

Delrose House Limited

Cloud House

Inspection report

Cloud House
50A Roycraft Avenue
Barking
Essex
IG11 0NU

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02 February 2017

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27 March 2017

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 January and 2 February 2017 and was unannounced. The service is a care home for up to ten women living with mental health conditions. At the time of our inspection six people were living in the home.

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

The service was last inspected in April 2016 when we identified two breaches of regulations, made three recommendations and rated the service Requires Improvement overall. At this inspection we found the service had addressed the previous breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service now had clear records that people's needs were assessed and reviewed regularly. However, the service had failed to address the breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although records showed they had commissioned training resources to ensure staff had sufficient skills and knowledge to perform their roles, these had not been effectively implemented.

The home had followed our recommendation regarding medicines record keeping. However, systems to monitor medicines had not been maintained and errors in medicines administration were found during the inspection. Medicines had not been managed in a safe way that ensured people received them as prescribed. The provider took immediate action to address these issues.

Care files contained a range of risk assessments with clear measures in place for staff to follow in order to mitigate risks. Where people presented with behaviours which could challenge the service, there were appropriate and detailed plans in place to de-escalate situations with clear instructions regarding the use of physical intervention as a last resort. The home had a number of general risk assessments, which included measures which were restrictive on people living in the home. We have made a recommendation about restrictive risk assessments.

There were enough staff on duty to meet people's needs. Records showed safe recruitment practice had not been followed.

Staff were knowledgeable about the different types of abuse people might be vulnerable to and knew how to escalate concerns. Incidents that should have been raised as safeguarding alerts had not been escalated appropriately. We have made a recommendation about safeguarding adults.

Care plans were personalised and contained a high level of detail about how to meet people's individual needs and preferences. People were supported to join in a range of community and in house activities.

Information about people's care plans and activities was not always in a format that was accessible to them. We have made a recommendation about making information accessible to people living in the home.

People told us they liked the food. People were supported to be involved in meal preparation and specialist religious dietary requirements were met. Menu choices and other aspects of shared living were discussed at regular house meetings where people could make decisions about the running of the home. People were supported to access healthcare services as required and to maintain their health. Where people had health conditions which required specific guidelines these were clear and in place.

The home sought consent from people and where people lacked capacity to consent to their care appropriate applications to deprive them of their liberty had been made. Where people lacked capacity to make decisions in some areas of their lives, but could make other decisions, information in care plans was not always clear about what support they needed to make their own choices. We have made a recommendation about following the Mental Capacity Act 2005.

People told us the staff were caring and treated them with dignity and respect. Staff spoke about the people they supported in a positive way, emphasising their strengths and qualities. Care plans included information about supporting people to maintain their relationships with their families, but did not explore support people may require with other relationships in their lives. We have made a recommendation about supporting people with relationships.

People and staff spoke highly about the interim manager who was in charge of the day to day management of the home. They told us they were a good manager who created a family atmosphere in the home.

Quality assurance systems and audits were not operating effectively. They had not identified or addressed health and safety or maintenance issues in the home. There was no oversight of the quality of care plans by a registered person. The provider was not submitting notifications as required to CQC.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the end 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?

The service was not always safe. Medicines had not been managed in a way that ensured people received them safely. The provider took action to address this during the inspection.

Staff were not recruited in a way that ensured they were suitable to work in a care setting.

Risk assessments were in place to mitigate identified risks faced by people.

Staff were knowledgeable about the different types of abuse people might be vulnerable to and knew how to escalate concerns. The provider did not always escalate concerns appropriately.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff had not received the training required to ensure they had the knowledge and skills they required to perform their roles.

Consent to care and treatment was sought in line with legislation and guidance. Where people lacked capacity to make certain decisions in their lives, it was not always clear what support they required to make other decisions.

People told us they liked the food. People were supported to eat and drink enough and to maintain a balanced diet.

People were supported to access healthcare services and receive on-going healthcare support.

Requires Improvement ●

Is the service caring?

The service was caring. People told us staff were kind and staff spoke about people with compassion and respect.

People told us they felt their dignity was respected. Care plans contained clear information on how to support people to maintain their dignity.

Good ●

People were supported with their religious faith when this was their preference.

People were supported to maintain family relationships.

Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and contained information about how to meet people's individual needs and preferences. People's needs were assessed and reviewed regularly.

People told us they knew how to make complaints and records showed complaints were responded to in line with the provider's policy.

People were supported to join in a range of in house and community activities.

Information about people's care and activities was not always provided in a format that was accessible to people.

Is the service well-led?

Requires Improvement ●

The service was not always well led. There was no quality oversight of care plans and risk assessments by a registered person.

Audits had not identified or addressed issues with the quality and safety of the service.

People and staff spoke highly of the home manager, and the family atmosphere in the home.

Cloud House

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.

The inspection took place on 30 January and 2 February 2017. The first day of the inspection was unannounced.

The inspection was completed by one 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 had experience of caring for someone who used mental health services.

Before the inspection we reviewed information we already held about the service including notifications they had submitted to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked the local authority and local Healthwatch for any feedback they had about the service.

During the inspection we spoke with five people who lived in the home and one of their relatives. We spoke with six members of staff including three support workers, the interim manager, the registered manager and the nominated individual. We reviewed three people's care files, including care plans, risk assessments, reviews, health records, medicines records and records of care received. We reviewed seven staff files including recruitment records, supervision and training records. We also reviewed various documents, audits and meeting minutes relevant to the management of the service.

Is the service safe?

Our findings

When the service was last inspected in April 2016 it was rated as requires improvement for safe. This was because audits of medicines were not always effective, the process for staff promotion was not clear and the service had to update risk assessments during the inspection to ensure they mitigated risk. We had made a recommendation regarding medicines records.

Following our last inspection, the service had introduced a daily count of medicines that were dispensed in their original packaging to ensure they had an accurate record of the amount of medicines in the home. However, staff had stopped recording this on a daily basis. The last recorded daily count was on 10 January 2017. The interim manager told us this was because the staff who usually completed these checks were on annual leave and the staff who had been administering medicines had not maintained the systems.

Records of medicines administered were reviewed and stocks of medicines were counted during the inspection. Records and stocks did not match and errors were identified during the inspection. These showed that one person had missed one dose of two medicines. Records also showed that medicines had been administered but not signed for three days for two people, and one person's records had been signed for medicines that were not due to be administered until later in the day. The actual medicines checks showed these had not been administered in error. This meant the record keeping systems were not effective and people had not received their medicines as prescribed.

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

The registered manager and interim manager took immediate action to address these concerns. They completed a full audit of medicines, provided supervision and guidance to the staff who had made recording errors and introduced a new system whereby two staff administered all medicines. They sought advice from the pharmacy regarding the missed medicines. They also requested that medicines that had been dispensed in their original packaging were re-dispensed in monitored dosage aids where possible to reduce the risk that individual medicines were missed.

People told us staff supported them to take their medicines. One person told us they knew what their medicines were called and what they were for. They told us, "They [staff] watch me take it and I have been told about the side effects." A relative told us they were confident the staff ensured their relative took their medicines as prescribed. They said, "My relative takes medication and they make sure she takes it." People who lived in the home had been prescribed medicines on a take as needed basis. There were clear instructions for staff informing them of when to offer and administer such medicines.

The recruitment records for two staff, who had been recruited since our last inspection, showed the service had not followed its recruitment policy and had not completed safe recruitment of staff. The provider's policy stated that all records of interviews should be retained for a period of nine months. One staff file contained only one of the interview panel's notes, although the records indicated they had been interviewed

by a panel of three. Another staff file did not contain any record of the interview. One staff file did not contain any records that the person's identity had been checked or their right to work had been confirmed. The registered manager told us these records were held in another location.

In addition, the service had relied upon criminal records checks completed by previous employers and had not updated these checks to ensure staff remained suitable to work in a care setting. The registered manager said, "I was under the impression if they were recent we could use them." When asked what would be considered recent they said, "Within 12 months." This is not safe recruitment as staff may have been added to the list of people who are not considered safe to work in care by their last employer, or may have committed offenses that meant they were no longer suitable to work in care since the last check had been completed. The provider's policy stated, "Staff may only commence employment when there is a full and satisfactory CRB check which includes an ISA Adult First check that confirms they are not barred." This meant there was a risk that staff who were not suitable to work in care were providing care to people.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager confirmed that they had submitted new criminal records checks for these staff and they were not working alone with people until the checks had been completed.

Staffing rotas showed that staffing levels were sufficient to provide safe care, and observations during the inspection showed there were sufficient staff on duty to meet people's needs.

Care files contained a range of risk assessments to mitigate risks faced by people. The measures in place contained clear instructions for staff to follow to minimise risks. For example, files contained risk assessments relating to self-harm, road safety, refusal to take medicines and risk of self-neglect. Where people had specific health conditions that put them at risk of harm, such as epilepsy, there were clear and appropriate guidelines for staff to follow. One person's care file contained guidance for staff in the use of physical intervention should the person become physically violent to themselves or others. The guidance was clear regarding the circumstances in which physical intervention should be used, and that it should only be used as a last resort when all other methods had failed. Staff told us they had not had to use physical intervention as the documented de-escalation and distraction techniques were effective in managing the risks.

The home looked after people's money for them as there were risks associated with people having access to their own funds. The home maintained appropriate records of people's finances and people told us they had access to their money when they wished. One person said, "I get three pounds a day. I can spend it on what I want." Records showed that people signed the records to show when they had taken their money out.

The home also had a range of general risk assessments. These included locking the kitchen at all times and so people who lived in the home could only access the kitchen with staff. One of the risk assessments stated, "Service users may not cook without staff present in the kitchen." This applied to all people who lived in the home regardless of individual abilities and needs. The kitchen risk assessment identified risks relating to sharp knives, scalds from boiling water in the kettle and burns from ovens while cooking. An additional risk assessment identified food hygiene risks relating to the personal hygiene and behaviour of one person who lived in the home. Observations showed that staff levels were sufficient to provide one to one staff support, and people were supported to access the kitchen. The inspector discussed with the management team that it could be considered overly restrictive to keep the kitchen locked. This was because there were other

measures in place, such as high staffing levels, kitchen equipment kept in locked drawers and the kettle always emptied after use, that meant keeping the door locked was an additional measure that was restrictive. The management team said the risks associated with food hygiene warranted the restriction. However, there was an incident record that showed despite the restriction, the person had behaved in a way that was a food hygiene risk. This meant despite being restrictive this risk assessment was not always effective.

We recommend the service seeks and follows best practice guidance around restrictive risk assessment processes.

Staff demonstrated they understood safeguarding adults. Staff we spoke with were able to list the types of abuse people might be vulnerable to and told us they would report any concerns to their manager. The provider had a policy regarding safeguarding adults from abuse and the contact details of the local team were on display in the home. However, records of incidents showed that not all incidents that should have been escalated to safeguarding had been. For example, there had been an incident in July 2016 when one person who lived in the home had hit another person. There had been another incident in January 2017 when a person who lived in the home had tripped over another person. Although no injuries had been sustained, incidents of aggression between service users should have been raised with the local safeguarding teams for them to investigate. This meant the service had not followed best practice with regard to safeguarding adults from avoidable harm.

We recommend the service seeks and follows best practice guidance about safeguarding adults from harm.

Is the service effective?

Our findings

At the last inspection in April 2016 the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received sufficient training to enable them to carry out their roles. Specifically this related to a lack of specialist training in supporting people with regard to their complex mental and physical health needs. Records showed the provider had liaised with a training provider who had produced workbooks for staff to complete on the topics mental health awareness, fire safety and the Mental Capacity Act 2005 (MCA). However, although one member of staff told us they had been provided with workbooks which they had not yet completed, other staff told us they had not yet received training in these areas. Training records showed staff who had completed their induction before our last inspection in April 2016 had received no further training in the areas identified including the MCA and mental health conditions. This was discussed with the management team. The nominated individual told us they had provided staff with the information required. They said, "We give them the information and it's down to them [staff] to learn. We're providing it, we're not to blame if they don't keep up." This meant the service had not ensured staff had the knowledge and skills they required to perform their roles.

This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff who had been recruited to the service since April 2016 told us they found the in-house induction provided by the interim manager was useful. One staff member said, "I had two days with [interim manager] and reading the care plans so I understood people's needs. The senior support workers guided me, on practical things and how to do things with people." Staff files showed that staff received formal supervision and the interim manager was now recording all meetings with staff regarding their work performance. Staff told us they found supervisions useful and supportive. One member of staff said, "We have supervision every four to six weeks. We go over my role and any points to improve. We get praise as well, a thank you."

People told us they liked the food and were involved in preparing their meals. One person said, "The food is good." Another person said, "I cook all my own meals." A relative told us, "The food is good, and I eat here too." The home encouraged people to eat a healthy diet, and records showed the food was discussed in house meetings where people made menu suggestions. Where people followed a specific diet for religious reasons this was detailed in their care plans and staff were knowledgeable about how to ensure meals adhered to religious rules.

The home had maintained their recording systems for supporting people with the physical and mental health needs. People were supported to attend healthcare appointments which were recorded in a separate health appointments folder. Information about how to support people to ensure their health needs were met was shared across the staff team and where updates to care plans were required these were completed in a timely manner. Records showed concerns about people's health were appropriately escalated.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Where appropriate applications to deprive people of their liberty had been made, along with appropriate notifications. Where people lived in the home under the terms of a Community Treatment Order (CTO) records showed people had consented to and understood the terms of their residence at the home. A CTO means that people receive supervision to ensure they adhere to treatment. This is a restriction that is placed on them to ensure their safety and the safety of others. Records showed that one person had been discharged from their CTO, but their care plan still made reference to it. This was discussed with the interim manager who recognised this was an error and confirmed the person was no longer subject to a CTO.

Where people were assessed as lacking capacity to consent to their care and treatment, care plans were unclear about what decisions they could or could not make. For example, one person's care plan stated they lacked capacity to consent to their care and treatment and a DoLS authorisation was in place. The care plan stated, "All staff must ensure that everything they do for [person] on a day to day basis is based on her best interests." However, the care plan also stated this person can express her views and had consented to the care plan. It is in line with best practice that people are supported to make decisions where they can, and this recognised that capacity to make decisions is both decision and time specific. However, it was not clear what support this person needed to make different types of decision, and which decisions might require more support or a best interests approach. This meant it was not clear what decisions people could make and there was a risk staff make decisions on people's behalf when they were able to make these decisions themselves, and may have made a different choice to staff.

We recommend the service seeks and follows best practice guidance about the Mental Capacity Act (2005).

Is the service caring?

Our findings

People told us the staff were caring towards them. One person said, "The staff are nice and they talk to me." Another person said, "I like the staff." Staff spoke about the people they supported with kindness and respect. One member of staff told us, "It's important to get to know the people we are working with and for." Another member of staff said, "Here we live as a family, people are free to talk to us."

Staff told us they had time to get to know people and recognised the impact that people's pasts had on their current lives. One member of staff said, "We chat and build trust so they will be able to tell us about their background. You start to be able to read things and know to check as they may be unwell." Staff described the people they supported in a way that demonstrated they valued them as individuals, talking about their strengths and attributes. One member of staff said, "She [person] is such a good cook, she's really a dab hand at that."

People told us they were treated with dignity and respect. One person said, "They [staff] always protect my dignity and privacy. They always knock on my door before they come in." Care plans contained details to ensure staff knew to respect people's choices to spend time on their own in private. One person had a health condition which meant it was risky for them to be alone while completing care tasks. The service had put in place safety measures that ensured the person was safe but able to maintain their privacy. Staff recognised this person was particularly sensitive about their privacy needs. One staff member said, "[Person] is very shy and self-conscious. I give her lots of reassurance that she's covered."

People living in the home were supported to follow their religious faith where this was their wish. A relative told us they always felt welcome in the home and were free to visit whenever they wished.

At the last inspection in April 2016 people and relatives had told us there was no space where people and their relatives could spend time alone together in the home. At the time the provider told us they had plans to build a room where people could spend private time with visitors. This had not happened. The provider told us this was due to not having the financial resources to commit to a building project.

Care plans contained details of people's family relationships and the support people required to maintain these. Most of the people living in the home were younger adults. There was no information in their care files about their needs or wishes in relation to friendships or sexual relationships. One member of staff told us, "One person has expressed that they would like to have got married, but no one has ever told us about any sexual needs." They continued, "We have talked about relationships. It would be good if we could go out on the weekends. It's a Saturday night and people aren't going out." Another staff member confirmed that information about people's sexual orientation and relationship needs were not included in care plans. They said, "Care plans do not talk about relationships or sexual needs." A third member of staff told us, "Sometimes one person will talk about not being in a relationship, but none of them have said that they want one." This meant the home had not explored people's needs or preferences about support to develop friendships or relationships. This meant there was a risk that people wanted support to develop this area of their life but had not been supported to do so.

We recommend the service seeks and follows best practice guidance around supporting people with friendships and relationships.

Is the service responsive?

Our findings

At the last inspection in April 2016 the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no records that people's needs had been assessed before they moved to the home. Although no new people had moved to the home since then, the home had completed regular assessments and reviews of people's needs which had addressed the previous breach.

Care files contained a range of support plans to address the areas people needed to be supported with. These included details on how to support people with their mental and physical health, personal care, domestic tasks, family relationships and religious faith. At the last inspection the similarity between care plans was raised with the home. At this inspection there were more details on how to provide personalised support to people. For example, one person's support plan in relation to their domestic skills instructed staff to encourage the person to plan a simple meal once a week and stated the person liked to make tea and lay the table. Another person's plan recognised their skills and stated the person could complete washing up with supervision and should be encouraged to assist with cooking meals.

Care plans contained a high level of detail about how to support people with their personal care, including details of their preferences, level of support and the amount of time it was likely to take for them to complete tasks.

People gave us mixed feedback about the activities available at the home. One person said, "There's nothing to do, just watch TV or got to your room." Another person said, "I think they should have more activities." However, a relative told us, "There are lots of activities, bingo, painting, crafts, drawing and days out." People had activities timetables, which included in house activities such as board games and karaoke, as well as community based activities such as trips to shopping centres and attendance and local college courses. Records showed people were supported to access the community and attend activities. The interim manager explained the discrepancy between one person's planned and actual activities. This was due to the person refusing any activities that were not based in shopping centres and their dislike of cold weather in winter. The home ensured variety for this person by going to different shopping centres. During the inspection we observed people were supported to go out when they wished, and various in-house activities including painting, bingo and karaoke took place. This meant people were supported to take part in activities both in their home and in the community.

People living in the home attended weekly house meetings. Records showed these were used to discuss relationships between people living in the home, provide feedback on staff, the food and to suggest community activities. This meant people were involved in making decisions about the home. The interim manager and registered manger told us they had distributed their annual feedback questionnaire to relatives and professionals to seek further feedback about the home. However, they had not received any responses. The home was reviewing the best way to seek feedback from relatives and professionals.

The home had a robust complaints policy with clear timescales for response and details on how to escalate

concerns. There was an easy-to-read version on display in the entrance to the home. People told us they knew how to complain. One person said, "I might have [made a complaint] I can't remember. I would complain to the manager." Records showed seven complaints had been made since the last inspection in April 2016. These had been investigated and responded to in line with the provider's policy. Records showed there had been a number of complaints about people's clothing and care of clothing had been discussed in staff meetings and supervisions. This meant the service was responding to complaints appropriately. However, there was no record to indicate whether complainants were happy with the response to their complaint.

Records showed the interim manager reviewed and updated care plans on a monthly basis. These reviews included updates on people's health and details of appointments or changes in care that resulted from any meetings that month. Although people had signed their care plans, people did not remember they were involved in this process. Three people and one relative told us they had not seen copies of their care plans. One person said, "I've never seen my care plan." It was noted that one person who had a visual impairment had signed their care plan despite the fact that it was not in an accessible format.

The home had a noticeboard in the living area with an accessible calendar and information about different activities on offer in the local area. However, the date on the calendar was "25 May" and the activities related to the previous summer. The inspection took place in January and February so this date was eight months in the past. This meant the information was out of date and was not being used to support people with their understanding of the date, and the activities were not available if people had decided they wished to do them.

We recommend the service seeks and follows best practice guidance on ensuring care plans and other information is accessible to people who use the service.

Is the service well-led?

Our findings

When the service was last inspected in April 2016 we made a recommendation about responding to incidents. This was because the service was not always reporting incidents to CQC and investigations were not robust. At this inspection incidents were identified that had not been notified to us. There had been an incident in July 2016 which had not been raised as a safeguarding alert or notified to us. A person who lived in the home had sustained an injury in September 2016 and this had not been notified to us. This meant the home had not addressed our previous recommendation and was not informing us of events as required.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The interim manager reviewed care plans and risk assessments on a monthly basis. However, the registered manager and nominated individual did not review care plans or risk assessments. This meant no registered person had oversight of the quality of documentation.

The registered manager and staff in the home completed regular audits in the home. These included maintenance and health and safety checks. The audits had not been effective as they had not identified or addressed the poor state of repair of the bathrooms in the home. Observations of the bathrooms showed radiators and the wall fixtures for grab rails were rusted and the paint was peeling off the bath. The condition of the bath was discussed with the nominated individual who told us contractors had advised it was linked to the primer used when painting the bath. People who lived in the home used the bath daily and its condition on inspection posed an infection control risk. Observations showed the carpets were dirty and stained, as were some of the chairs in the living area of the home. The nominated individual told us the carpets could not be cleaned until the summer as they would not dry during winter. These issues had not been identified in either the maintenance or infection control audits or in the nominated individual's provider monthly visit reports. These stated there were no issues with cleanliness and maintenance each month.

The provider monthly reports contained a section where the provider could analyse complaints and incidents. Records showed this had been poorly completed, with no analysis in any of the records viewed. The report for September 2016 recorded that there were no incidents or complaints, but there were incident forms from September 2016. In addition, the section on complaints for October 2016 stated, "Several complaints noted on the complaint folder. All are minor complaints and all had been managed and settled with the complainant." The July 2016 report noted two complaints had been resolved but there was no further information in the report. This was not a thematic analysis of complaints and did not demonstrate the provider had taken the opportunity to learn and develop practice from complaints received.

The registered manager completed both monthly and quarterly checks on various health and safety issues in the home, including reviewing of buildings and health and safety risk assessments. These had not identified that fire-fighting equipment had not been tested for more than one year. This meant there was a risk the equipment would not work properly in the event of an emergency. The registered manager arranged for fire equipment testing to be completed as soon as this was brought to their attention. The audits had

failed to identify that tests on electrical equipment had not been completed in line with the providers risk assessment. The registered manager advised electrical equipment testing was carried out every three years and the last test was within this time. However, the risk assessment relating to testing electric equipment stated it should be completed annually. The risk assessment had been signed and dated by the registered manager as being correct in December 2016. This meant the audits had not identified when checks were not been carried out in line with the provider's own risk assessment and timescales.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From 1 April 2015 it has been a legal requirement for services to display their ratings as awarded by CQC. Services are required to display their ratings in their premises and on their website. Although a link to our report was provided on the provider's website, the rating was not displayed. The registered manager was shown the guidance regarding best practice in displaying ratings on websites. In the home, the rating was not displayed at all. The home had a copy of a previous inspection summary on display. This was discussed with the nominated individual who told us they had not been aware of this legal requirement. On the second day of our inspection the ratings were put on display. The home had a folder which contained previous inspection reports for the home. However, the file did not contain a copy of the most recent report from the April 2016 inspection. The registered manager told us, "It is not here." When we sent the report to the provider we stated in the accompanying letter, "Please make this report readily available for people who use the service." We had also included a summary which we asked the provider to share with people, their families, friends and carers as well as staff. There were no copies of the April 2016 report or summary in the home. This meant the service had not shared our findings with people who lived in the home so they could not easily find out what we thought about the quality of the service they were living in.

The home's registered manager was also responsible for another home run by the provider. They visited the home regularly and staff told us they were available and supportive to staff. One member of staff said, "[Registered manager] is here a couple of times a week. I could chat to him if I needed." People who lived in the home were less aware of the registered manager. One person said, "[Registered manager's name]? I don't know who that is." When people and relatives talked about the manager of the home, they spoke about the interim manager who was responsible for the day to day management of the home. People and their relatives spoke highly of the interim manager. One person said, "[Interim manager] is doing a good job. She is always confident." Another person said, "The manager here is doing a good job." A relative told us, "The manager is doing a good job. I can always talk to them."

Staff told us they felt supported by the interim manager and they instilled person-centred values to the team. One member of staff said, "[Interim manager] is very understanding and very informative. They like to get things done, but not with a big stick, they have a gentle approach." Another member of staff said, "[Interim manager] is a good boss to work for and I can't tell a lie. They accommodate us as much as possible in terms of work-life balance. Not many places would do that." A third member of staff said, "[Interim manager] is a good manager. They are flexible, easy to talk with and ready to help." Staff spoke about the family atmosphere in the home and told us they felt the tone was set by the interim manager. One staff member told us how the interim manager had prepared the Christmas meal and spent the day with people in the home. The interim manager told us how they had grown up with a family involved with care homes and this meant they viewed the people they supported as family.

Staff told us, and records confirmed, the interim manager held regular meetings with the staff team. These were used to provide feedback following complaints and to discuss any issues relating to people living in the home. This included ideas for promoting healthy eating and reminders regarding taking care of people's

possessions.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not submitted notifications of incidents or allegations of abuse. Regulation 18 (2)(a)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems for the safe management of medicines had not been maintained which meant people had not received their medicines as prescribed. Regulation 12 (2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems and audits had not operated to assess and improve the quality and safety of the service provided. Regulation 17 (2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes had not been operated to ensure staff were of good character and the service had not maintained records as required. Regulation 19 (2)(a)(3)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not received the training required to perform their roles. Regulation 18 (2)(a)