

# Sage Care Homes (Jansondean) Limited

## Jansondean Nursing Home

### Inspection report

56 Oakwood Avenue  
Beckenham  
BR3 6PJ  
Tel: 020 8650 7810  
Website: [www.sagecare.co.uk](http://www.sagecare.co.uk)

Date of inspection visit: 21 and 22 May 2015  
Date of publication: 03/07/2015

### 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?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

This inspection took place on 21 and 22 May 2015 and was unannounced. At the last inspection on 3, 4 and 6 February 2015 we had found breaches of legal requirements of the Health and Social Care Act (Regulated Activities) Regulations 2010 in respect of people's care and welfare, medicines management, staffing, recruitment, quality assurance and record keeping. CQC is considering the most appropriate regulatory response to resolve the problems we found.

There were also breaches of regulations for training and processes to seek and record people's consent from a

previous inspection of November 2014 which we had not been able to follow up at the February 2015 inspection because the provider had submitted an action plan they were working through at this time.

We carried out this inspection of 21 and 22 May 2015 to check action had been taken to address all the previous concerns found and to provide a fresh rating for the service.

Jansondean is currently registered to provide personal and nursing care for up to 28 people who may have dementia. At this inspection there were 18 people using the service.

# Summary of findings

There was no registered manager in post at this inspection. The previous registered manager left in January 2015. The current manager was appointed in April 2015 and had experience in nursing and as a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The new manager and a representative of the provider told us the new manager would be applying to register later in the month.

At this inspection we found improvements had been made in most areas where we had previous concerns. Despite this we found breaches of the regulations in respect of the need for consent where people lack capacity and in relation to good governance of the service. There were no specific decision based mental capacity assessments for people who may lack capacity and there was not an effective system in place to manage and monitor some risks to people in relation to aspects of the premises. You can see the action we have asked the provider to take at the back of the full version of this report.

People told us they felt safe at the service. Staff were aware of how to raise any safeguarding issues. Identified risks to people such as falls or from skin integrity breakdown were now effectively monitored and plans were in place to reduce risk. Records of people's care such as fluid charts and wound charts were being completed and checked so that people's welfare was effectively monitored. There were plans in place to

manage a range of emergencies. There were safe recruitment procedures in place and there were enough staff to meet people's needs. Medicines were safely managed and there were adequate systems to reduce the risk of infection.

People said they had enough to eat and drink and we saw nutritional risk was monitored and plans were in place to reduce risk. Staff told us they had received suitable training and support to carry out their work. People had access to a suitable range of health care professionals and staff made appropriate referrals when needed to meet people's needs.

People told us they were well looked after and we observed staff to be attentive and caring. Staff knew people's preferences and respected people's dignity. People's care plans provided an accurate record of their care and support needs however people or their relatives had not been involved in planning care and treatment. People's needs for socialisation were met through a range of suitable activities. There was a complaints system readily available and relatives and residents meetings were held to capture people's experiences of care and views about the service.

People and staff commented positively about the new manager at the service and said they had confidence in their ability to lead. We found that improvements had been made in a short space of time. The manager had introduced a range of quality checks to monitor the quality of the service although these had not been implemented at the time of inspection. It was therefore not possible to judge their effectiveness.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Some improvement was needed to the system for fire safety records at the service. People told us they felt safe. Risks to people such as falls were identified, monitored and managed. Staff understood how to recognise signs of abuse and how to raise concerns.

Medicines were safely administered and processes to reduce the risk of infection were in place. Medicines competency training had not been completed although this was in progress. There were safe recruitment procedures and there were sufficient staff to meet people's needs. There were processes to reduce the risks of infection.

Requires improvement



### Is the service effective?

The service was not always effective. The service did not always follow requirements in relation to the Mental Capacity Act 2005 and code of practice as assessments for specific decisions were not always carried out. Staff appraisals had yet to be completed.

People received enough to eat and drink and were protected from the risk of malnutrition or dehydration. People had access to a suitable range of health care professionals and staff made appropriate referrals when needed.

Requires improvement



### Is the service caring?

The service was caring. Staff were kind, caring and respected people's privacy and dignity. People and their relatives told us they were happy with the care provided.

People's preferences in respect of their care were recorded and staff demonstrated awareness of these. We observed staff checked with people before they offered care or support.

Good



### Is the service responsive?

The service was not always responsive. People had an up to date plan of their care and support needs to guide staff. However people or their relatives had not been included in the review of their care.

People's links with the community required improvement but their needs for stimulation and social interaction were met. There were a range of activities provided during the week. The complaints procedure was available throughout the home. One complaint had been made which had been resolved.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not always well led. Effective systems to manage possible risk from aspects of the premises were not in place. There were audits carried out to monitor some aspects of people's care. Accidents and Incidents were monitored and analysed. The manager planned to introduce a more detailed audit across all aspects of the service.

People and staff told us they had confidence in the current management of the service and staff told us they felt improvements had been made.

**Requires improvement**



# Jansondean Nursing Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 21 and 22 May 2015 and was unannounced. There were three inspectors, a specialist advisor in nursing for the first day of the inspection, 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 service.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. We also asked the local authority commissioning the service and safeguarding teams for their views of the service.

We spoke with nine people who used the service, two relatives, four care staff, two nurses, two domestic staff, one activities organiser, the chef and the manager, a representative of the provider and maintenance person at the home. We observed the care being provided during both days of the inspection. After the inspection we spoke with two health professionals about the service.

We looked around the building. We looked at nine records of people who used the service, six staff recruitment records and five staff training records. We also looked at records related to the management of the service such as staff rotas and minutes of meetings.

# Is the service safe?

## Our findings

At the last inspection on 3, 4 and 6 February 2015 we found breaches of the Health and Social Care Act (Regulated Activities) Regulations 2010 in the following areas: risks to people; records relating to risks; people's emergency evacuation records; staff recruitment; staffing levels; medicines management. CQC are considering the most appropriate action to take in respect of these identified breaches. We will report on any action taken when the process has been completed. At this inspection we found those breaches had been addressed. However, we identified some concerns about checks on fire safety and fire equipment.

At the last inspection, risks to people, such as risk to skin integrity or falls were not always identified, monitored or managed. There was insufficient guidance in the care plans for staff to follow. Call bells were not always accessible to people to summon help when needed. People who were nursed in bed on the top floor of the service were not being adequately monitored. For people unable to use a call bell there was no system in place to check on their welfare. We found that records had not been adequately completed to monitor and reduce risks to people in areas such as wound care records and repositioning charts.

At this inspection people told us they felt their health needs were well looked after and monitored. One person told us, "Staff check I have my call bell and ask if I need anything." Risks to people were properly assessed and managed. Risk assessments were completed for identified risks such as falls, nutrition and skin integrity. The manager tracked the progress of people's wound care, nutritional care and any weight loss to ensure steps were taken to reduce risk. For two people we found some discrepancy in their wound care records. We pointed this out to the manager who spoke with the member of staff responsible and these were amended during the inspection.

People had access to their call bells and we found regular checks were made on people in their rooms and recorded. We noted there was a prompt response by staff to call bells throughout the inspection.

Most people's repositioning charts detailed the frequency of changes required although two people's charts did not specify the required frequency of repositioning. We saw that all charts had been completed in line with the guidance on people's care plans.

At the last inspection people's emergency evacuation records had not provided sufficient staff guidance to evacuate people in an emergency. At this inspection detailed evacuation plans had been drawn up with guidance for staff and were held in people's records. Copies were readily accessible in an emergency. There was guidance for staff on how to deal with emergencies. We saw guidance for medical emergencies was displayed in the nurses' office. There was a contingency plan for a range of emergencies which had been updated.

Although staff told us they had taken part in regular fire drills and knew what to do in an emergency we found improvements were required to fire safety procedures. Fire equipment checks were completed but the records did not clearly show how often equipment, such as the fire alarm, was checked. Fire drills were completed monthly but did not identify staff present at each drill. Since October 2014 there was no way to establish which staff had been involved in fire drills and knew what to do if there was a fire. We discussed this with the manager and maintenance staff and they agreed a new system of fire safety recording would be implemented.

Checks were carried out on equipment at the service to protect people from risk. Checks were completed on bed rails, pressure mattress settings, hoists and wheelchairs and these were recorded. External maintenance checks were made on the lift, call bell system fire equipment and hoists to ensure they were in working order.

At the last inspection we found breaches of the Health and Social Care Act (Regulated Activities) Regulations 2010 relating to staff recruitment and staffing levels. Adequate checks had not been completed on a member of agency staff employed or to confirm their professional registration as a nurse. A bogus nurse had been allowed to enter the service and administer medicines to people. We also found there were not enough staff to meet people's needs at all times. We were concerned about the lack of staff presence on the top floor of the service. At this inspection we found all necessary identity and character checks were completed to protect people from the risk of unsuitable

## Is the service safe?

staff. Professional registrations were checked. We also found people's dependency levels had been assessed to more accurately evaluate the staffing levels needed to safely meet people's needs.

The top floor of the service was unoccupied at this inspection. We were unclear what the provider's future plans were for staff presence on the top floor of the service when the top floor was again used to accommodate and care for people. The manager told us this was in the process of being reviewed with the provider's representative and therefore we could not monitor safe staffing levels for the top floor at the time of inspection.

People told us their call bells were answered promptly and that most people thought there were enough staff. One person told us "Staff come when I use the bell. I don't have to wait." Staff told us they felt there were enough of them to meet people's needs safely and we observed this to be the case. There was regular use of agency nurses and care workers at the service. The manager told us they tried to get the same agency care workers and nurses who were familiar with the service where possible to ensure consistency. The provider and manager told us they were actively recruiting staff but had difficulties finding enough suitable nurses and care staff to employ.

There was an allocation record that gave staff specific responsibilities on their shift and this included identifying the staff for people who needed additional or one to one support. We were told this support was always provided by permanent staff to ensure consistency and we observed this to be the case at the inspection.

At the last inspection we found a breach in the Health and Social Care Act (Regulated Activities) Regulations 2010 with regard to the management of medicines. The bogus nurse had administered medicines, two errors were made and prompt medical advice was not sought. For two people allergies to medicines were not adequately recorded on their medicines records.

At this inspection people told us they received their medicines on time. One person said "There are no problems with getting my medicines." Medicines, including controlled drugs, were stored securely and appropriately.

We saw that required temperature checks were carried out daily. However, we saw medicines competency checks for staff administering medicines had not been fully completed although these were in progress. We therefore could not assess this at the time of the inspection. People's topical creams and lotions were stored securely in their rooms. Staff were provided with guidance including body maps on how to apply cream and lotions for each person and recorded when they did so.

There were systems for recording that people received their medicines as prescribed. People's medicines administration records (MAR) contained important information such as photographs for identification and descriptions of allergies. MAR were completed accurately at the time of administration. The service had appropriate procedures in place for people taking medicines that needed regular blood checks. Medicines were disposed of safely and in a timely manner. Protocols for as required medicines were in place to guide staff when these might be needed. Medicines policies included guidance on responses to medicines errors.

People told us they felt safe and well looked after. One person told us "I do feel safe here." A relative told us they thought their family member was "safely cared for now." Another person said, "I'm treated well here." Staff we spoke with demonstrated an understanding of safeguarding of vulnerable adults. They explained how they would recognise signs of abuse. One staff member told us, "First and foremost, it is all about the service users' safety. I would not tolerate any poor practice and ... would report to the manager straight away." Staff understood whistle blowing and how to escalate any concerns.

People were adequately protected from the risk of infection. People told us they thought the home was clean. One person said "My room is cleaned every day. They do a great job." A relative told us "It is always clean here." We observed the home was clean throughout and there were no unpleasant odours. We spoke with domestic staff who were clear about their roles and responsibilities. They told us there was sufficient protective equipment and appropriate cleaning materials. There were appropriate systems to deal with waste disposal.

# Is the service effective?

## Our findings

At the inspection of 11 and 12 November 2014 we found breaches of the Health and Social Care Act (Regulated Activities) Regulations 2010 in respect of staff understanding of their responsibilities under the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards (DoLS). The Code of Practice and DoLS safeguards provide protection for people who may not have capacity to make some decisions and may need some restrictions for their own protection. We were not able to follow this up at the last inspection as the provider was still working through their action plan at the time of this inspection. The provider sent us an action plan telling us they would be compliant with the regulation by 30 March 2015 so we were not able to follow this up at the last inspection in February 2015.

At this inspection we found people's capacity and rights to make decisions about their care and treatment were not consistently assessed in line with Mental Capacity Act 2005 (MCA) and the associated code of practice. Care plans contained mental capacity assessments where people's capacity to consent to make decisions was in doubt. Five care plans recorded that the person lacked capacity to make decisions about their care but there were no decision specific assessments. For example, there was no specific assessment as to whether they could make decisions about the use of bed rails. Staff told us they had received training on the MCA in July 2014 which we confirmed however we found they were not always familiar with the terms used or clear about their responsibilities under the MCA. We saw from the minutes of a staff meeting on 7 May 2015 that this knowledge gap had been identified by the manager. These examples showed the provider was not complying with the MCA and code of practice. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were clear about the need to obtain consent where people had capacity to give consent. People told us that staff asked for their consent before they provided care and we observed this to be the case. One staff member told us "I always get consent, no matter how confused a person is, I ask in different ways to make sure they understand what it is I am asking. You have to spend time explaining." We saw people had signed consent forms for elements of their care and treatment where they had capacity to do so.

Procedures to follow the requirements under the Deprivation of Liberty Safeguards (DoLS) were being put in place. The manager had been in contact with the local authority in respect of authorisations for DoLS. One authorisation had been applied for and the manager had requested guidance on and how to proceed in respect of other people they had identified as possibly requiring an authorisation.

At the last inspection we found breaches of the Health and Social Care Act 2010 (Regulated Activities) Regulations as adequate care had not always been provided to minimise the risk of malnutrition or dehydration. In addition records to monitor these risks were not always been completed. At this inspection we found people were protected from the risk of malnutrition and dehydration. Where there was a risk identified staff completed food and fluid charts, people's weight was checked weekly and referrals made to dieticians where appropriate. We saw staff offered plenty of fluids throughout the day. We looked at food and fluid records for six people and saw they had been completed and totalled to monitor people's intake. Nurses completed a daily audit to ensure people had received the correct amount of fluids and if needed, what action was taken. We saw referrals were made to the GP, dietician or speech and language team if needed. Guidance from professionals was clearly available in care plans and in people's rooms where needed and we saw it was followed.

Some people were on fortified diets to help maintain their weight. Food allergies were clearly detailed in people's care plans and kitchen staff had comprehensive records of people's dietary needs. The chef was knowledgeable about people's health needs and preferences and consulted with the dietician.

People said they had enough to eat and drink and choices were available. One person told us "The food is quite good here and there is plenty of it." Another person said "The food is reasonable. It's edible. But I don't eat very much." A third person commented "They bring you lots of drinks here and there is a choice." We found the food to be nutritious and plentiful. At the last two inspections people had told us, and we had observed, food was cold when it was served to people who ate in their rooms. At this inspection staff collected the food from the kitchen in small

## Is the service effective?

quantities to ensure it was at the correct temperature. People confirmed the food they were given was now warm to eat. We saw people were appropriately supported where needed.

At the inspection of 11 and 12 November 2014 we found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2010 in respect of staff training as agency staff had not received adequate guidance about people's needs, and about behaviour that may challenge, before they started work. Annual appraisals had not taken place.

At this inspection we found competency checks were carried out on agency staff who worked at the service to ensure they had enough knowledge to support people safely. Staff received training across a range of areas. People told us staff were suitably skilled and knowledgeable to carry out their roles. Staff said they had received enough training to support them with their work. We looked at staff records and noted training for behaviour that challenges a service, moving and positioning, malnutrition screening and person centred care. Nurses had completed training on catheterisation and tissue viability. Staff appraisals had not taken place for the last two years: staff told us they had not received appraisals. The new manager said they planned to start appraisals following regular supervision over three months when they would have a better understanding of staff capabilities, although we were unable to monitor this at the time of inspection. Staff told us they felt supported to carry out their work and they received regular supervision under the

new manager where they could discuss their work. This was confirmed in the records we looked at. Observational practice checks were carried out for care staff to inform supervision discussion to include what staff did well and identify what they may need support with.

New staff completed an induction which included a period of supervised practice and training to provide them with sufficient knowledge and skills for their role. A new member of staff described their induction to us. "I shadowed a senior care worker who included everything – how to assist with dressing, how to speak to a person." Another staff member told us their induction was "comprehensive - new staff shadow for a while rather than just getting chucked in to the work." Induction check lists were completed to ensure staff had the right level of skills before they worked independently.

People had access to health care professionals when required. People told us they saw the doctor or optician when they needed to and the GP visited weekly. Staff made referrals to an appropriate range of health professionals including dieticians and the community mental health team. Professionals recorded their visits and the advice they gave. These records were included in people's care plans. We saw an example of this where people had been referred to the speech and language team for advice about swallowing. We spoke with two health professionals who visited the service. One professional had no concerns about the service and the other felt the service had improved considerably in recent weeks.

## Is the service caring?

### Our findings

People felt well cared for and staff treated them well. One person told us the staff “are all lovely here, always so happy and kind.” A second person said “I like being here. The staff are good.” A relative told us “The staff are really caring and kind. Their attitude is better now, I can see that they take an interest in people.” People looked clean, relaxed and comfortable. Another relative commented “They keep the room lovely and clean and her clothes are always nice and clean. She likes a small drink in the afternoons and the staff are really good at ensuring she receives it.” Some people who were nursed in bed listened to music of their preference while resting.

People told us they were treated with dignity and respect. We observed staff being sensitive and discreet to people’s individual care needs and routines throughout the day. Staff understood the importance of dignity in care. They ensured doors and curtains were closed before they carried out personal care and were discreet about personal information. On several occasions in the lounge we saw a screen was placed around a person to protect their privacy when a hoist was needed for transfer. Staff explained what they were going to do and provided reassurance. We saw staff knocked on bedroom doors and asked if they could enter to respect people’s privacy.

Staff knew people well and were aware of people’s routines and preferences which was evident as they were speaking to them. We observed care workers spoke with people while they supported them. One care worker told us “I chat all the time because I believe communication is essential.” Another told us how they “find out from family what their

relative was like and what their life story was. This is a useful way to engage them in something which they might remember.” Staff responded to people in a polite and respectful way and where some people showed signs of discomfort staff supported people with care and reassurance.

We saw meaningful and cheerful communication, in which people were assisted at their own pace, without being rushed. For example, when people needed support to reposition or with eating. One person told us “Living here is everything you could ask for; people are so friendly and always want to do things for you.” At lunchtime we observed a staff member patiently assist someone to choose where they wanted to eat their lunch at a relaxed pace allowing them time to think about their choice.

People were given service user guides with information about the service. These were available in their rooms. People told us they were consulted about their care needs. They chose when to get up and go to bed and where they wished to spend their time. We saw their preferences were included in the record of their care. Staff consulted people before they offered support and asked “would you like help with,” or “shall I help you.” Relatives said they could visit at any time and were given a friendly welcome. They felt they were kept informed about any issues as they arose. We saw staff knew relatives by name. People’s rooms were personalised. However, there was no signage on their doors or around the service to help guide people who may have become disorientated. The manager said there was only one person who mobilised independently and therefore this was not usually required.

# Is the service responsive?

## Our findings

At the last inspection we found continued breaches of the Health and Social Care Act ( Regulated Activities) Regulations 2010, because accurate records were not maintained and people's care and welfare was not assured. People's care plans did not always reflect their needs accurately and had not been updated to reflect changes. Guidance was not always available to staff in the care plans about how to reduce possible identified risks to people. CQC are considering the most appropriate action to take in respect of these identified breaches. We will report on any action taken when the process has been completed.

At this inspection we found that the care plans had been rewritten and new care plans were in place. They were easier to read and provided guidance to staff on identified risks and how to deliver care and support. For example, where someone needed additional monitoring at night due to a health condition it was included in their care plan. There were folders in each person's room which included daily records and personal preference plans. These personal preference plans included people's likes and dislikes and the sort of assistance they required. We found these records were up to date and reflected the care given to people. Care plans were reviewed to reflect changes in people's needs. During the inspection we were informed about one person who had fallen. We saw that medical attention was sought promptly and they were accompanied to hospital. When we returned the next day their falls risk assessment had been updated and the care plan reviewed. Changes had been made to their seating and regular checks put in place to reduce the likelihood of a reoccurrence.

People's care plans detailed what people could manage safely and independently and we saw this reflected the care given. However, one person's nutritional record, which had been recently reviewed, referred to the need for them to be 'assisted to eat independently with encouragement'. We observed this person was fully assisted at the mealtime. The care worker told us the person "cannot feed themselves or use a spoon" but they were unclear as to the reasons why. We drew the manager's attention to the difference between the care record and the care observed and she agreed to look into this as a matter of priority.

People or their relatives or representatives were not involved in the care planning reviews This required

improvement. The manager said they planned to do this now that everyone had a clear plan of their assessed needs. They said they had raised this at a recent residents and relatives meeting.

People's need for stimulation and social interaction were met. People told us there were things to do and be involved in if they chose. One person told us "There are things to do here." Another person said "In the summer time we have picnics in the garden and we also have a barbecue in the garden. That's nice." We saw there was an activities timetable in each person's room. A barbecue was being planned for the following month. This was divided into morning and afternoon, with the morning being given over to one to one activity with the coordinator on a rotational basis and afternoon for group activities. The activities board in the lounge area included the relevant date and weather to help orientate people. It also had the type of music being played and the afternoon activity written down for people to see what activity was planned. People's art work was displayed, including commemorative World War One poems and drawings. The activities coordinator worked during the week and told us they suggested activities for staff to try at the weekends. They told us they planned activities around peoples' life history, likes and dislikes." We observed a cake making activity in the afternoon. This involved four people, who were helped to mix and decorate these cakes by the activities coordinator and a member of staff. We saw each person was engaged in a way which was both challenging and stimulating to their individual level of activity. The activity encouraged conversation, which contributed to a relaxed and pleasant atmosphere in the lounge.

There were no activities in the local community or visits from community organisations such as schools. The activities coordinator and manager told us they had made some preliminary enquiries about a luncheon club in a local Church. The mobile library service came to the service to those who wished to take it up.

The complaints policy was displayed in the entrance and in people 's rooms. It outlined how a complaint could be made and how it would be responded to. People said they knew who the manager was and would go to them if there were any problems. We looked at the complaint records and saw there had been one complaint since the last inspection. This had been promptly responded to and resolved.

## Is the service responsive?

There were other methods for people and their relatives to express their views about the service. Meetings for resident and relatives were arranged throughout the year. There had been a recent residents and relatives meeting on 19 May 2015 to introduce the new manager. The service sought

feedback through questionnaires from people, their relatives and other stakeholders such as visiting professionals and there had not been any new one's returned since the last inspection. Staff told us they were given out but were not often returned.

# Is the service well-led?

## Our findings

At the last inspection we found breaches in the Health and Social Care Act (Regulated Activities) Regulations 2010 as systems to assess and monitor the quality of the service were not always effective. In addition, records to manage the service such as staff rotas were not always properly maintained. CQC are considering the most appropriate action to take in respect of these identified breaches. We will report on any action taken when the process has been completed.

At this inspection there were improvements in assessing and monitoring the quality of the service. However, there were still some areas which required further work. For example, water temperature checks were recorded monthly and a guide to the appropriate minimum and maximum temperatures was provided. We looked at the recordings from December 2014 to April 2015. The temperature recorded for one bedroom was consistently above the provider's recommended maximum of 42 degrees. The maintenance staff member said they adjusted the valves and re-tested the temperature when they completed these checks but this was not recorded. There was no record of action taken to prevent high readings to ensure people were protected from the risk of scalds.

Staff were unclear about responsibilities for routine external maintenance checks on equipment. There was no system to identify when maintenance certificates or testing on equipment and premises was due. We found the electrical installation certificate had expired at the end of January 2015. We saw that recent electrical equipment testing had been carried out and there were a number of failed items but there was no record of what had happened about these items. This information was sent following the inspection but had not been recorded at the time of the testing. We were also sent a new certificate for the electrical installation completed after the inspection. There was a weekly premises check completed at the service and we saw that some issues identified had not been promptly acted on. This could pose a potential health and safety risk to people, staff or visitors. These included loose paving slabs, the absence of a door alarm for security, uneven flooring and safety signs for the first floor. These had been identified the February and March audits but remained outstanding when we inspected in May 2015. Systems to effectively assess, monitor and reduce the risks relating to

the safety and welfare of service users, staff and visitors were not always effective. These issues were a breach of Regulation 17(1) (2) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014. We spoke with the manager and the provider's representative about the water temperature checks. The manager told us they would increase the frequency of checks and seek the support of an external contractor if the issues were not resolved but we were not able to monitor this at the time of the inspection.

There was a provider's weekly home manager audit to monitor quality across some aspects of the service. This looked at staffing, training, and aspects of people's care such as people's skin integrity, food and fluid intake and weight monitoring. Accident and incident forms were checked by the manager or deputy to ensure they were correctly filled out with details of actions taken in response. The manager told us they analysed each report to identify any learning. The manager had also completed a check on night staff. The manager showed us a more detailed monthly audit system they planned to put in place to monitor the quality of care across all aspects of the service. This included for example care plans, staff records, the kitchen, falls, infections, medicines, safeguarding, premises and equipment. This audit included space to identify actions needed. This system had not yet been implemented and so we were unable to evidence its effectiveness at this inspection.

Most people we spoke with felt there had not been any problems with the management of the service. One person told us they felt the running of the service was "probably better" Other people told us they felt it had improved. One relative told us "Things are much better here now. The staff are much happier and the care is better." People knew who the manager was and said they felt happy going to them if there were any problems. Staff were positive about the changes in management at the service. They told us the manager and deputy were both very visible on the floor, approachable and knowledgeable. They were unanimous in commenting that changes had been made for the better since the manager had started work. One staff member said "They seem to know what they are about. They are clear about what needs to be done and give good instructions." Another staff member commented "It is so much better here now with the new manager. Things are improving and we are getting some team work going." A third staff member told us "They are a good team. The

## Is the service well-led?

manager can handle the job.” It was clear staff had confidence in the management team of the manager and deputy. Staff meetings had been held monthly since the last inspection. We saw from the minutes of the last meeting in May 2015 staff were reminded about aspects of their role such as the completion of fluid charts and why they needed to be kept accurately. Staff also raised areas they wished to discuss. Action points were identified with time limits set. A staff member told us how helpful they had found the discussion about fluid charts. Another staff member said “Staff meetings are a very pleasant experience with the new management. The whole team can speak freely.”

The manager had identified areas that needed change when they started at the service and had taken action to manage these changes in a short space of time. They were aware of the duties of a registered manager; although they were not yet registered, they were in the process of submitting an appropriate application to CQC. They were open about the challenges and concerns they faced. They

were looking for additional training support for staff where this would help meet the needs of people such as from the speech and language team. They were clearly aware of the needs of people at the service and showed knowledge of people’s life histories, preferences and personalities. The service had started to work towards accreditation for end of life care.

The responsibility for policies was unclear. Medicines policies for the service had been updated by the regional quality assurance advisor. We observed other policies were in place and available to staff for guidance such as the safeguarding policy. We asked for the provider’s training and induction policy for new staff and these were not available. There was therefore no guidance for the new manager or staff to follow about the provider’s requirements for training. The provider’s representative told us they expected each service to initiate and review their own policies and they did not view this as their responsibility. Following the inspection the new manager sent us a training and induction policy for the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
**The registered person did not always act within the guidance of the Mental Capacity Act 2005**  
(Regulation 11(1)(3))

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**Systems to assess monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk were not always effectively operated.**  
Regulation 17(1 )(2 )(b)