

Wellbeing Residential Ltd

The Broughtons

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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection of The Broughtons was carried out on the 22 February 2017 and was unannounced.

The Broughtons provide residential care for up to 39 elderly people. The home is a detached building which is situated in a residential area of Salford and is close to local shops and public transport. Parking facilities are available to the front and side of the building.

At the last comprehensive inspection on the 6 July 2016 six breaches of legal requirements were found. These were relating to medicines management, governance systems, safeguarding, person centred care, staffing, dignity and respect. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

During this comprehensive inspection we found the service was now in breach of six Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a continued breach of safe management of topical creams and fluid thickening agents, privacy and dignity issues, the management of people's hydration, safeguarding in relation to withholding people's cigarettes and audit systems. And additional breach has been added in relation to the suitability of the environment. You can see what action we told the registered provider to take at the back of the full version of the report.

At the time of inspection the service had a registered manager who had been registered with the Commission since, October 2010. 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 as set out by the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found although improvements had been made in the safe handling of medicines. There were still improvements to be made around the administration and documentation of topical creams and fluid thickening agents. We also noted there were some gaps in the medicines administration records where signatures had been missed from previous medicines round.

People using the service told us they were happy with the way they had their medicines administered and they felt they always had their correct dose on time each day. We observed medicines management which was effectively and safely done.

People told us they considered themselves safe whilst living at The Broughtons. They also indicated the care they received was delivered in a professional and caring way and staff had the correct skills to undertake their role effectively.

The service ensured referrals to agencies such as the falls team and dieticians had been made for people who had been assessed at high risk of falls or pressure areas.

People told us they were provided with personalised care which was carried out in a respectful way. However, we found care files lacked detail for staff in relation to people's assessed needs and preferences. People's details about their daily living requirements were also incomplete in the care files we saw.

There were numerous areas of improvement required to the environment. Carpets were stained and malodorous, the conservatory area was being used for storage; therefore people could not access it safely. Several toilet/bathroom areas were out of order and we observed holes in walls in the corridors. Following the inspection we wrote to the provider to ascertain their intention to rectify this position. The provider completed a full audit of the premises and provided us with an action plan for work to commence and be completed.

Staffing number observations on the day of the inspection were positive. People's needs were being met, however the service still only employed one senior care assistant to work during the night. The registered manager informed another senior member had been recruited and until the person commenced work a second senior member of staff was required to be on call from home during the night.

A robust recruitment system had been implemented. Appropriate steps were taken to verify new employee's character and fitness to work. Following successful appointment to the role the provider ensured a thorough induction plan was carried out which ensured staff were equipped with the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner.

The service also offered a variety of training to staff which helped to ensure the staff team were skilled and experienced in safely and effectively supporting the people using the service.

Staff displayed a limited awareness of the Mental Capacity Act 2005 and other staff were waiting to complete appropriate training. However not all staff had an understanding around Deprivation of Liberty Safeguards.

People spoken with knew the registered manager and were able to inform us what they would do should they have a complaint. Staff told us they felt the registered manager was approachable.

A variety of activities were offered to people. People spoke about the trips out and told us activities happened each day.

We found lack of audit systems in place. We asked the registered manager on the day of inspection for numerous audits to evidence the on-going compliance of the service was being monitored. However the registered manager could not produce these at time of inspection. Audits had failed to identify issues we had raised at time of inspection. The homes policies had not been updated and reviewed since 2015. Following the inspection the registered manager wrote to us to say that these policies were in fact on the computer system, however we did not see any evidence of this only the policies that were presented to us at time of inspection.

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 consistently safe.

The environment was not clean and appropriately maintained for the purpose it was being used.

Fluid thickening agents were not being documented when being administered.

Safe recruitment procedures were implemented to ensure suitable staff were employed at the service. Staffing levels were sufficient on the day of the inspection to meet the requirements of the people who lived at the service.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Information about people's dietary preferences and nutritional risks were not always clearly documented in their care plans.

A training schedule was in place to ensure all staff completed the right amount of training required for them to competently carry out their caring role.

Staff received a thorough induction prior to commencing employment.

We saw evidence of restrictive practice where people's cigarettes were kept on a trolley. We saw no evidence of the decision making process in relation to this issue in people's files.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People told us they were treated well and their privacy and dignity was respected by staff.

Several people appeared unkempt.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Staff were reliant on each other and the person using the service for information about their daily routine. This was because care plans lacked appropriate information for staff to follow.

People felt able to raise concerns and had confidence that their concerns would be addressed appropriately.

Activities were frequent and variable. People were able to access the community on trips out on a regular basis.

Is the service well-led?

The service was not consistently well-led.

The service had not improved in areas which had been identified at the previous inspection.

The management had failed to provide adequate quality assurance and oversight in some areas of the service provision.

The service had a manager in post. Who was registered with the Care Quality Commission at time of inspection.

The registered manager responded to a request for further information made by the Commission following the inspection within the allocated time frame.

Inadequate 

The Broughtons

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 22 February 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using care services or caring for someone who uses this type of care service.

At the time of our inspection there were 32 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held such as safeguarding information and previous inspection reports. In addition to this we contacted the City Council social services department and the environmental health department to ask them for any information they may hold to assist us in our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with 15 people who used the service and six people's relatives/visitors, three care staff and the registered manager.

During our visit we looked at a sample of records including five people's care plans and other associated documentation, eight people's medicines records, five staff recruitment and induction records. In addition to this we also reviewed training and supervision records, minutes from meetings, complaints and compliments records, policies, procedures and audits, some of which were emailed to us following the inspection within the requested time frame.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person said, "The staff are very good I'm not frightened of living here I've been here 10 years I'm like part of the family." Another person commented, "I've been here six months it's peaceful and pleasant enough I don't feel frightened here." A third person told us, "I have no problems the staff are good, I've been here a long time." Relatives/ visitors were very happy with the safety of the care provided. One relative/visitor said, "They adore [my relative] it's more than a job they look after [my relative] well and pop in and have a laugh and a chat with them." Another relative/visitor informed, "[My relative] can't say much but we would know from the way they were if there were any problems." A third relative said, "We would give it 10 out of 10."

At our last inspection we found a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Topical cream charts were not in place and we could not determine that medicines that needed to be given before food were administered prior to people eating because the medicines administration record sheet (MAR's) were all signed at breakfast/morning and did not indicate the time administered. Following this inspection we took action against the service to make the required improvements.

During this inspection we looked to see if the service had improved on how the medicines were managed. We spoke with numerous people about their experience with prescribed medicines. All the people we spoke with told us they were happy with the experience and that they never missed doses. We noted a Bio dose system was now used. Bio dose is a system where individualised labelled tamper proof pots are used. Each pod contained either tablets or liquid. We saw medication was checked before being offered to people and then recorded on the individual's MARs. However we did notice there were some gaps on the MARs when signatures had been missed from previous medication rounds. We saw medicines including controlled drugs were securely stored. Controlled drugs were recorded in the controlled drugs register and these had been signed and countersigned when administered.

People in the home were prescribed topical creams. We found most creams were in people's bedrooms as these were applied by the care staff. Topical cream charts were now in place and situated in people's bedrooms and most had been accurately completed. However, for one person there were gaps on the charts and the registered manager confirmed that those days were probably when the cream was not required. We discussed with the registered manager an indication of 'not required' should be recorded on the cream chart to demonstrate the application of cream had not been missed.

We found four people were prescribed a thickening agent to be added to all their drinks to make sure they could drink without choking. We saw there was information for staff on making drinks and for how thick their fluids should be. However, we saw these had not been recorded as given on the medicines administration record sheet (MARs) and there were no other records kept about the use of prescribed thickening agent showing that people did have their fluids thickened. We did see for two people the thickening agent had been added to their lunch time drink.

Another care record identified a person who used the service had allergies to some foods and medication. Although this was recorded in the main body of the care record it was not documented in a prominent place for staff to easily be alerted to.

Although we had seen improvements had been made around the management of medicines as identified in the previous inspection, we noted improvements were still required around the management of food thickening agents. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

At our last inspection we found a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to people's risk assessments not being followed in relation to pressure relief and falls management. Following this inspection we took action against the service to make the required improvements.

We looked at five people's risk assessments and noted they contained generalised risk assessments. However, these were not always completed in full and reviewed when changes were evident. Risks to pressure areas had been identified in the files we saw and we noted these people were receiving adequate pressure relief by means of cushions and profiling beds. In one person's care file we looked at it was evident when falls had occurred that relevant professionals had been contacted. However, although we saw evidence the provider had introduced a 'fall occurrence log' we did not see any evidence of falls monitoring during the day of inspection, this was because the registered manager could not locate them at time of inspection. Following the inspection the registered manager provided evidence via email that fall monitoring was done. The information provided covered the period between January 2016 and October 2016.

People had personal emergency evacuation plans (PEEPs) in place. We found these did not contain adequate information. A PEEP sets out a person's level of dependency and mobility to inform the fire service of the assistance people required to safely evacuate them from the building and should include the person's name and room number. We found that this information was lacking and the plan was not signed or dated by the person completing it. There was no evidence that the plan had been reviewed and that the information was still current to reflect people's needs. In addition to this we noted that the service did not have 'grab file or bag' visible in reception for the fire service. A grab file/bag contains relevant essential information about people living at the service.

We spent time walking around the building to look at the appropriateness of the environment. We found a number of areas were in need of attention to ensure the environment was clean and safe for people to live in. We noted some corridors were in a poor state of repair for example holes in walls, grab rails chipped and scratched, carpets in the communal areas were dirty and stained and there was a strong malodour. We saw two people's bedroom door handles were broken and following the inspection the provider identified a further two people's door handles were inappropriate for use. We also noted bathrooms required attention to ensure they were be suitably equipped and decorated to allow people living at the service to enjoy a pleasant and relaxed bathing experience. At time of inspection numerous toilets in the communal areas and in people's bedrooms had also been assessed as being out of order. We spoke to the registered manager about this who informed these were being looked at and in fact the home has experienced a flood which had taken some of the communal bathroom areas out of action for a short period of time.

The conservatory area was out of use due to it being full of clutter. We spoke with the registered manager about this who informed this was due to the outdoor container having a leak therefore all the storage items from it had been moved into the conservatory until the container had been fixed. However this meant it was

not safe for people to use the conservatory should they wish to. In addition to this we saw the stair well in the reception area being used for storage of walking aids and wheelchairs coats. This created a fire hazard. We spoke with the registered manager about this who informed she would move the items as a matter of priority to a more suitable storage area.

The premises were not clean and properly maintained for the purpose they were being used. This was a breach of Regulation 15 (1) (a) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we wrote to the provider to ask them to provide an action plan detailing the provider's intentions to rectify this position. We received a full audit from the provider within the allocated time given. This action plan itemised detailed actions and time scales for completion. We will monitor this progress at next inspection.

At our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured adequate senior staff were present throughout the night and suitable number of staff were deployed in certain areas of the home during the day.

We spoke with the registered manager at this inspection about staffing arrangements. The registered manager told us the provider now employed a senior member of staff to work at night and another had been recruited, however, had not yet started. The registered manager told us during the night the senior staff member did not work the shift was covered on call by a senior member of staff who was on call. We spoke with this member of staff who confirmed that if any medicines as required (PRN) were needed throughout the night they would be called upon to administer. The registered manager told us she was also on call throughout the night and that all staff were currently receiving training in the administration of homely remedy medicines. This would ensure all staff were able to administer homely remedies should they need to.

Our observations throughout the day in relation to staffing were positive. However, during the lunch time observation we noted there was only one staff member of staff serving people with their meals. We were told by the registered manager that usually there were two people to do this, however one person was on holiday.

Comments from people who used the service about staffing numbers were mixed. Generally people were happy with the staffing levels during the day although people did comment that care staff always appeared busy. Several people commented they felt the staffing level during the night was inadequate. Comments included, "They could do with more staff at night but they respond to the buzzer as quickly as they can they've got other jobs to do." Another person stated, "I think they could do with more staff they are always busy." We reviewed staffing rotas and noted there were consistently three staff members working 7 am until 7 pm with an additional two members of staff working 7am until 2pm and two members of staff covering the night shift. Staff spoken with were generally happy stating there was enough staff to carry out their duties safely.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to however, these had not been reviewed since 2015. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. The staff we spoke with had a good understanding of safeguarding, abuse and how they would report concerns.

There were procedures in place for reporting notifiable events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed the manager had appropriately submitted notifications to CQC about incidents that affected people who used the service.

The service had recruitment procedures designed to protect all people who used the service. This ensured staff had the necessary skills and experience to meet people's needs. We looked at five staff personnel files. We found robust recruitment checks were completed before new staff commenced working at the home. The files included proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people. We saw staff were sent an offer of employment once the recruitment checks were completed.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

Is the service effective?

Our findings

Comments from people who used the service and their relatives/ visitors were mixed about the care and support offered to people. Comments from people included, "The staff are alright." A second person told us, "There is no choice if I wanted male or female it's what you get but I don't know if there are any men." A third person said, "The report last time wasn't good was it and it hasn't improved much since then that's all I'm saying." Other people told us, "Staff are respectful, they always knock" and "The staff are well trained, they do their best." Relatives comments included, "Staff seemed to be trained they are brilliant with [my relative] we cannot fault them with their attitude and patience." A further relative stated, "[My relative] seems to like the food and the place is kept lovely and clean but I think they are going to renovate the place soon."

At the last inspection, we found the provider's arrangements for supporting their workers with appropriate induction training was not always planned and delivered in a way that would ensure people's safety and welfare. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

During this inspection we reviewed what induction processes the service had implemented for new staff following the previous inspection. We confirmed the service had now included, training in relation to whistleblowing, infection control and moving and handling in addition to this the induction also covers dignity and privacy, first aid, an introduction to the service and various policies and procedures. We spoke with a new member of staff who said, "I completed an induction on commencing work. It was good. I am looking forward to further training." A variety of additional training was also mandatory for all staff and was required to be updated annually. Staff confirmed they received an appropriate amount of training and felt this enabled them to carry out their roles as carers in an informed and confident way. One staff member said, "Yes I think we get a good amount of training. It's very detailed."

At the last inspection we found a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the service holding back cigarettes from people by means of keeping them locked in a trolley.

We checked the service had ensured the correct assessments were now in place and that people were happy with this arrangement. We spoke with people who smoked to ask them about their experience with cigarettes. Comments included, "I get 10 cigarettes a day they decided that I don't know why sometimes the night staff might give me a few more but mostly I can't have more than 10," "I get five cigs in a morning and five at dinner time it's just what happens. I have a frame so I have to ask them to take me outside for a smoke because the smoke room is shut. It can get cold outside." Other people told us that they hold their own cigarettes and are able to go for a cigarette when they wish. The registered manager told us that it was people's choice as to whether they wanted their cigarettes stored and explained that one person in particular had requested this, however we did not see any evidence of assessments supporting these decisions in people's files.

This was a continued breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

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 so that they can 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

There was some reference to people's abilities with regard to decision making. However staffs understanding of the Mental Capacity Act (2005) (MCA) was limited. One member of staff told us they were awaiting training in this area.

We asked people using the service if they felt they were supported appropriately with their nutritional requirements. People had mixed views about the food they received. Some people told us staff always prepared meals and hot drinks for them if required. Comments included, "We have two choices for dinner and if I don't like it I ask for something else like a sandwich." A second person said, "I get up and go to bed when I want and the food is smashing and I get plenty to eat." Other people felt there was not enough choice. Several people told us the breakfast menu was always an option of cereal and toast and that, "No bacon, sausage or eggs is ever offered."

Records showed where concerns had been raised with regard to risk of inadequate nutrition and hydration the service had taken action and referrals to the dietician or Speech and Language Therapy team (SALT) had been made as required. However, we looked at a selection of food and fluid charts did not show an accurate account of the person's daily intake. We found for one person the food and fluid charts were piled up on a set of drawers in no date order. We saw on the 21 February 2017 no food or fluid had been recorded until supper time. On the 8 February 2017 the records showed no food or fluid was recorded after the lunch time meal. The care plan for this person stated, 'to ensure good fluid intake to reduce risk of dehydration and urine infection's (UTI's)'. However there was no evidence to show daily fluid intake had been recorded. None of the food and fluid charts had been signed by care staff or senior management. One person had a Malnutrition Universal Screen Tool (MUST) in their care record. This had not been completed or reviewed since November 2016. This should be completed monthly.

We saw in one care record that it was documented a 'fork mashed' was required. We saw this was not provided at lunch time meal. This placed the person at possible risk of choking. This person was also in their bedroom with the door closed and had no means of summoning help if required. We spoke to the registered manager about this who informed the person had a floor mat which could be activated by the person's foot. We also noted that the door was required to be open with a key. The registered manager informed all staff carried a key and could easily access the room.

In some instances people's assessed nutritional and hydration requirements were not being monitored therefore, it could not be assessed as to whether their needs were being met. In addition to this the service did not provide adequate hydration stations and had set times for people to receive a drink. This is a breach

of Regulation 14 (1) (4) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received appropriate medical intervention when required. Comments included, "I see the doctor and the nurse each week" and "A doctor calls but I've not had to see him". Relatives/ visitors also informed they were happy with the medical intervention received by their loved ones. One relative/visitor said, "Yes they contacted me two weeks ago to say he wasn't well and they are always letting me know how he is doing." A second relative/visitor stated, "They do let me know if [my relative] is not right or poorly they are very good like that they will call the doctor straight away if needed."

Staff received supervision as part of their on-going development. We saw evidence of staff supervision record in some of the files we looked at, however, some files had these documents missing. Staff supervision provided staff with the opportunity to discuss their responsibilities and the care of people who used the service and any further training or development they may wish to undertake. Following the inspection the registered manager sent us a sample of supervision sessions as requested.

Is the service caring?

Our findings

We asked people who used the service if staff treated them with care and supported them with dignity. People stated, "Staff look after me well no complaints," "The staff are brilliant," and, "Staff are very sociable and are always asking if I need anything doing." Similarly relatives/ visitors commented, "They are very good with [my relative] it's as though they've adopted them." A second relative/visitor stated, "Staff are excellent with [my relative] and very patient and because most of them are local girls they can talk to them about things they know." A third relative/visitor stated, "Last week we were here staff had to change [my relative] and they were at ease and not self-conscious at all."

At the last inspection the service was found to be in breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Dignity and Respect. This was due to people's intimate items being left in the rails around the service.

Staff were able to describe how they aimed to treat people with dignity and respect when delivering care, giving examples of ensuring people were covered whilst carrying out personal care, ensuring the door was shut, allowing people private time and always knocking before entering a room. We saw examples of this throughout the day of inspection.

We observed staff interaction with people which was good and there was a friendly rapport between staff and people who used the service. People appeared comfortable in staff presence and engaged in conversation. People's personal items were not left in the communal areas or corridors of the service.

We noted that several residents appeared unkempt and had food and other stains on their clothing, in addition to this we noted care and attention was required with several ladies hair and nail care.

We asked the registered manager how they cared for people nearing the end of their life. We were told some staff had undertaken training in end of life care. However, some of these staff had left. There were plans in place for four others to undertake Six Steps training later this year. 'Six Steps' is the North West End of Life Programme for Care Homes. This means that for people who are nearing the end of their life they can remain at the home to be cared for in familiar surroundings by people they know and can trust.

Is the service responsive?

Our findings

People we spoke with told us they received care which was satisfactory. People told us they had not complained but felt that if they needed to they would be listened to. People indicated that staff do not have much time to sit and chat as they are always very busy, however, they receive a good amount of activities and trips out which they enjoyed.

At the last inspection the service was found in breach of Regulation 9 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care files seen at time of inspection lacked essential information for staff to follow to ensure personalised and appropriate care was carried out to each individual.

At this inspection we found care files still did not contain adequate information to enable staff to care effectively for people. Care files lacked information about the person's wishes and preferences and contained very brief information about the person's daily living need. In each care file we looked at we found incomplete documentation. For example in one care file the person's, 'this is my life plan' was incomplete. In a second care file information about future decisions and future care was incomplete. Information about the person's personal care was very brief with no indication for preferences bath or shower, leisure and social care plan stated, 'prefers own company, therefore, risk of social isolation and low mood.' Nothing was recorded on how to support and encourage this person. Monthly evaluation on all sections of the person's care plans stated no changes even though changes had been indicated. We found that this was consistent throughout each care file we looked at.

In addition to this there was little evidence to show that people had been involved with their care planning and reviews. When speaking with people about the care files people informed us that they had either never seen their files or they were unaware that they had one.

We spoke with the registered manager about the importance of a person having a care file which was detailed and centred around their individual need and contained the correct information for staff to enable the person's care to be delivered in accordance to their individual need. This would be of particular importance for new members of staff, to ensure they provided care to the correct people.

People's care files continued to lack information pertaining to their personalised care pathway. This was a continued breach of Regulation 9 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily reports provided evidence to show people had received care and support. These reports also showed information about people's dietary needs and mobility issues. Staff told us they received a pre shift handover before each shift started. This detailed any information which staff needed to know about people's immediate care. We noted these were written in a sensitive manner.

The service had a complaints system in place to handle and respond to complaints. We saw the service had

a policy and procedure in place, however this was in need of review as it had not been reviewed since 2015. The registered manager also told us people were given this information when they first started using the service. Relatives/ visitors we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People who used the service and their relatives had mixed views that should they have any issues that these would be dealt with appropriately. One relative/visitor said, "We've never had to complain about [our relatives] care but if we did I feel [the registered manager] would deal with it." another relative/ visitor said, I can speak to [the registered manager] but I feel she likes to let things pass at times."

We looked at what activities people had available to them. We noted a detailed activities plan with activities being carried out on each day. We spoke with the activities coordinator who was very enthusiastic about the stimulation of the residents and told us she was always trying to bring new ideas to the service and involve the people who lived there. Comments from people supported this. One person said, "We had bingo this morning which was alright and this afternoon there is an art class." Another person told us, "I have been on some trips out to Blackpool, Southport and to a Pantomime." A third person told us, "They also have singers and arts and crafts, I have also been on quite a few visits. It's good living here." Similarly relatives/ visitors told us they felt the variation of activities was very good. One relative/visitor said, "The Activities lady is great and she has brought [my relative] out of themselves and they now get more involved and she encourages them to do things." A second relative stated, "There seems to be plenty of things going on I think it's been bingo today and they have trips out."

Is the service well-led?

Our findings

We asked people who used the service, staff and relatives/visitors how they felt the service was managed. One person said, "The manager is smashing." Two people we spoke with did not know who the registered manager was, however one of these people informed they were new to the service therefore were still settling in. Relatives/visitors made positive comments in relation to the registered manager. Comments included, "[Registered manager] is very approachable like last week I just came in on spec to discuss something and I was seen straight away." A second person informed, "I can always talk to [registered manager] if there is a problem." A third person commented, "[Registered manager] is great and I can phone every day to check on what [my relative] has been eating and drinking she is very good."

There was a registered manager in post at time of 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.

Although we had received positive comments in relation to the management of the service we noted throughout the inspection we had received some comments from people which were mixed in relation to the overall effectiveness of the care provided. In addition to this we noted that although the service was now compliant in some areas identified at last inspection, this inspection had identified further breaches in addition to continual breaches in areas of non-compliance.

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. The service had failed to implement systems to assess, monitor and improve the quality of the service. Following this inspection we took action against the service to make the required improvements.

At this inspection we found the service's governance systems were still insufficient. We found numerous examples of documents which had not been completed for example topical crème charts and food and fluid charts as already referred to in this report. There was also a lack of documentation around issues pertaining to decision making especially around the withholding items from people such as cigarettes. Care files lacked essential information in relation to people's daily living requirements, wishes and feelings. We questioned the effectiveness of the services audit process given they had not highlight the concerns we had identified during the inspection.

We asked the registered manager several times throughout the inspection for evidence of audit systems to ensure high standards were being maintained at the service. We were presented with a pile of papers which were not in order and contained examples of audits which had been done the previous year. The registered manager informed she could not locate any further audits on the day of the inspection due to them being stored on a lap top she did not have access to. We asked the registered manager to forward via email evidence of all audit systems within a week of the inspection. Evidence of some audits were sent to us in the designated time frame following the inspection we did not have enough evidence to confidently assess that

these audits were fit for purpose.

We looked at the service's policies and procedures. We noted policies had not been signed as updated and reviewed since 2015. This meant some of these audits may not contain current up to date information. We spoke with the registered manager about this who informed us she was not aware the policies had not been reviewed. She informed us she would look at this as a matter of priority. Following the inspection the registered manager wrote to us to say these policies were in fact on the computer system, however we did not see any evidence of this only the policies that were presented to us at time of inspection.

The service did not have adequate internal quality assurance systems in place and in addition to this the services policies were out of date. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering our enforcement options in relation to this issue.

Staff informed felt supported by the registered manager in their roles as carers and they received a good amount of support and training. One staff member commented, "I love coming to work. I look up lots of things about caring for the elderly in my own time." Although we observed positive staff communication with people using the service we noted some staff members looked unkempt. One staff member was wearing what appeared to be hospital scrubs, whilst other wore a mixture of tunics and own clothes. This could cause confusion for people using the service as the dress code was not consistent. We spoke to the registered manager about this who informed that staff had a choice of clothing and, 'hospital scrubs' was an option due to them having pockets. We spoke to the registered manager about the confusion and distress this could cause to a person who may suffer with eyesight issues or confusion if a member of staff approached the person dressed in this way. The registered manager informed she would speak with the director about this.

We looked at the minutes from recent staff meetings which had taken place. This presented the opportunity for staff to discuss their work in an open setting, raise concerns and make suggestions about how the service could be improved. We looked at a sample of these meeting minutes and saw they provided a focus on information sharing within the organisation. Staff confirmed these meeting were a good arena to discuss ideas and issues. Resident meetings were also held on a monthly basis. Agenda items included activities, meals times and food, renovations at the home. Time was also given for people to raise any concerns they may have as an individual or as a group. We noted that the meeting minutes we saw no person at the service had any issues or complaints.

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 9 HSCA RA Regulations 2014 Person-centred care People's files did not contain the appropriate information pertaining to their care requirements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of fluid thickening agents were not managed effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were having items withheld without appropriate assessments supporting this decision.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People's assessed nutritional and hydration requirements were not being monitored and met.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 15 HSCA RA Regulations 2014

personal care

Premises and equipment

The premises were not clean and properly maintained for the purpose they were being used.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service continued to have inadequate internal quality assurance monitoring systems in place.

The enforcement action we took:

We have issued a warning notice against the registered manager and provider.