment or a best interest assessment. We were told that the next of kin had given verbal consent although the provider had not checked if they had the legal right to make decisions on the person's behalf.

The registered manager showed us a 'consent to care and advance directive' form. They also told us that they employed a nurse advocate to meet with family members when a person appears to be lacking capacity and to agree a decision in the person's best interest. However, there was no evidence that the form had been used or that a meeting had taken place for the people whose records we checked.

We saw that a 'Do Not Attempt Resuscitation' (DNAR) for another person had only been signed by a healthcare professional, but not by the person or their representative. These are decisions that are made in relation to whether people who are very ill and unwell would benefit from being resuscitated if they stopped breathing. The person's capacity in relation to this decision had not been assessed. This meant that people were at risk of not being appropriately supported when decisions about their care were made as there was no attempt to take into account their wishes whenever possible.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had appropriate skills and experience and staff employed by the service were sufficiently trained and qualified to deliver care to the expected standard. Staff we spoke with told us they had received a two week induction when they started to work for the service. They told us that this included training and working alongside other staff members. The subjects covered during the induction included safeguarding, health and safety, first aid, medication, food hygiene, moving and handling and infection control. Staff records included an individual induction plan to identify what training was needed. This included training specific to meet the needs of the people who used the service and included Mental Capacity Act (MCA), equality and diversity and safeguarding adults and dementia. The registered manager told us that all training was provided in house by an external trainer. All staff had obtained a National Vocational Qualification (NVQ) in care at level 2 or 3. The manager was aware of the Care Certificate qualification and said that they would ensure any newly recruited staff would undertake this qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff training was delivered regularly and refreshed annually.

Staff felt supported in their role and were able to discuss any concerns they had. During the inspection we spoke to members of staff and looked at three staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they received supervision from the registered manager every three months. The registered manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This provided an opportunity for staff and their manager to reflect on their performance and to identify any training needs. A staff member told us that the registered manager and senior staff were approachable and had an open door policy.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. Menus we viewed showed a daily choice of two courses for each meal. During lunch we observed a person being offered another choice because they did not want either of the choices available. People told us that the food was good. One person said, "This is lovely." Another person said, "Lunch was very good" and added that there was variety and that mealtimes were "always well organised". There were two dining rooms, one was for people who needed more assistance with their meals. The service employed dining room assistants. Their role was to assist people with their meals in the dining rooms, therefore enabling care staff to assist those who were having their meals in their bedroom and needed one to one assistance. This meant that people did not have to wait for their meals and were given as much time as they needed to enjoy them. We saw that people were offered wine and/or juice with their meals. Some people were able to help themselves to their meals and staff encouraged them to do so. Where people were unable to eat by themselves, they were supported by a member of staff. One person was having their meals pureed because they were waiting for their dentures to be delivered. We saw evidence that information was given to the kitchen of people's individual dietary needs. This included gluten-free, pureed and food suitable for a diabetic diet. The chef informed us that the dietician regularly reviewed people's care plans and informed the kitchen if anything needed to be changed or if they needed to purchase anything for a person. On the day of our inspection, we saw that jugs of juice and bowls of fruit were left out and replenished regularly throughout the day.

The care plans we looked at contained nutritional assessments and evidence of health care appointments. Healthcare professionals told us that the service met the health needs of people. One said that staff contacted them whenever a person was unwell and were receptive to suggestions. Another said "they are always very good at making sure people are seen promptly when unwell." Appointments were recorded in the diary, and staff assisted people to see relevant healthcare professionals. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. People told us

they could see the doctor whenever they needed to and staff took care of their appointments. One healthcare professional told us they visited people every six weeks and always found staff to be "excellent, effective and professional" and added that they had recommended the home to other people.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the care and support they received. One person told us, "The carers are all so helpful and kind" and added "they are lovely here". Another person told us, "The manager visits us in our room every morning to check that we are comfortable and she is very helpful". One relative told us "I would say they are very caring and our relative is very well looked after" and added "personal care is very good. She always has matching clothes and jewellery, just like she would be at home". A healthcare professional told us that "staff are so kind there. I recommended the service to one of the residents and she loves it". A social care professional said "they provide good quality care". We observed throughout the day that a person who had complex needs received close support and frequent reassurance from the carers. The registered manager told us that they ensured staff treated people with respect and kindness and had taken appropriate action in the past when a member of staff had behaved in an uncaring way. We saw recorded evidence of this.

The staff and registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their rights and their diverse needs. One of the carers told us, "This is a unique place, not institutionalised at all". We observed on the day of our inspection that people were treated with care and respect. One carer told us, "I love to be able to help the residents". They attended to people's needs promptly and in a gentle and discrete manner. People looked well kempt, clean, had clean fingernails and had their hairdressing needs attended to. One person told us that the hairdresser came whenever they needed them. The registered manager confirmed this. They showed us the hairdressing salon which was comfortable and well equipped. A domestic worker told us the care was very good and said, "It's a good home. I would put my mother in here". Records showed that people were assisted with regular baths or showers and that their choice was respected. One person said "I like to have a bath every week. The carer comes with me in case I fall. They are very concerned about that." Another person said, "I prefer showers and I can do those on my own".

Staff told us they ensured that people's privacy and dignity were respected. One person told us, "They always knock before they come in" and "it's all quite private, they draw the curtains for me." There was a telephone kiosk available at the home for the private use of people or visitors. Each room had wifi access and its own telephone system facilitating incoming and outgoing calls. Visitors told us they felt welcome at the home and were able to visit anytime they liked. The service offered free accommodation to relatives wishing to stay overnight. A relative said "the staff are always very accommodating to visitors." One person told us that their relatives were able to spend a whole week there. People told us they were able to have private reflection time in the quiet lounges and the chapel. One person said "this home is quieter than other homes and that's the way I like it" and added "this is home and this is our family."

People told us they liked their bedrooms. One person said "our rooms are very comfortable. We had painters around and everything has been refurbished and is well kept…there is attention to décor." We saw that people had been able to choose how they personalised their own space. Staff told us they respected people's choice and supported them to maintain their rooms.

The registered manager told us that each person's end of life wishes were discussed with them as part of their care plan. This discussion involved the person who used the service, the registered manager and the doctor. This discussion covered all aspects of their care including where they wished to die. They told us that every effort was made to transfer people who were admitted to hospital back to Marian House for end of life care, and to ensure their end of life wishes were respected. Some of the senior staff, including the registered manager, had received training and were experienced in palliative care. Outside the chapel, there was a Tree of Remembrance for the people who had died. Staff told us that several people had died at the beginning of the year and bereavement counselling had been offered to people and staff. A handy person said "the sisters dealt very well with the bereavements at the beginning of the year. Very dignified and loving".

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People told us that they were consulted before they moved in and they had felt listened to. A relative told us that they had been involved in the initial assessment. Care plans were developed from the assessments and reviewed monthly. One healthcare professional told us that the staff team provided a service according to people's individual needs.

We saw that the culture of the service was based on providing care that met each person's individual needs. Each person had a care plan that was based on their physical and emotional needs, likes and dislikes, abilities and preferences. Care plans contained a background history which enabled staff to understand each person better and provide person specific care and support, however the records were difficult to read and were disorganised. People and relatives told us they had been involved in making decisions and in the care planning process and that the staff listened to and acted on what they had to say and wanted.

We saw that the GP visited the home regularly and as often as necessary. The outcome of the visits were recorded and discussed in daily meetings. Healthcare professionals were consulted for people who needed specialist input. This included a referral to the dentist for a person who needed new dentures. They told us "the nurse helped organise getting me to the dentist. She is a lovely lady". Records showed that an assessment had taken place and food consistency had been adapted to reduce the risk of choking. This showed that the service was responsive to people's individual needs and took appropriate steps to meet those needs.

Staff encouraged and supported people to undertake activities of interest to them. All the people who used the service were Catholic and most were Catholic nuns. The Sisters and people who used the service spent part of each morning in the chapel so that they could participate as a community in morning prayer and mass. They spent each morning in the chapel to take part in daily mass. For people who were unwell, the service had a TV link to the chapel so that they could still participate in the service. There were a range of activities on offer which included visiting entertainers, music and movement, aromatherapy and outings. People told us they enjoyed the activities provided. One person said "there is a nice lady who does exercises. I like to dance. I also go walking and do some Tai Chi." They added "we have a good visiting singer who does Gracie Fields songs". Some people liked to organise their own activities and told us they liked to keep their brains active. One person told us "the staff are around when we want them but we can look after ourselves most of the time". Another person told us they liked going for walks and were supported to do that whenever they wanted. The activities coordinator told us they used a visiting company who facilitated trips to the theatre. The service had their own minibus and driver to support people with trips out. The service had a library which was re-stocked every month by the local council library service and people told us they enjoyed spending time reading the wide variety of books. There was also a computer available for people's use and lessons were offered for those who wished to learn how to use it. A mobile clothes shop visited the service which enabled people to enjoy shopping for clothes in the comfort of their home. We saw that an art

room had been set up for a person who had found the transition to Marian House difficult, and loved art. This helped them settle in and showed that the service was responsive to people's individual needs.

Upon admission, people were given a service user's guide. This was a document that provided information about the home, the staff, the accommodation and how the service planned to meet people's needs.

The service had a complaints procedure in place and this was available to staff, people who used the service and their relatives. A record was kept of all the complaints received. Each record included the nature of the complaint, action taken and outcome. The service received very few complaints and we saw that where there were complaints, they had been investigated and the complainants responded to in accordance with the complaints procedure. This included where a person using the service had made a complaint about a member of staff. Records showed that the registered manager had investigated the complaint and had taken appropriate action. People told us they would complain to the senior staff if they had any concerns and were confident that their concerns would be addressed. Relatives told us they had no complaints and if they did have a complaint they would speak to the manager. A healthcare professional told us that the staff were responsive to people's needs. They said "the staff are always engaging and provide good communication and information about people's needs" and "they are very keen to meet people's needs at home and prevent hospital admission".

People were supported to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. We saw that the results showed an overall satisfaction. Staff, relatives and stakeholders were also consulted and the results showed that they were satisfied with the service. Some of the comments included "wonderful location" and "very happy here". We saw evidence that the registered manager had analysed each questionnaire and had addressed any concerns. This included a person living at the service who was able and wished to go out more often, and they were given their own key to the front door.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had put in place a number of different types of audits to review the quality of the care provided. These included medicines audits, environmental checks, health and safety checks and care records. However these audits had not been effective in identifying issues with medicines management, capacity and consent.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular.

People and relatives we spoke with were complimentary about the staff and the registered manager. They said they were approachable and provided a culture of openness. People thought the home was well managed. The staff we spoke with said they enjoyed working at the service and believed in providing good quality care and support to people. One carer said "I actually enjoy coming to work. We all pull together. It feels like a family. A home from home." People told us the registered manager was hands on and always started the day visiting and greeting each person in their room. One healthcare professional told us that the manager was "approachable and welcoming, and led a good service".

The registered manager held a Master's degree theology and a diploma in dementia care. They had presented work on spirituality in dementia care at international conferences and trained staff in this model of care. They also delivered training to other religious congregations and groups. They had had their work published. Staff confirmed that this was an important part of their training and that they used this approach to support people living with dementia manage their faith.

The registered manager told us that only 14 people lived at the service at present, and the trustees were unsure about the future of the service. Because of this situation, the provider had decided to make some staff redundant. The registered manager told us and we saw evidence that several staff meetings had taken place as well as individual meetings with staff who had wished to discuss the redundancy process privately.

Staff told us they had regular team meetings and records confirmed this. The items discussed included feedback from residents' meetings, safeguarding, housekeeping, health and safety, quality monitoring, policies and procedures and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this. Meetings also included important information about social care provision and the Care Quality Commission regulations. The registered manager attended regular provider forums and conferences to keep abreast of developments within social care and share ideas with other managers.

The service worked closely with the local healthcare and social care services. Records showed that

professionals visited people at the home and had established good working relationships with staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not provided with the consent of the relevant person. Regulation 11(1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management and administration of medicines were unsafe. Regulation 12(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment A service user was deprived of their liberty for the purpose of receiving care and treatment without lawful authority. Regulation 13(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits had not identified issues with medicines,

capacity and consent.

Regulation 17(2)(a)