

Rosemary Care Home Limited

Rosemary Care Home

Inspection report

13 Newhey Road
Milnrow
Rochdale
OL16 3NP
Tel: 01706 650429

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Rosemary Care Home is based in Milnrow, Rochdale and is registered to provide care for up to 24 older people. Accommodation is provided on three floors. All bedrooms are single rooms and are accessible by a passenger lift. Communal rooms are available on the ground and first floors. These include two lounges and a dining room on the ground floor and a lounge / dining room on the first floor. To the front of the property there is a small garden area and parking for several cars.

This was an unannounced inspection carried out on the 2 March 2015. At the time of our inspection there were 22 people living at the service

The home had a manager who was registered with the Care Quality Commission. 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.

We inspected the home in November 2013. We found the provider was in breach of two regulations in relation to management of medicines and records. The provider sent us an action plan telling us what they intended to do

Summary of findings

make the improvements needed. We inspected the home again in March 2014 to check improvements had been made. We found the provider was meeting the regulations we assessed at that time.

Prior to this inspection we had received some information of concern about the management and conduct of the service. At this inspection we spent time observing care and support in communal areas, spoke to people, their visitors and staff and the registered manager, who had recently returned to work following a period of absence. We also looked at people's care files and management records.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People were not always supported by sufficient numbers of staff that had been robustly recruited to work with vulnerable people. We found opportunities for staff training and development needed improving so that staff were able to expand their knowledge and understanding in the specific needs of people.

The provider had not taken the necessary steps to ensure people were not being unlawfully deprived of their liberty in line with current guidance. Whilst information was available to guide staff, further training had yet to be completed by staff. Staff spoken with had some understanding of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. This legislation provides legal safeguards for people who may be unable to make their own decisions.

We found systems to monitor, review and assess the quality of service were not in place to help ensure people were protected from the risks of unsafe or inappropriate care. Checks were made to the premises and servicing of equipment. However safe systems were not in place in the event of an emergency such as a fire. Staff training, evacuation procedures and assessments to minimise risks were needed to protect people from potential harm or injury.

The registered manager acknowledged that CQC had not always been notified of incidents in relation to the well-being of people. This information is important and helps us to monitor that appropriate action has been taken to keep people safe.

We found the management and administration of people's medicines was safe. Further training was needed for those staff responsible for the administration of medication so that practice was safe.

Individual care records were in place for people living at Rosemary Care Home. Records showed that people's individual preferences were considered and people had regular access to health care professionals so that their personal and health care needs were addressed. Care records had not always been up dated to reflect the current needs of people. This information is important so that staff are provided with clear information about the care and support people need.

We talked to staff about how people were protected from harm. Staff were confident in describing the different kinds of abuse and signs which may suggest a person might be at risk of abuse. They knew what action to take to safeguard people from harm.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met. Menus were being reviewed so that people preferences were included.

Routines were relaxed, with people spending their time as they chose. Whilst some activities were made available people and their visitors felt these could be improved upon offering more variety to their day.

During our visit we saw examples of staff treating people with respect and dignity. People living at the home and their visitors were complimentary about the staff and care and support provided. People and their visitors were confident they were listened to and the registered manager would act on their comments or concerns.

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 safe. People were not always supported by sufficient numbers of staff that had been robustly recruited to work with vulnerable people.

Safe systems were not in place in the event of an emergency such as a fire. Staff training, evacuation procedures and assessments to minimise risks were needed to protect people from potential harm or injury.

Suitable arrangements were in place with regards to the management and administration of people's prescribed medicines.

Staff we spoke with knew how to keep people safe. Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

Requires improvement



Is the service effective?

The service was not effective. The provider had not taken necessary steps to ensure people, particularly those who lacked the mental capacity to make decisions for themselves, were not being unlawfully deprived of their liberty in line with current guidance.

Whilst people were happy with the care and support they received. We found staff had not received all the necessary training, development and support required for their role.

People's views varied about the choice of food offered. The registered manager and kitchen staff were reviewing menus so that people's preferences were included. Where people were at nutritional risk, staff had sought advice from external healthcare professionals.

Requires improvement



Is the service caring?

The service was caring. People told us, and we observed, staff treat them with dignity and respect when offering care and support. Staff were said to be helpful and caring and understood people's individual needs and wishes. People said they were well cared for and staff helped them to look clean and presentable.

Comments from a social care professional and training provider was positive about the attitude of staff towards their work and the standard of care provided.

Good



Summary of findings

Is the service responsive?

The service was not always responsive. People and their relatives were involved and consulted about how people wished to be cared for. People's care records included their individual likes, dislikes and preferences. However changes in people's health and care needs were not always reflected in their plan of care plan for staff to refer to.

We saw a choice of activities and outings were offered as part of people's daily routine. These could be enhanced with more meaningful activities, particularly for those people living with dementia to help promote their health and mental wellbeing.

Systems were in place for the reporting and responding to people's complaints and concerns. Where necessary the registered manager had taken action to address poor practice.

Requires improvement



Is the service well-led?

The service was not well-led. Systems need to be improved to ensure the service is well-led. The service had a manager who was registered with the Care Quality Commission (CQC). The registered manager had recently had a period of absence however had returned to work on a full time basis on the day of inspection. Adequate interim management arrangements had not been put in place to support the day to day running of the service.

Effective systems to monitor, review and assess the quality of service were not in place to help ensure people were protected from the risks of unsafe or inappropriate care and support.

Requires improvement



Rosemary Care 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 was an unannounced inspection and took place on the 2 March 2015. The inspection team comprised of an adult social care 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 by experience who joined the inspection had experience of services that supported older people and provided care for people living with dementia.

During the inspection we spent time speaking with seven people who used the service, however not all of them were able to tell us about their experiences. We also spoke with six visitors, three care staff as well as kitchen and housekeeping staff. We also spoke with the registered manager.

As some of the people living at Rosemary Care Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at four people's care records, five staff recruitment files and training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning and safeguarding teams to seek their views about the service. We were not made aware of any concerns about people's care and support. We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. We did not ask the provider to complete a Provider Information Return (PIR), prior to this inspection. 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.

Is the service safe?

Our findings

We looked at people's care and support to see if their needs were being met safely. We did this by speaking with people, talking with their visitors, looking at their care records, reviewing how medicines were managed and observing how staff interacted with people who used the service.

Most of the people we spoke with said they felt safe living at Rosemary Care Home. People told us, "I make myself safe. Staff look after me", "I do feel safe. They've been good with me" and "I'm quite happy living here. I feel safe. I don't go wandering about on my own. I feel safe at night." The relative of one person told us, "She's safe. We've never had a problem."

However, concerns about staffing numbers, particularly at weekends, were expressed. People said, "Sometimes there are not enough staff on to do things", "We don't generally have this many staff on. We had two on all day yesterday." One person said "I was walking but I don't do it now. They [the staff] say we haven't got enough staff." Relatives we spoke with also expressed concerns about staffing arrangements. We were told that on four of the previous 14 days, there had been only two care staff on duty. Other comments included, "Sometimes at the weekend there don't seem to be as many staff on", "They've been short staffed in the last month" and "Yesterday there were two staff on all day because staff rang in sick. They don't seem to have any reserve staff" and "I like it here. I like the staff. I just want them to get it right." Due to the low numbers of staff people said that staff were not always available in the communal areas.

We discussed staffing arrangements with the registered manager. We were told that staffing levels each day comprised of four care staff on the early shift, three on the late shift and two night staff, with additional support from the registered manager, kitchen, laundry and domestic staff. The registered manager acknowledged that there had been a recent turnover of staff and that in their absence issues had arisen. An examination of rotas showed that staffing levels did not always reflect the levels we had been told would be provided. For example, the weekend prior to our inspection rotas showed that on Saturday only one staff member was identified to work the night shift as the

second person was off sick and on Sunday there was only one carer shown as working throughout the day as three other staff had been crossed out. Alternative cover arrangements had not been identified on the rota.

One staff member we spoke with said there had been issues within the team but felt "things are settling down". Staff said they were able to meet the needs of people if staffing levels were maintained. However they acknowledged this had sometimes been impacted due to sickness.

We found the provider had not protected people against the risk of unsafe or inappropriate care as sufficient numbers of staff were not always available to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the process followed when recruiting new staff. The service had a policy and procedure to guide them. This outlined the relevant checks required prior to new staff commencing work to help ensure their suitability to work with vulnerable people. We looked at the records for the two newest members of the team. We found the system was not as robust as it should have been. On one file the application was incomplete, unsigned and not dated, evidence of a disclosure and barring check was not available or evidence to confirm the staff member's identity. On the second file professional references had not been sought from the named referees on the application. We raised this with the registered manager. No additional evidence was provided.

We found the provider did not have a robust system in place when recruiting new staff to ensure their suitability to work with vulnerable people. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that risk assessments were completed in relation to potential risks to people's health and well-being as well as the environment. The registered manager told us that maintenance staff worked at the home on a part time basis

Is the service safe?

and carried out regular checks to the fire alarm, means of escape, doors, fire equipment, emergency lighting and call bells to ensure they were in good working order. Records seen evidenced these checks had been completed.

We looked at what systems were in place in the event of an emergency, such as a fire or mains failure. The registered manager told us the home did not have a contingency plan, the fire risk assessment and evacuation procedure had last been reviewed in 2011 and not all people living at the home had a personal emergency evacuation plan (PEEPs) in place. We also looked at staff training records. This showed eight members of staff had completed fire safety training and the remaining members of the team were scheduled to attend training the week following our inspection.

We found the provider did not have effective systems in place to protect people in the event of an emergency. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw information was available to guide staff on safeguarding people from abuse and whistle blowing. Whistle blowing is when a worker reports suspected wrongdoing at work. Training records showed that nine of the nineteen staff had received training in safeguarding adults. We were told by the registered manager that a further course was to be held for the remaining staff members. Staff spoken with told us they were able to access information to guide them and when asked were able to clearly demonstrate what they would do to respond

to an allegation or incident of abuse so that prompt action was taken to protect people. Before our inspection, we asked the local authority social work and safeguarding teams for their opinion of the service. We were not made aware of any concerns.

We looked at the management and administration of people's medicines. We saw the medication trolley was stored safely when not in use. Medication administration records (MARs) were completed and there were directions available for staff for the administration of 'when required' medicines (PRN). We did find however that relevant codes and explanations to show why people had not received their prescribed medicines were not accurately recorded. We discussed this with a senior member of staff who had responsibility for administering medicines. We were told this was due to a change in MAR records and staff were still using the previous codes. We were told this would be addressed with staff responsible for administering medicines. A separate fridge was available for the storage of medicines and temperature checks were completed to ensure medicines were stored appropriately

We were told that staff responsible for the administration of medicines had been trained in the safe handling, storage and disposal of medicines. The registered manager told us that a number of other staff had been trained although they did not routinely give out medicines. However training records did not reflect what we had been told and as they identified only five staff had completed training. This meant at times people were supported by staff that were not trained to administer their medicines, particularly during the night shift.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor how care homes operate the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us there was no one currently subject to a DoLS authorisation. We discussed with the registered manager the Supreme Court Judgement of March 2014, which should be considered by care providers. Whilst the registered manager had liaised with the local authority (supervisory body) about the ruling, no action had been taken to ensure people living at the home were not being unlawfully deprived of their liberty.

We saw that policies and procedures were available to guide staff. Training records however showed that only four staff had completed training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This training should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make decisions about their care and support and the legal process to follow should a person need to be deprived of their liberty. Two staff we spoke were able to demonstrate some understanding, however acknowledged they had yet to complete training in this area. The registered manager confirmed with us following our inspection that training for all staff in MCA and DoLS had been requested from their training provider.

We found the provider had not taken appropriate action to ensure, where necessary, people were not being deprived of their liberty without authorisation to do so ensuring their rights were upheld. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were supported to develop the knowledge and skills needed to carry out their role. We looked at training records, spoke with three staff and the registered manager. One member of staff, appointed in the last 12 months, explained the induction programme completed on commencement of their employment. They told us this included a period of shadowing an experienced member of staff as well as the completion of an induction workbook. This involved new staff familiarising themselves with the homes policies and procedures and what was

expected of them. We looked at the files for two new staff. On one file there was no evidence of an induction being completed and on the second file the induction workbook was incomplete.

The registered manager told us the majority of training was sourced from a private training provider. They told us; “Rosemary Care Home are very professional and pro-active in their approach to training. Feedback is always received, courses always run extremely well and the trainers have commented that all the delegates enjoy receiving the training and are keen to learn.” We saw certificates to show that recent training had been completed by some members of the team in moving and handling, first aid, food hygiene, infection control and safeguarding. However training record showed that further training was required in other areas, such as safeguarding adults and children, MCA and DoLS, food hygiene, fire safety, first aid, dementia care and dignity in care. Both staff spoken with said they had yet to complete safeguarding and MCA/DoLS training. One staff member added; “The manager will provide whatever training you want.” Another said, “I would like more training regarding people’s specific care needs.” Staff said they were aware that further training sessions were to be planned.

Staff told us that individual supervisions meetings had not routinely been held due to the manager’s absence. These meetings should provide staff with the opportunity to talk about their work and any training and development needs they may have. Staff said that recent team meetings had not been held however senior care staff said they would meet on a weekly basis to discuss any issues or concerns about people. Staff told us, “There’s good communication within the team” and “It’s quite a good team.” Both staff said the manager was supportive and listened to them.

We found that improvements were needed in the training, development and support offered so that staff had the knowledge and skills needed to support the specific needs of people. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were supported in meeting their nutritional needs. We spoke with the cook and looked at

Is the service effective?

the kitchen and food storage area situated in the basement of the home. The cook said they received regular deliveries of fresh, frozen, tinned and dry goods, and a good supply of food was seen.

We observed the lunch time period. The dining room was well staffed with people being offered help and encouragement where necessary. When we asked people their views about the choice and quality of meals offered we received a mixed response. People said meals varied depending on which cook was on duty. People said, "It depends on who is doing the food", "The food's generally quite good", "It's alright here. The staff are nice. The food's not like it was at home. Dinner's quite nice but teas could be better. You get a choice of a couple of things at dinner. Tea is mostly soup and sandwiches. I would prefer something hot", "The food is very nice. I had meatballs for lunch. They were very nice but I wouldn't have them again" and "I find that the food is very nice." Comments received were raised with the registered manager. We were told they were aware of people's views; meetings were being held with kitchen staff and menus were being reviewed.

The care records we looked at showed that where people were at risk of poor nutrition or weight loss, risk assessments had been completed. We saw that additional monitoring charts were put in place and where necessary support and advice was sought from the person's GP or dietician.

Records showed and people confirmed that they had access to relevant health care professionals, such as a GP, community nurses, dietician, optician and hospital appointments. People's relatives we spoke with said they were kept informed about their family member. One relative told us, "The doctor's is across the road and they come in regularly to check on [my relative] because she's got COPD and diabetes" and "[My relative] lost weight but her COPD had caused that. They weigh her all the time." Another relative added, "[My relative] lost quite a bit of weight but now they are maintaining it."

Is the service caring?

Our findings

We spoke with seven people living at Rosemary Care Home and six visitors. We asked them for their views about the home. All the people we spoke with were positive about their experiences. They said staff were helpful and caring and understood their individual needs and wishes. People said they were well cared for and staff helped them to look clean and presentable. People commented, "It's very nice. They are very nice with you. Nothing's too much trouble for them", "When my sister brought me here I was worried but they're so obliging. I've no complaints", "I'm happy here. They look after me", "The carers are very nice and helpful. I've never had a problem with any of them" and "I'm as happy as I can be."

People's relatives also spoke positively about the staff. They told us, "Everyone's very friendly", "She's happy enough here. She's looked after 24/7", "The staff are really good with her. They treat her nice. The staff are lovely", "You can't fault the staff, they are nice and kind" and "She's not unhappy. The staff are wonderful."

We received comments from a training provider who facilitated training at the home. They told us about their experience when they visited the home. They said, "The staff seemed to be very efficient when carrying out their day to day duties". They said that, "Staff knew all the names

of people living at the home and they spoke very passionately about their role as carers" and "Staff responded to people's requests in a calm manner and dealt with any queries effectively."

Staff spoken with were able to tell us how they provided support so that areas of identified risk were minimised. We observed staff assist people when transferring to and from chairs and with walking aids. Staff were patient and offered encouragement and reassurance. People were heard thanking staff for their help.

People were clean, appropriately dressed and well groomed. We observed staff treat people with kindness and respect. Interactions between people and staff were pleasant and friendly. We saw people ask for support when needed and staff responded appropriately. Those staff we spoke with were able to tell us how they would promote people's privacy and dignity when offering care and support. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living there. One member of staff told us "I really enjoy working here" and "We have good relationships with people's relatives".

We saw that individual records were in place to guide staff. Information included details of people's individual needs as well as their likes, dislikes and routines. Records were kept in the staff office and were held secure so that confidentiality was maintained.

Is the service responsive?

Our findings

We spoke with the registered manager and a senior care worker about the process when people considered moving into Rosemary Care Home. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered about people and whether their needs could be met at the home. We were told that people and their families were able to visit the home prior to making any decisions. Records we looked supported what we had been told. The senior care worker showed us a short term plan which had been developed from the assessment. This provided information for staff about the person and the support they needed. We were told this was put in place whilst a more detailed plan was being completed.

We looked at the records for four people to check their needs, wishes and preferences were taken into consideration when planning their care. Information seen was detailed and provided good information to guide staff. We did note that some information about people's changing needs, whilst recorded in the review notes had not been transferred to the care plan. We raised this with the registered manager who said this would be addressed. Comments received from a social worker who visited the home included; "The paperwork has greatly improved and in the cases that I have been involved in the plans are person centred."

We saw entries on people's care records where they had been visited or attended health care appointments and the outcome to their visit. Staff told us that where concerns had been identified and further support was required additional monitoring was put in place. Records included, food diaries, observational and positional charts and cream charts.

We saw a regular programme of activities was offered to people. The home employed an activity worker, who worked five afternoons a week. During the inspection we saw two health and social care students were on placement at the home. They were seen helping by giving out drinks and biscuits and joining in with the activities.

People spoken with said they had recently been involved in making gingerbread houses and playing cards. We were told that during the summer time tea parties had been held in the garden and some people had visited the local park

with the activity worker. Displayed in the reception area we saw information about the planned activities. These included quizzes, board games, ball games, bingo and pamper sessions. Other activities had included a valentine's day party, a raffle and afternoon tea in aid of Dementia UK and a clothes party. A poster was also displayed advertising a 'resident meeting' which was planned for the 12 March 2015

People told us, "The activities lady comes in 5 days a week. She does a lot for us", "We play cards, and she does my nails. She's got all sorts of games, bingo. She does her best", "We had a tea party outside in the summer", "I've been to the Range (garden centre)" and "We go out now and again but only now and again. They come and say 'Right we're going out.'" People's relatives felt they range of activities could be expanded upon. They said, "An activities co-ordinator comes every afternoon. They should do more group activities", "They could do with having a bit more going on to keep them occupied", "Sometimes they [the staff] don't get among the residents" and "There are activities but not really what [my relative] wants."

The activity worker told us that some people chose not to take part in group activities, therefore she would spend time with people on an individual basis, where possible. A number of people living at Rosemary Care Home lived with dementia and were not always able to join in with some of the activities. Opportunities should be explored so that all people living at the home are provided with suitable activities enabling them to actively engage, promoting their involvement and independence.

We looked at how the registered manager addressed any issues or concerns brought to their attention. We spoke with the registered manager about any current issues or concerns. We were told of six concerns which had been addressed over the last year. Where necessary the home had liaised with the local authority to resolve issues. We saw records were maintained of all issues brought to the registered manager's attention. This included any correspondence, investigations and their findings. This demonstrated people's views were listened to, taken seriously and acted upon.

Whilst looking around the home we saw an information leaflet advising people what to do if they wished to raise any concerns. People we spoke with and their visitors said they felt able to discuss any issues should they need to.

Is the service responsive?

One person told us, "She [the manager] is very easy to talk to and get on with." A social worker from the local authority told us, "I have found that that if there has been a problem they will respond well and also keep others updated."

Is the service well-led?

Our findings

The home had a manager in place who was registered with the Care Quality Commission (CQC). Information received prior to our inspection suggested the registered manager had been absent from work for a period of time. The registered manager told us that on the day of our inspection they had resumed work at the home full time following a 'staggered' return to work. The registered manager confirmed they had been off work for a period of four weeks.

Whilst formal notifications had been received for some incidents that had occurred within the home, others had not been forwarded to the CQC. This information helps us to monitor the service ensuring appropriate and timely action is taken to keep people safe. The registered manager acknowledged this had not been done in some instances

A failure to inform CQC of incidents that involved the well-being of people meant we were not able to see if appropriate action had been taken by the registered person to ensure people were kept safe. This meant there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Prior to this inspection we had received some information of concern about the management and conduct of the service. We shared this information with the local authority commissioning team. We spoke with people and their visitors to seek their views about the service. Whilst people liked the home, they were concerned about staffing arrangements. They told us; "Whilst the manager was laid up there were staff problems" and "I would recommend the home to others if [the manager] sorts the staff out." The registered manager acknowledged there had been issues in relation to staff conduct. However the registered manager and provider were addressing these through the disciplinary procedures.

Feedback was also received from a social worker and training provider who had visited the home. We asked them their views about the management and conduct of the service. Their response was positive, adding; "I do feel that since the manager has been in situ there has been a vast improvement at the home which welcomes both praise and criticism. The manager has a 'can do' attitude and networks well with others" and "It is a well organised and effective care home, I was introduced to the manager who seemed to be very hands on. All the staff on shift knew their job role."

We asked the registered manager how they monitored and reviewed the service so that areas of improvement were identified and addressed. We were told at present there was no effective auditing system in place to evidence this. We looked at a range of records in relation to the management and conduct of the service. We found policies and procedures were out of date and referred to guidance or agencies no longer in place. The homes Statement of Purpose and Service User's Guide did not provide accurate up to date information clearly advising people about the service.

We found the provider did not have effective systems to monitor and review the quality of the service provided for people. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they took part in care provider meetings and attended courses to keep them informed. We were told they had attended a course on the new inspection methodology and were introducing monthly feedback sheets for staff so they could review any themes or patterns. The registered manager was also a member of the care provider's safeguarding forum to help update her knowledge and understanding of local procedures.

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective systems in operation to monitor, review and improve the service provided so that people were protected against the risks of unsafe or inappropriate care and support.

Suitable arrangements were not in place to assess and mitigate the risks to people in the event of an emergency ensuring their health and welfare was maintained.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of staff were not maintained ensuring people received safe and effective care and support which met their individual needs.

People were not protected against the risks associated with the unsafe care and support as staff had not received all necessary training and support to carry out their role and responsibilities.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

A robust system of recruiting new staff was not in place ensuring people were only supported by those suitable to work with vulnerable people.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had not taken appropriate action to ensure, where necessary, people were not being deprived of their liberty without authorisation to do so ensuring people's rights were upheld.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The provider had failed to inform CQC of incidents that involved the well-being of people meant we were not able to see if appropriate action had been taken by the registered person to ensure people were kept safe.