

Anchor Trust

Simon Marks Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

A comprehensive inspection of Simon Marks Court, took place on 14 and 15 November 2018. The inspection was unannounced on day one, but announced on day two as we needed to make sure the registered manager was available. At the last inspection in May 2016 the home was rated as 'Good'.

Simon Marks Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Simon Marks Court is a care home for older people and people living with dementia, owned by Anchor Trust a registered charity. The home caters for up to 40 people over the age of 65. Simon Marks Court is purpose built and situated in a cul-de-sac facing other sheltered accommodation. There are good parking facilities and there is a ramp to the front door providing level access.

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

Some areas of the home and people's records were not safe. For example, a door leading to a set of steep stairs was unlocked and people's personal emergency evacuation plans were not detailed. Records for the management of medicine were not robust.

People's mealtime experience was not positive. We observed, at times, the meal service was chaotic and task orientated. Where staff recorded people's diet and fluid intake, improvements needed to be made to ensure the records were accurate and detailed. Systems and processes for monitoring the quality of the care provision required strengthening.

People and relatives knew how to complain. Complaints were appropriately dealt with and responded to by the registered manager. However, not all the documentation was in the complaints file, which made it difficult to establish an evidence trail and we noted one person's complaint had not been recorded or addressed. The registered manager told us they would address this.

The home was warm, with a friendly atmosphere. Comments from people and relatives confirmed staff provided good care. Staff, treated people with dignity and respect. We saw positive interaction between staff and the people they supported. People received support to access other healthcare professionals. There was a range of activities provided at the home, although, the provision of activities had changed to adopt a whole team approach, which was still being embedded.

Staff had received training in safeguarding people from the risk of harm or abuse and understood their

responsibilities in reporting any concerns. There were sufficient numbers of staff deployed in the home and feedback from people and staff confirmed this. Recruitment of staff was managed safely. Staff completed induction and there was a training programme in place. Timely staff supervisions and appraisals were carried out; staff said they felt supported by the management team.

Building, health and safety and fire equipment checks were completed. There were systems in place to reduce the risk and spread of infection. Communal areas of the home were comfortably furnished and people were familiar with the layout of the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. Mental Capacity Assessments and Deprivation of Liberty Safeguards were appropriately managed.

People's care plans mostly contained individual information regarding peoples wishes. The registered manager told us there was no one living at Simon Marks Court at the time of our inspection who was approaching the end of their life. People's end of life wishes were recorded in their care plans. Feedback on the service provision from people who lived at the home and staff was mainly positive.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to some areas of safety, mealtime experience and governance and some records. You can see what action we told the provider to take at the back of the full version of the 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?

Not all aspects of the service were safe.

We saw some areas of the home and people's records were not safe. Records for the management of medicine were not robust.

Some risks were appropriately assessed, monitored and reviewed. Building and health and safety checks had been carried out. There were systems in place to reduce the risk and spread of infection.

There were sufficient numbers of staff deployed in the home. Recruitment of staff was managed safely.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

We did not observe a positive mealtime experience for people, this was task orientated.

Staff received an induction and appropriate training. Timely staff supervision and appraisals were completed.

MCA and DoLS were appropriately managed. People had access to a range of healthcare professionals and services.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives spoke positively about the care they or their family member received. Staff were familiar with people's care preferences.

Privacy and dignity was mostly respected. People were supported to be independent as much as possible.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Care plans mostly contained accurate information.

Activities were on offer, although a new system had recently been introduced and this was still being embedded. The registered manager promoted a person-centred approach to end of life care for people.

There was a system in place to manage complaints, although not all the documentation was in the complaints file. The registered manager told us they would make sure this was addressed.

Is the service well-led?

Not all aspects of the service were well-led.

Effective quality assurance systems were not robust in assessing and monitoring the service to help drive improvement.

Staff, were complimentary about the management team.

Action was taken to seek the views and opinions of people and relatives.

Requires Improvement ●

Simon Marks Court

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.

A comprehensive inspection took place on 14 and 15 November 2018 and was unannounced on the first day and announced on the second day. On day one, the inspection team consisted of one inspector, a specialist advisor in governance 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. On day two, the inspection team consisted of one inspector.

The provider had completed a Provider Information Return prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch England, local authority safeguarding and commissioning teams. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the registered manager, deputy manager, district manager, six staff members, a chef, two domestic members of staff, the 'well-being' coordinator, two people who used the service and five people's relatives.

We spent time observing care in the lounge areas and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people who used the service who could not express their views to us. We looked at three people's care plans in detail and a further two care plans for specific information. We inspected staff members' recruitment records, and/or supervision, appraisal and training documents. We sampled people's medication administration records. We reviewed documents and records that related to the management of the service, which

included audits.

Is the service safe?

Our findings

Some areas of the home and people's records were not safe. A door was unlocked, which led to a steep staircase to the basement of the home. A staff member told us, "The door must have been open since Monday, when the lift man was here." This door was locked immediately. There was a cupboard in one of the small lounge areas with a label, which stated 'please keep locked at all times'. This cupboard was open and contained a cleaning product which could pose a risk to people if ingested. We noted in one person's bedroom was a small portable radiator. We asked the registered manager if they had risk assessments in place for this and they said they had not. This meant we could not always be sure people were provided with safe care.

We saw people had personal emergency evacuation plans, which recorded information should the home need to be evacuated in an emergency. However, these were not detailed and did not fully show individual moving and handling requirements. For example, the number of staff each person would require to support them. This meant people were at risk of not receiving appropriate support in the event of a fire or other such emergency. The registered manager and district manager said they would address this.

Care plans we looked at contained a variety of risk assessments. There was guidance about what action staff needed to take to reduce or eliminate the risk of harm.

We saw some staff, when walking with people, were holding their hand and leading them rather than supporting and guiding them. Staff members would be unaware if the person was going to trip/fall and or if they were going walk in to objects. Whilst observing the moving and handling procedures within the dining room, we saw the cramped conditions created an awkward and difficult space for staff to support people to move or reposition within this area safely. This meant there was a risk people may be moved unsafely.

Only 76% of staff had completed training in health and safety. The meant some staff may not know how to maintain people's safety within the home.

Risks to people's safety were not always effectively managed. We concluded this was a breach of Regulation 12; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Safe care and treatment'.

Some areas of medication management were not safe. We looked at how staff administered prescription creams. We saw one person had a tube of Conotrane in their room, without a prescription label on the tube or the box. There was no medication administration record (MAR) or topical medication administration record (TMAR) for this cream. In another person's room, we saw they had a tub of Diprobace, which stated 'apply when required'. We saw there was a shaded body map, but no further instruction of when or how this should be applied. A staff member told us, "Creams would have been applied, but this was not always recorded and there was no other instructions for staff about applying creams." A review of actions was completed on 23 October 2018 following the managers meeting held in September 2018, which stated, 'Instructions for topical creams to be added to the prescription, ASAP'. This meant we could not be sure people's creams were applied as prescribed.

Other records relating to the storage of medicines had not always been recorded. For example, since 7 September 2018, there were 33 occasions when the medicine fridge temperature had not been recorded in the afternoon. One person was receiving pain management via 'patch' every 72 hours; however, this had not always been recorded on the pain patch sheet as applied and if the site of the patch on the person's body had been changed.

One person's 'as required' medication protocol was in another person's section within the MAR file. A staff member said, "People are getting their medicines when needed, but some improvement to documentation is needed.

Care and treatment was not provided in a safe way as records for the management of medicine was not robust. This is a breach of Regulation 17(1); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Good governance'.

We observed staff administering medication, which was done in a kind and patient way. Staff wore a tabard which stated, 'do not disturb', but this was not effective. Other staff members routinely approached these staff to ask questions or the staff member administering medicines attended to another task at the same time. We checked a random selection of medicines to see if the stock tallied with the number of recorded administrations, we were able to reconcile all the medicines we checked. Controlled drugs were stored and administered appropriately.

Relevant staff had completed medicines training and competency checks had been carried out for staff who administered medicines.

We spent time talking with people and they told us they felt safe. One person said, "Yes, I feel safe as its all flat and I can ask for help if I need it."

Staff had received safeguarding training, which was kept up to date. Safeguarding policies and procedures were in place. Staff were clear about how to recognise and identify types of abuse and knew what to do if they witnessed any incidents. The registered manager had reported any incidents to the Care Quality Commission as required. This demonstrated the manager and staff were aware of their responsibilities in safeguarding people.

We observed one person being assisted with a hoist. This was done safely and staff explained what they were doing as they were assisting the person. However, we observed another person being assisted with a hoist were staff did not offer any reassurance but the procedure was undertaken in a safe manner.

Fire safety was satisfactorily managed. The home's records showed fire safety equipment was tested and fire evacuation procedures were practiced. Fire extinguishers were present and in date. Staff had received fire safety training. Inspections were carried out regarding escape routes, emergency lighting and fire equipment, along with a weekly fire alarm check. A staff fire drill had last been conducted at the end of October 2018. We saw several health and safety checks had been carried out, which included carbon monoxide tests and water testing. Gas and electrical safety certificates for the home were in date.

People and relatives we spoke with told us the call bell was responded to very quickly by staff members.

There were sufficient numbers of suitably deployed staff to meet people's needs on both days of our inspection. A staff member told us, "We are never understaffed, there is always someone to help. We work as a team." Another staff member said, "The rota is always covered and staff are flexible."

Records showed safe recruitment practices were followed. Appropriate checks were undertaken before staff began work. This included a Disclosure and Barring Service (DBS) check and references were obtained. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. This meant the home had taken steps to reduce the risk of employing unsuitable staff.

We looked around the home and found the premises were clean and tidy. Communal bathrooms were clean and well-maintained with soap dispensers, liquid soap, paper hand towels and plastic bins for used towels. One person said, "I think the home is very clean, from what I have seen. My room is always clean." Staff had access to personal protective equipment which they used when supporting people where necessary, such as gloves and aprons and alcohol hand rub was available on the corridors. However, there was an unpleasant odour in the dining room, which the registered manager told us was due to a leak from the water machine. One person's bedroom had a strong unpleasant odour. The registered manager told they were in the process of addressing both issues. Two pressure cushion covers were also stained. The registered manager removed these cushions to have them cleaned during our visit.

Some lessons were learnt and improvements made when things went wrong. The registered manager told us they had learnt lessons from a specific activity which had not gone according to plan. The registered manager attended information sharing meetings with other managers, where best practice was identified. Lessons learnt from complaints and incidents, along with the recording of evidence for lessons learnt needed to be better documented.

Is the service effective?

Our findings

On day one of the inspection the breakfast and lunchtime meal experience for people was not good. Staff were disorganised, the dining room was noisy, cramped and people did not receive support to eat their meal where required. The meal service was task orientated. Different staff were in and out of the dining room, they were unaware of who had eaten, had a hot drink and who had received any support. Some people had been sat in the dining room for a long time before any food or drinks were offered. We fed this back to registered manager, who made some changes. The teatime meal, on day one of the inspection, was calmer, more supportive and people were encouraged to eat their meal. On day two of the inspection the lunch time meal was better. People were supported with their meal. However, staff were still disorganised, with no real guidance or leadership to support staff. On occasion we saw some people's meals were not nicely presented.

One person told us, "It used to be better when they ate in the separate dining rooms." Another person said, "Food is very mixed really, sometimes ok sometimes not." Two relatives we spoke with said, "Mealtimes are too busy, too noisy and not enough support. It was much nicer when it was in separate areas. We do not like the vibe."

One staff member said, "Most of the time people get support, but it can sometimes be too many staff. It is a work in progress." Another staff member told us, "People do get support but it can be chaotic." We asked a staff member if meal times were usually very busy. They said, "It is now since they changed it from the small dining areas."

We were not made aware of anyone who was losing a lot of weight but there was a risk people may not receive appropriate nutritional and hydrational support to meet their needs. This is a breach of Regulation 14; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Meeting nutritional and hydration needs'.

The chef told us a four-weekly menu was in place. They said there were no issues with the quality or quantity of the food. The chef was aware of people's dietary requirements. The chef told us there were always biscuits and sandwiches left in the fridge overnight for people. Care staff could also prepare toast and sandwiches, if needed. We saw throughout the day drinks and snacks were offered to people.

The registered manager told us staff received an induction when they commenced employment. This included completing relevant training, working with more experienced staff members and guidance on care and support was provided. A staff member told us, "I was shown around, introduced to people and staff. I read people's care plans."

Training records we looked at showed staff were up-to-date with their training requirements. The registered manager told us there was a system in place to monitor all staff training and to make sure refresher training was completed. One staff member told us, "I get a lot of benefit from completing training." Another staff member said, "Best training I have ever had." This ensured people continued to be cared for by staff who

had maintained their skills.

Staff confirmed they received supervision where they could discuss any issues on a one to one basis. Staff files confirmed supervision meetings had taken place. Annual appraisals had been completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions 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 interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We observed staff supported people to make choices throughout the inspection. One staff member said, "Choice is definitely offered."

The registered manager and staff had a good understanding of MCA and DoLS. Staff were able to give examples, of when and why a DoLS would be applied for. Care plans contained some decision-specific mental capacity assessments, along with best interest decisions. The registered manager told us they would review people's mental capacity assessments to make sure all decisions were recorded.

We saw examples where people's care and support was delivered in line with legislation and evidence based guidance. For example, the registered manager told us they were guided by the provider's policies and procedures, the health and safety act, infection control procedures and MCA in supporting people to meet their needs. The provider had a service improvement consultant, which the registered manager could contact for advice, if needed.

Staff attended handover meetings at the start of each shift where they were updated on people's care and support needs.

A relative we spoke with said, "I think the best things about here, are that staff update us about things when mum needs the doctor." A staff member told us, "We always get the GP if needed."

We saw evidence in care plans staff had worked with various healthcare professionals and made sure people accessed other services in cases of emergency, or when people's needs had changed. These included GPs, chiropodists and dieticians. Where people had needs in areas such as pressure ulcer care needs were also recorded. During our observations we were told the doctor had been called as there were some people who had a cough and were feeling unwell. This helped ensure people's health care needs were met.

Some of the communal areas were nicely furnished and decorated; however, some areas of the home looked tired and in need of re-decorating. On day one of our inspection, we saw some areas were being painted. The district manager told us they had a refurbishment programme in place and painting of the home was part of the maintenance staff members role. There was some signage around the home allowing people to distinguish the different areas. The registered manager told us they were in the process of obtain

new signage which would better distinguish areas of the home and to better support people living with dementia.

There were some memorabilia items for people living with dementia. We saw one person had a teddy bear and another person had a dog shaped soft toy for their comfort. There was a large clock with the day and date in the lift. We saw people's bedrooms were identified by a number and photo of the individual. Bedrooms were personalised with pictures, ornaments and photographs of family members. This helped make their rooms comfortable and homely. Each bedroom had an ensuite toilet.

Both floors had small lounge areas incorporating easy chairs and televisions. People had access to the garden which had seating areas. Some bedrooms had patio doors which lead to the garden area. However, one relative told us they, "The refurbished patio windows had not been thought out or the needs of the people considered. People were unable to have their doors open."

Is the service caring?

Our findings

Everyone we spoke with told us they thought staff were kind, caring and helpful. One person said, "It is lovely here I get good meals made and I can get out and about in the grounds. I like the way I have always got someone to call on or help me."

One relative said, "I could not be happier with the way they look after [name of person]. [Name of person] is always clean and tidy and seems to get plenty to eat. Staff are all really friendly. As long as [name of person] is cared for then I am happy. If I had a problem I would speak to them and they always look after me and have a joke when I come." Another relative said, "The staff are amazing, and we have seen mum settle and seen an improvement in her whilst she has been here."

A staff member said, "It is a nice little home, if my mum had dementia, I would look here." Another staff member said, "Management assess people quite well and people are well cared for."

We saw there was good interaction between people and the staff. We observed people laughing and joking with staff in the lounge areas. Through our observations we noted staff talking kindly and being friendly and caring towards people. It was evident from the discussions with staff, the deputy manager and the registered manager knew the people they supported very well. Staff knew people by name, and some of the conversations indicated staff knew what people liked, and their life history. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people there.

We noted staff showed verbal reassurance to people when needed and routinely spoke with people when they were walking around the home. People responded to this in a positive way. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. We saw people wore jewellery and had their hair combed.

Advocacy was available to people living at Simon Marks Court. An advocate is a person who can speak on another person's behalf when they may not be able to do, or may need assistance in doing so, for themselves.

A number of relatives called into the home during our inspection and they were welcomed and staff clearly knew them well.

People had a 'my beliefs, religious and cultural' care plan in place. One person's care plan stated, '[Name of person] is Church of England'. Another person's care plan stated, '[name of person] is Catholic, but is non-practicing'. The staff supported people with whatever spirituality meant to them as an individual. This helped to support people's spiritual, religious and cultural needs.

Staff spoke about the importance of ensuring people's privacy and dignity was respected. Staff gave examples of how they maintained people's dignity and independence. One staff member said, "I always cover people with a towel when bathing someone." As we went around the home we observed staff knocked

on people's bedroom doors before entering.

We saw one person become upset; a staff member helped them to their room immediately, reassured the person and maintained their dignity during this time.

We did note that some staff did not always wait for people to answer when they spoke with them and some staff walked in front of people when supporting them. This meant people's dignity and respect may not always be maintained. The registered manager told us they would address this immediately.

Is the service responsive?

Our findings

People had their needs assessed before moving into the home. This helped to ensure people's needs could be met. We looked at three people's care plans in detail and two other care plans for specific information.

Care plans contained lots of information, which included people's likes, dislikes, hobbies and interests. The care plans mostly reflected the needs and support people required, which included nutritional and mobility needs, personal hygiene and dressing needs. For example, one person's care plan stated they were on a specific type of mattress. When we checked with staff and in the person's room, we found they were using the correct type of mattress. One staff member said, "The care plans are better than they have been, we are getting there."

We did note one person's care plan required some updating regarding their nutritional and continence care needs. There were also at risk of choking and there was no risk assessment in place. The registered manager said they would address this straightaway.

Care plans had been reviewed monthly and the reviews included all the relevant people but this was not always recorded. The registered manager said they would make sure this was clearly recorded in the future. People were supported to keep links with family and friends.

The registered manager told us the activity provision had recently changed in the home following the providers introduction of 'Anchor active', which was a whole team approach to activities. It was the responsibility of all staff to support people with activities, with the support of a 'well-being' champion. The 'well-being' champion told us they had trained staff and had activities, iPad and physical activity champions.

During the inspection we did see a range of activities taking place. One staff member told us the activities were 'hit and miss'. Another staff member said, "We always fit something in, but we don't always have time." The registered manager told us the 'Anchor active' was still being embedded and they were working with the 'well-being' champion to further improve the variety of activities.

People told us they would know how to make a complaint if they needed to. One person said they had raised a concern regarding the lunch time service but nothing had changed. The registered manager told us they were unaware of this and would speak with the person to establish their concerns. Two relatives we spoke with told us staff followed things up and they felt listened to. A third relative said, "If I had concerns, I would speak to the staff and if I was not happy, I would go to a more senior member of staff."

We looked at the way complaints were handled and noted these were investigated and addressed by the registered manager. We saw the complaints procedure was displayed in the entrance area to the home.

The registered manager told us there was no one living at Simon Marks Court at the time of our inspection who was approaching the end of their life. People's wishes were recorded in their care plans. For example,

one person's end of life care plan stated, 'no special hymns'. Another person's end of life care plan stated, 'I would like my dog to be with me and if I need, I don't mind going to hospital'. This ensured staff felt confident in meeting the needs of people and their relatives at this important time.

The Accessible Information Standard requires the provider to ask, record, flag and share information about people's communication needs and take steps to ensure people receive information which they can access and understand, and receive communication support if needed.

Information regarding people's communication needs was recorded in their care plan. For example, one person's communication care plan stated, '[Name of person] had good communication skills.' The registered manager told us documents could be produced in any format or language that was required.

Is the service well-led?

Our findings

Systems were in place to monitor the quality and safety of the service. We saw health and safety checks and pressure care audits were effective in supporting people's pressure care needs. However, not all audits were effective. The registered manager completed a medication audit in September 2018, which identified some creams had 'apply as needed' instead of clear instructions. On day one of our inspection, one person's Diprobase cream stated, 'apply when required'. This showed that the same shortfalls with instructions about the administration of creams still existed two months after the audit carried out by the provider in September 2018. Following our inspection, the provider told us this was an ongoing issue but that they had discussed this with the GPs and pharmacist and were attempting to work with them to get instructions changed at the point of prescription/dispensing.

A medication audit was conducted by a local pharmacy in October 2018, which identified the medication room temperature was not being recorded. The audit stated room temperatures should be started to be recorded immediately. During the first day of our inspection we noted the medication room temperature had only started to be recorded on 13 November 2018. This meant immediate action had not been taken follow the October 2018 audit.

A care plan audit for one person dated April 2018 stated, 'If applicable, is there a TMAR in place'. 'N/A' was ticked on the audit. However, a tube of Conotrane cream was in the person's room, with no prescription label. There was no body map, topical medication administration record or medication administration recorded were in place. One person's care plan had not been audited during 2018, but some care plans had been audited more than once during the same period. This meant the care plan audit was not always consistent and there was no system in place to make sure all care plans were audited.

During our inspection, we noted other concerns with the completion of documentation which had not been identified by the management team. Some people's fluid intake was being recorded daily. However, the amount of fluid required was not recorded or totalled at the end of each day. The information was not used to inform any changes to the person's needs. We also noted, where people's food and fluid intake was being recorded this was not done consistently. For example, one person's care plan stated, 'fortified foods and snacks in-between meals' but it had not been recorded when these had been included and/or offered. One person's care plan contained some information that was inaccurate and conflicting. This meant risks to people's health, safety and welfare may not have been identified and a complete and contemporaneous record of people's care needs and the care delivered to them, had not been kept.

Management oversight of the service required strengthening. On the first day of our inspection we fed back to the registered manager regarding the cupboard door being unlocked in the lounge area and the small mobile radiator in place in one person's room without a risk assessment being carried out. On day two of the inspection, these were still a concern. At the time of the inspection the registered manager used an office on the upper floor of the home and when sat at their desk, they were hidden by a photocopy machine. The registered manager told us they were due to move to an office on the ground floor at the front of the home, therefore, would be able to better observe areas of the home.

We looked at records of accidents and incidents. We saw these were logged and records showed appropriate actions had been taken. Monthly analysis took place but the level of harm or outcome had not been recorded. This meant trends or patterns were not identified to assist the registered manager to make improvements. Following our inspection, the provider told us the level of harm was part of the analysis of accidents and incidents and was monitored monthly.

The registered provider did not have fully effective systems in place to assess, monitor and improve the quality of service provided. This is a breach of Regulation 17; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Good governance'.

We saw staff had a relaxed and friendly relationship with management. Staff spoke positively about the management team. One staff member said, "If I have any worries or concerns the management listen and are supportive. I am very happy working here." Another staff member said, "The managers listen and are happy to accept ideas. They do things for residents and [name of manager] is making a difference."

A resident and relative's satisfaction survey was completed in 2018, which showed responses were very positive about the care provision.

The registered manager said they worked in partnership with other organisations to provide effective outcomes for people they supported. They said they worked with healthcare professionals, when needed, to support people's health needs. The registered manager said they had a close working relationship with a well-known department store who had donated items of furniture.

Notifications had been sent to the Care Quality Commission (CQC) by the home as required by legislation.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not always effectively managed.
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs There was a risk people may not receive appropriate nutritional and hydrational support to meet their needs.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care and treatment was not provided in a safe way as records for the management of medicine was not robust. The registered provider did not have fully effective systems in place to assess, monitor and improve the quality of service provided.